



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM FOR LIQUID AND DEBT SCHEMES

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

Sr.No. 2018/

TIME STAMP

Registrar Sr. No.

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

Table with columns: DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units), BDA / CA Code, ARN / RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/ Bank Branch Code, M O Code, EUI No., UTI RM No.

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.

I/We confirm that the EUIN 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.

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, please mention your Folio Number here:

APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s. \* Denotes Mandatory Fields

Name of First Applicant / Other Mentally Handicapped Persons (for UTI Bond Fund) (as appearing in Aadhaar) (Refer Instruction 'r')
F I R S T M I D D L E L A S T Date of Birth d d m m y y y y Mandatory for minors

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$\$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UTI BOND FUND)
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 1ST APPLICANT/FATHER/MOTHER/GUARDIAN Enclosed PAN/PEKRN CARD/ID PROOF COPY
AADHAAR NUMBER
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)
City\*
State Country\* Zip/Pin\*

DETAILS OF OTHER APPLICANTS
Name of 2nd Applicant Mr. Ms. Mrs. M/s. Date of Birth of 2nd Applicant d d m m y y y y
F I R S T M I D D L E L A S T
\*PAN/PEKRN\$ OF 2ND APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY
AADHAAR NUMBER
CKYC ID Enclosed Know Your Customer (KYC)\* Acknowledgement Copy
Name of 3rd Applicant Mr. Ms. Mrs. M/s. Date of Birth of 3rd Applicant d d m m y y y y
F I R S T M I D D L E L A S T
\*PAN/PEKRN\$ OF 3RD APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY
AADHAAR NUMBER
CKYC ID Enclosed Know Your Customer (KYC)\* Acknowledgement Copy

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

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

#Cheque/DD/NEFT/\*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE (please ✓) NRO DD issued from abroad
Date Amt. of investment (i) UTI Smart Form if already registered (Applicable for existing investors)
Bank DD Charges if any (ii) # 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"
Branch Net amount paid (i-ii) ♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.
Amt. in words

**BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)**

Bank Name			Branch		
Address			MICR Code		
	City	Pin*	(this is a 9-digit number next to your cheque number)		
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE			IFS Code		
Account No.			(this is a 11-digit number)		

**INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE  & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')**  
**PLEASE USE SEPARATE FORM FOR EACH SCHEME**

**UTI OVERNIGHT FUND**  Growth  Daily Dividend Reinvestment  Periodic Dividend Payout  Periodic Dividend Reinvestment  
 (Default-Growth Option)

**UTI BANKING & PSU DEBT FUND**  **UTI CREDIT RISK FUND**  **UTI SHORT TERM INCOME FUND**

Growth  Monthly Div. Payout  Monthly Div. Reinvestment  
 Quarterly Div. Payout  Quarterly Div. Reinvestment  Half Yearly Div. Payout  
 Half Yearly Div. Reinvestment  Annual Div. Payout  Annual Div. Reinvestment  
 Flexi Div. Payout  Flexi Div. Reinvestment  
 (Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. Div. Sub Option)

**UTI CORPORATE BOND FUND**  **UTI BOND FUND**  **UTI DYNAMIC BOND FUND**

Growth  Quarterly Div. Payout  Quarterly Div. Reinvestment  
 Half Yearly Div. Payout  Half Yearly Div. Reinvestment  Annual Div. Payout  
 Annual Div. Reinvestment  Flexi Div. Payout  Flexi Div. Reinvestment  
 (Default-Growth Option)

**UTI ULTRA SHORT TERM FUND**  **UTI LIQUID CASH PLAN**  **UTI MONEY MARKET FUND**  **UTI TREASURY ADVANTAGE FUND**  
 **UTI MEDIUM TERM FUND**

