



Haq, ek behtar zindagi ka.

# COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND HYBRID SCHEMES

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2021/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (\*) must be Mandatorily filled in]

**DISTRIBUTOR INFORMATION** (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')

**BDA / CA Code**

ARN/RIA Code <sup>A</sup>	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. <sup>@</sup>	UTI RM No.
ARN6748232						

<sup>A</sup> By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

<sup>@</sup> I/We confirm that the EUI box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (Please tick and sign below when EUI box is left blank) (refer instruction 'w').

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

**TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR** (Please tick any one of the below) (Refer Instruction 'i')

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

\* 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

\* 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

**Existing Unit Holder information :** If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

**APPLICANT'S PERSONAL DETAILS** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ M/s

\* Denotes Mandatory Fields

Name of First Applicant

Date of Birth Mandatory for minors

Date of birth will be taken as per the KYC record (Not applicable for minor child)

**NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS**

☐ Mr. ☐ Ms. ☐ Mrs.

\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction 'f').

\*PAN/PEKRN\$ OF 1<sup>ST</sup> APPLICANT/FATHER/MOTHER/GUARDIAN

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

**First Applicant's Address** (Do not repeat the name) **Name & Address of resident relative in India** (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot\*

Street/Road/Area/Post

City/Town\*

State

Pin\*

**OVERSEAS ADDRESS** (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

State Country\* City\* Zip/Pin\*

**DETAILS OF OTHER APPLICANTS**

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

Date of Birth of 2nd Applicant

\*PAN/PEKRN\$ OF 2<sup>ND</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

Date of Birth of 3rd Applicant

\*PAN/PEKRN\$ OF 3<sup>RD</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

**PAYMENT DETAILS** (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/\*RTGS Ref. No.  
/ Unique Serial No. (For Cash)

☐ Cash

Account type  
(please ✓)

☐ Savings

☐ Current

☐ NRE

☐ NRO

☐ DD issued from abroad

Account No.

Date

Amt. of investment (i)

Bank

DD Charges if any (ii)

Branch

Net amount paid (i-ii)

Amt. in words

☐ UTI Smart Form if already registered (Applicable for existing investors)

# Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"

\* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Bank Name		Branch
Address		MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (this is a 9-digit number next to your cheque number)
	City <input type="text"/>  Pin* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IFS Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (this is a 11-digit number)

[illegible]

## Equity Schemes:

- ☐ UTI Mastershare Unit Scheme
- ☐ UTI Core Equity Fund
- ☐ UTI Flexi Cap Fund
- ☐ UTI Mid Cap Fund
- ☐ UTI Small Cap Fund
- ☐ UTI Value Opportunities Fund
- ☐ UTI Dividend Yield Fund
- ☐ UTI Long Term Equity Fund (Ta

- ☐ UTI India Consumer Fund
- ☐ UTI Infrastructure Fund
- ☐ UTI MNC Fund
- ☐ UTI Banking and Financial Services Fund
- ☐ UTI Healthcare Fund
- ☐ UTI Transportation and Logistics Fund

## UTI Nifty 200 Momentum 30 Index Fund

- ☐ UTI Nifty Index Fund
- ☐ UTI Nifty Next 50 Index Fund

- ☐ UTI Arbitrage Fund
- ☐ UTI Equity Savings Fund
- ☐ UTI Regular Savings Fund
- ☐ UTI Hybrid Equity Fund
- ☐ UTI Multi Asset Fund

**PLAN** (For All Schemes) ☐ Regular Plan ☐ Direct Plan (refer instruction "j")

1. **For All Schemes** ☒ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) [not available under UTI-LTEF (Tax Saving)] (Default-Growth)  
(except UTI Regular Savings Fund and UTI Equity Savings Fund. For UTI Nifty Next 50 Index Fund there is only Growth Option)

- |                                 |  |  |  |  |
|---------------------------------|--|--|--|--|
| 2. For UTI Regular Savings Fund | <input type="checkbox"/> Growth                      | <input type="checkbox"/> Monthly IDCW (Payout)     | <input type="checkbox"/> Monthly IDCW (Reinvestment)   |  |
|                                 | <input type="checkbox"/> Flexi IDCW (Payout)         | <input type="checkbox"/> Flexi IDCW (Reinvestment) | <input type="checkbox"/> Monthly Payment               | (Default-Growth)                               |
| 3. For UTI Equity Savings Fund  | <input type="checkbox"/> Growth                      | <input type="checkbox"/> IDCW (Payout)             | <input type="checkbox"/> IDCW (Reinvestment)           | <input type="checkbox"/> Monthly IDCW (Payout) |
|                                 | <input type="checkbox"/> Monthly IDCW (Reinvestment) | <input type="checkbox"/> Quarterly IDCW (Payout)   | <input type="checkbox"/> Quarterly IDCW (Reinvestment) | (Default-Growth)                               |

