



COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND HYBRID SCHEMES

Sr.No. 2018/

(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]

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 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 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.

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 (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 (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

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

CKYC ID Enclosed Know Your Customer (KYC)\* Acknowledgement Copy

Name of 3rd Applicant Mr. Ms. Mrs. 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 Enclosed Know Your Customer (KYC)\* Acknowledgement 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 Savings Current NRE (please ✓) NRO DD issued from abroad

Account No. UTI Smart Form if already registered (Applicable for existing investors)

Date Amt. of investment (i) # 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)

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 _____ (this is a 9-digit number next to your cheque number)
City	Pin* _____	IFS Code _____ (this is a 11-digit number)

Account type (please ✓)  Savings  Current  NRO  NRE

Account No. \_\_\_\_\_

**INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)**

**Equity Schemes:**

- UTI Mastershare Unit Scheme
- UTI Core Equity Fund
- UTI Equity Fund
- UTI Mid Cap Fund
- UTI Value Opportunities Fund
- UTI Dividend Yield Fund
- UTI Long Term Equity Fund (Tax Saving)
- UTI Nifty Index Fund
- UTI Nifty Next 50 Index Fund
- UTI India Lifestyle Fund
- UTI Infrastructure Fund
- UTI MNC Fund
- UTI Banking and Financial Services Fund
- UTI Healthcare Fund
- UTI Transportation and Logistics Fund

**Hybrid Schemes:**

- 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')

**OPTION**

- For All Schemes**  Growth  Dividend Payout  Dividend 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)
- For UTI Regular Savings Fund**  Growth Plan  Monthly Div. Plan Payout  Monthly Div. Plan Reinvestment  
 Flexi Div. Plan Payout  Flexi Div. Plan Reinvestment  Monthly Payment Plan (Default-Growth)
- For UTI Equity Savings Fund**  Growth Option  Dividend Payout  Dividend Reinvestment  Monthly Dividend Payout  
 Monthly Dividend Reinvestment  Quarterly Dividend Payout  Quarterly Dividend 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

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																	

**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]