Growth  Daily Div. Reinvestment<sup>&&</sup>  Weekly Div. Payout<sup>&&</sup>  
 Weekly Div. Reinvestment<sup>&&&</sup>  Fortnightly Div. Payout<sup>&&&</sup>  Fortnightly Div. Reinvestment<sup>&&&</sup>  
 Monthly Div. Payout  Monthly Div. Reinvestment  Quarterly Div. Payout  
 Quarterly Div. Reinvestment  Half Yearly Div. Payout  Half Yearly Div. Reinvestment  
 Annual Div. Payout  Annual Div. Reinvestment  Flexi Div. Payout  
 (Default-Growth Option under UTI USTF, UTI MMF & UTI MTF)  
 (Default-Daily Div. Reinvestment under UTI LCP & UTI TAF)

**Please Note:**

&& Weekly Div. **Payout** Option **NOT** available under UTI Liquid Cash Plan, UTI Ultra Short Term Fund & UTI Medium Term Fund  
 &&& Daily Div. Reinvestment, Weekly Div. Reinvestment, Fortnightly Div. Payout & Fortnightly Div. Reinvestment option are not available under UTI Medium Term Fund  
 For Dividend Policy relating to various Options / Sub Options, please refer to SID.

**UTI GILT FUND**  Growth  Dividend Payout  Dividend Reinvestment (Default-Growth/Plan)

**UTI FIXED MATURITY PLAN**  **YEARLY SERIES (YFMP)**  **HALF YEARLY SERIES (HFMP)**  **QUARTERLY SERIES (QFMP)**  
 (Use separate form for each series)

Growth  Dividend Payout  Dividend Reinvestment (Default-Growth Option)

Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)

**Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary.**

(Refer instruction q)

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> 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]

Unitholding Option  Physical Mode  Demat Mode  
 (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only) (Available under all scheme except UTI Fixed Maturity Plan)

**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

National Securities Depository Limited	Depository Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Services (India) Limited	Depository Name _____ Target ID No. _____
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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)

Name	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T		
Address:																	
Relationship with the applicant (optional)						Email						Mobile					

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

**STATUS:**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals**	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
<input type="checkbox"/> Unlisted 'Not for Profit'^^ Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
<input type="checkbox"/> Others (Please specify) _____				

\*\* OCBs are not allowed to invest in units of any of the schemes of UTI MF.  
 ^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

**OCCUPATION:**

<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) 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:** \_\_\_\_\_



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**ACKNOWLEDGEMENT**  
 (To be filled in by the Applicant)

Sr. No. 2018/

Received from Mr / Ms / M/s \_\_\_\_\_  
 An application under \_\_\_\_\_ (scheme name)  
 along with Cheque<sup>s</sup>/DD<sup>s</sup>/NEFT/RTGS \_\_\_\_\_ dated \_\_\_\_\_  
 Ref. No./Unique Serial No. (For Cash) \_\_\_\_\_  
 Drawn on (Bank) \_\_\_\_\_  
 for ₹ (in figures) \_\_\_\_\_

Stamp of UTI AMC Office/  
 Authorised Collection Centre

<sup>s</sup> Cheques and drafts are subject to realisation.

**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.

**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>	<b>To be furnished in case nominee is a minor</b>
<input type="text"/>	Name of the guardian
<input type="text"/>	Address of guardian
<b>Date of Birth</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (in case of nominee is a minor)	Signature of Nominee / guardian
<b>Aadhaar No.</b> <input type="text"/>	(for minor)
<b>*PAN</b> <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

Sign. here

**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. • 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. • 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 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 for NRIs) • 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 do not have any documents in support of the date of birth and relationship with minor child. • I/we wish to receive email and SMS communication from UTI Mutual Fund. • I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. • I/We hereby provide my/our consent for sharing/disclosing of my/our Aadhaar number(s) including demographic information with UTI MF / UTI AMC and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. (Strike out if this declaration is not applicable).

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

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

Signature of 2nd Applicant / POA^^  
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^^  
Name of 3rd Authorised Signatory

Designation

Designation

Designation

^^ Power of Attorney (POA) Registration No.  (if already registered) (Refer instruction 'aa')

**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 Aadhaar / 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. Karvy Computershare Pvt. Ltd.:** Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, **Board No:** 040-6716 2222, **Fax No.:** 040- 6716 1888, **Email:** uti@karvy.com

Sign. here