Unitholding Option ☒ Physical Mode ☐ Demat Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

**DEMAT ACCOUNT DETAILS** - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

[illegible]

**Central Depository Services (India) Limited**

Depository Name \_\_\_\_\_






Target ID No. \_\_\_\_\_

Enclosures :  Client Master List (CML)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**FRIEND IN NEED DETAILS** In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (refer instruction - k)

[illegible]

Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction g)

Category	 Unlisted Company	 Partnership Firm	 Unincorporated Association / Body of Individuals	 Trust	 Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

Note : IDCW - Income Distribution cum Capital Withdrawal

**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:** ☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust  
☐ Sole Proprietorship ☐ Society / Club ☐ Body Corporate ☐ AOP ☐ BOI  
☐ FPI ☐ NRI ☐ Foreign Nationals\*\* ☐ Listed Company ☐ LLP  
☐ Unlisted 'Not for Profit'^ Company ☐ Other Unlisted Company ☐ PIO  
☐ Others (Please specify) \_\_\_\_\_

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

\*\* Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

**OCCUPATION:** ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional  
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service  
☐ Forex Dealer ☐ Others (Please specify) \_\_\_\_\_

**MODE OF HOLDING:** ☐ Single ☐ Anyone or survivor ☐ Joint

**MARITAL STATUS:** ☐ Unmarried ☐ Married ☐ Wedding Anniversary

**OTHER DETAILS (MANDATORY)****FOR INDIVIDUALS ONLY**

**1<sup>st</sup> Applicant:** (A) **Gross Annual Income Details** Please tick (✓)

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ` as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)  
 (For definition of PEP, please refer instruction 'x').

(C) **Any other information:** \_\_\_\_\_

**2<sup>nd</sup> Applicant:** (A) **Gross Annual Income Details**

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ` as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** \_\_\_\_\_

**3<sup>rd</sup> Applicant:** (A) **Gross Annual Income Details**

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ` as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** \_\_\_\_\_

**FOR NON-INDIVIDUALS ONLY**

(A) **Gross Annual Income Details**

☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

[OR]

Net-worth in ` as on (date)

(B) **Is the entity involved in / providing any or the following services**

- Foreign Exchange / Money Changer Services ☐ YES ☐ NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO  
 - Money Lending / Pawning ☐ YES ☐ NO

(C) **Any other information:** \_\_\_\_\_

**DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)**

(Refer Instruction 'z')

**Information to be provided by all Applicants in the same sequence of Names as given in this Application form**

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If **Yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.



Haq, ek behtar zindagi ka.

**ACKNOWLEDGEMENT**

(To be filled in by the Applicant)

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961] Sr. No. 2021/

Received from Mr / Ms / M/s

An application under

along with Cheque/DD/NEFT/RTGS  
 Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ` (in figures)

(scheme name)

dated

Stamp of UTI AMC Office/  
 Authorised Collection Centre

§ Cheques and drafts are subject to realisation.

**NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)**

☐ I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

<b>Name of Nominee</b> <input type="text"/> <input type="text"/> <b>Date of Birth</b> <input type="text"/> (in case of nominee is a minor) <b>*PAN</b> <input type="text"/>	<b>To be furnished in case nominee is a minor</b>
	Name of the guardian <input type="text"/>
	Address of guardian <input type="text"/>
	Signature of Nominee / guardian (for minor) <input type="text"/>

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

☐ I/We do not wish to nominate

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

**DECLARATION AND SIGNATURE OF APPLICANT/s**

• I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. • I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. • The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. • I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. • I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund (Applicable to NRI's). • I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. • I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)<sup>∞</sup>**

Applicable to NRIs

- ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above  
☐ AAR in Physical Form ☐ To be dispatched to my resident relative's address in India as mentioned above

<sup>∞</sup> On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

<b>First Applicant Details</b>	*Mobile No. <input type="text"/>	Tel. (R) STD CODE <input type="text"/>	Tel. (O) STD CODE <input type="text"/>
	*E-mail <input type="text"/> Alternate E-mail <input type="text"/>		

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Signature of 1st Applicant / Guardian / POA<sup>^^</sup>  
Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA<sup>^^</sup>  
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA<sup>^^</sup>  
Name of 3rd Authorised Signatory

Designation

Designation

Designation

<sup>^^</sup>Power of Attorney (POA) Registration No.  (if already registered) (refer instruction 'ab')

**Notes :**

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

**M/s Kfin Technologies Private Limited;** Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District ,Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com