



Has, 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: ARN / RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/ Bank Branch Code, M O Code, EUI No., UTI RM No., BDA / CA Code

By mentioning RIA code, I/we authorize 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 't')
I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

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.

F I R S T M I D D L E L A S T

\$\$ 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)

State Country\* City\* 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) Account No. 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 (Default-Growth Option/Sub Option  
 Flexi Div. Payout  Flexi Div. Reinvestment except for UTI-STIF where the default is Qty. 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]