



COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

Sr.No. 2016/

Haq, ek behtar zindagi ka.

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

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 [^]	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. [@]	UTI RM No.
ARN-106907					E143763	

[^] 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 inappropriateness, 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 EUIN 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')

<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	OR	<input type="checkbox"/> 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 (as appearing in ID proof given for KYC)

L A S T										Date of Birth		Mandatory for minors	
d		d		m		m		y		y		y	

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*								

*PAN/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished above) AADHAAR CARD NO.

										Enclosed	<input type="checkbox"/>	PAN/PEKRN Card/ID Proof Copy	<input type="checkbox"/>	Know Your Customer (KYC)* Acknowledgement Copy	Please (✓)
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OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

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

F I R S T										M I D D L E					L A S T				
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\$\$ 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').

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. Date of Birth of 2nd Applicant

d d m m y y y y														
*PAN/PEKRN \$ of 2nd Applicant										AADHAR CARD NO.				
Enclosed										<input type="checkbox"/>	PAN/PEKRN Card/ID Proof Copy	<input type="checkbox"/>	Know Your Customer (KYC)* Acknowledgement Copy	Please (✓)

Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant

d d m m y y y y														
*PAN /PEKRN \$ of 3rd Applicant										AADHAAR CARD NO.				
Enclosed										<input type="checkbox"/>	PAN/PEKRN Card/ID Proof Copy	<input type="checkbox"/>	Know Your Customer (KYC)* Acknowledgement Copy	Please (✓)

\$ Required for MICRO Investment upto Rs. 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)											<input type="checkbox"/> Cash	Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	
Account No.											(please ✓)	<input type="checkbox"/> NRO	<input type="checkbox"/> DD issued from abroad			
Date	Amt. of investment (i)						<input type="checkbox"/> One Time Mandate (OTM) 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"						
Bank	DD Charges if any (ii)						* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.									
Branch	Net amount paid (i-ii)															
Amt. in words																

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

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

INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here & tick Scheme, Plan / Option given below) (Refer instruction 'j') PLEASE USE SEPARATE FORM FOR EACH SCHEME

- | | |
|---|--|
| <input type="checkbox"/> UTI-Balanced Fund | <input type="checkbox"/> UTI-Mid Cap Fund |
| <input type="checkbox"/> UTI-Banking Sector Fund - Regular Plan | <input type="checkbox"/> UTI-MNC Fund |
| <input type="checkbox"/> UTI-Bluechip Flexicap Fund | <input type="checkbox"/> UTI-Multi Cap Fund - Regular Plan |
| <input type="checkbox"/> UTI-Dividend Yield Fund | <input type="checkbox"/> UTI-Nifty Index Fund |
| <input type="checkbox"/> UTI-Equity Fund | <input type="checkbox"/> UTI-Opportunities Fund |
| <input type="checkbox"/> UTI-India Lifestyle Fund | <input type="checkbox"/> UTI-Pharma & Healthcare Fund |
| <input type="checkbox"/> UTI-Infrastructure Fund | <input type="checkbox"/> UTI-SPrEAD Fund |
| <input type="checkbox"/> UTI-Long Term Equity Fund (Tax Saving) | <input type="checkbox"/> UTI-Top 100 Fund |
| <input type="checkbox"/> UTI-Mastershare Unit Scheme | <input type="checkbox"/> UTI-Transportation & Logistics Fund |
| | <input type="checkbox"/> UTI-Wealth Builder Fund Series II - Retail Plan |

OPTION Growth Dividend Payout Dividend Reinvestment [not available under UTI-LTEF (Tax Saving)]
(for all schemes) (Default is growth option)

Can-Serve Facility

For investment under CanServe Facility, please tick (✓) the Scheme Name, Plan and Option given below (refer instruction 'aa')

Scheme Name:	<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-Mastershare Unit Scheme	<input type="checkbox"/> UTI-SPrEAD Fund
Plan :	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Existing Plan	
Option:	<input type="checkbox"/> CanServe Growth Option ₹ _____/- (minimum ₹ 1000/-)	<input type="checkbox"/> CanServe Dividend Payout Option (default 50%) <input type="checkbox"/> 50% <input type="checkbox"/> 100%	Default is CanServe Growth Option

Investors ticking the CanServe facility will be allotted units under the said facility only. Any other option selected would be ignored.

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 Demat Mode Physical 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

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

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: 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

1st 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) _____
 (Net worth should not be older than 1 year)
 (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:** _____

2nd 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) _____
 (Net worth should not be older than 1 year)
 (B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 (C) **Any other information:** _____

3rd 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) _____
 (Net worth should not be older than 1 year)
 (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) _____
 (Net worth should not be older than 1 year)
 (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:** _____



Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C Sr. No. 2016/ of the Income Tax Act, 1961]

Received from Mr / Ms / M/s _____

An application under _____ (scheme name)

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

Drawn on (Bank) _____

for ₹ (in figures) _____

Stamp of UTI AMC Office/
 Authorised Collection Centre

^s Cheques and drafts are subject to realisation.

