

COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

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

01.110.	2010/	

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Registrar Sr. No.

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RN/RIA Code^	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.	
RN-106907					E143763		
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[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form

Can-Serve Facility ARN-106907 E143763

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	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 , p	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.														
	Name a	and Address of Nominee			To be furnished in c	ase non	ninee is a minor								
	Name					F	Name of the guardiar	1							
	Date of (in case	Birth of nominee is a minor)					Address of guardian								
	Address	s with pin code					Signature of Nominee	e / guard	ian						
	_	who wish to nominate two or three pers	sons may fill	in the	separate	e form p	rescribed for the same	e and att	ach it with this application form.						
	i/vve	do not wish to nominate] [
Sign.	x		x						x						
here	Sid	gnature of 1st Applicant / Guardian			Signatu	re of 2n	d Applicant		Signature of 3rd Applicant						
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4	or gifts, d any other to me/us. MF for th. MF. ● I/\\\ channels if called for name the relationsh OPTION	irectly or indirectly in making investmende), payable to him for the differe I/We hereby authorize UTI MF/Le purpose of servicing, issue of accommended or from my / our NRE / NRO Account or by UTI Mutual Fund (Applicable to application is made. The date of build with minor child. (Strike out if this FOR DESPATCH OF STATEMEN The mail Soa in Physical Form and the Account Statement, Abridged Annual Releto NRIs	nents. • Tint competing the transfer of the tr	he AF ng Sch share share ent/c n Nat dertak I he by me n is no erseas a on confi	RN holdenemes of my data on solidationality/ke to propereby so	r has d f variou a furnis ted stat Origin a vide fur emnly (and co able).	isclosed to me/us all s Mutual Funds from hed in the Form to rement of account e and that the funds a ther details of sourceclare that I am the rrect. I do not have a dabove To be distincted for address,	I the corn among my district and care remit co of fur e father/e any do	not received nor been induced by any rebate mmissions (in the form of trail commission or jet which the Scheme is being recommended ibutor and other service providers of the UTI cross selling of products/schemes of the UTI tet of from abroad through approved banking and any such other relevant documents, mother/guardian of the minor child in whose incuments in support of the date of birth and any resident relative's address in India as mentioned above bank details etc. through email only at the below email ID.						
	First Applicant	Mobile No.			Tel. (R)	SID COD			Tel. (O) STD CODE						
	Details														
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Sign. here ⊶	x		x						х						
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	^^Power of	Attorney (POA) Registration No			(if	(if already registered) (refer instruction 'ab')									
	Notes :	* *					- — — — -		— — — — % — — — —						
	1. If the a	pplication is incomplete and any o	ther require	emen	it is not	fulfilled	, the application is	liable to	be rejected.						
	2. Conso	lidated Account Statement (CAS) v	will be sent	withi	n 10 da	ys of th	e following month	of the tr	ansaction.						
		e ensure that all KYC Compliand able for Micro SIP.	e Proof a	nd P	AN det	ails ar	e given, failing wl	hich yo	ur application will be rejected. PAN not						
		nmunication relating to issue of State etc., may please be addressed to			unt, Cha	ange in	name, Address or	Bank p	articulars, Nomination, Redemption, Death						
			_		Seleniur	n Towe	r B. Plot Nos. 31 & 3	2 Finan	icial District, Nanakramguda, Serilingampally						

ARN-106907 E143763

Mandal, Hyderabad - 500 032, **Board No:** 040-6716 2222, **Fax No.:** 040- 6716 1888, **Email:** uti@karvy.com