

Account No.

Date

Bank

Branch

Amt. in words

laq, ek behtar zindagi ka. (OCBS ARE NOT ALLOWED TO IN							DINVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)								TIME STAMP								
ase read ins	e form and use <u>BLOCK LETTERS</u> only)							Registrar Sr. No.															
TRIBUTOR II											to dist	ribute	Units	5)				er insti				BDA / CA	A Code
ARN / RIA No.^	Nan	e of F	inancial	Advis	or	Sub	ARN Co		ub C Bran	ode/ ich Cod		МО	Code		EU	l No.@		UTI	RM N	0.			
mentioning ont commiss ous factors in I/We confirm distributor p has not char	sion sha ncluding that t ersonn	II be the he EU el con	paid dir service JIN box icerned	ectly rende is into	by the ered by ention otwiths	inves y the ally le tandi	stor to to distribute the state of the state	the AMFI itor. k by me/ advice o	l / NI: /us a f in-a	SM ceri s this i appropr	tified ( s an ' riatene	UTI N 'exec ess, i	IF reg ution f any,	jistero	ed Dis " tran ided I	stribut saction	ors b on wit	ased thout stribu	any i	ntera	ction nel ar	or adv	rice b
Signa	ture of 1	st App	licant / G	uardia	ın	_		Sig	natur	e of 2nd	Applic	cant			-		;	Signat	ure of	3rd Ap	plicar	ıt	
NSACTION C	HARGES	то в	E PAID T	O THE	DISTE	RIBUTO	OR (Plea	se tick any	one	of the be	low)										(	Refer In	structi
I AM A FIRST	TIME INVE	STOR II	N MUTUAL	FUNDS	3					OB		LAM	AN EXIS	STING II	NVESTO	OR IN MI	JTUAL	FUNDS					
) will be deduct						ion of ₹	f 10,000 a	and above		OR	₹ 100								ubscrip	tion of	₹ 10,0	00 and a	above
sting Unit Ho	older in	orma	tion If y	ou ha	ve an	existin	ng folio r	no. with F	PAN 8	KYC v	/alidati	ion, p	lease	menti	on yo	ur Foli	o Nur	nber	here:				
	<b>.</b>		DET				] <b></b>	7		B#/-													
LICANT'S I				_	Mr.		Ms	Mrs.		M/s.				(F.	84116	<b>3</b> ) (						landato	ory Fi
e of First Ap	plicant /	Otner	r Mentali	y Han	dicapp	ea Pe	ersons (1	or UBF /	MIS)	and Ad	uit Fei	male	erso	ns (Fo	or MU	<b>5)</b> (as a	appear	ing in I	D proo ⊏	f given	for KY	C)	
									D	ate of B	irth									М	andat	ory for	mino
Applicant'	s Addr	ess ([	Do not r	epeat	the na	ame) I	Name 8	Addres	ss of	reside	nt rel	ative	in In	dia (f	or NR	ls) (P.	O. Bo	ox No	. is no	t suff	icient	)	
ige/Flat/Bldg	./Plot*																						
et/Road/Area	a/Post																						
/Town*								State	Э									Pin*					
N/PEKRN\$	OF 1st	APPI	LICANT	(whos	se parti	culars	are furnis	shed in the	e form	n) <b>A</b> A	ADHAA	R CA	RD NO	0.									
							Enclos	ed P/	AN/PE	KRN Ca	rd/ID Pi	roof Co	ру	Kn	ow You	ır Custo	mer (k	(YC)* <i>F</i>	cknow	ledgen	nent Co	py Plea	se (✔
RSEAS AD	DRESS	(Ove	rseas a	ddress	s is ma	ndato	ry for N	RI / FPI a	applic	ants in	additi	on to	mailin	ng add	dress i	in Indi	a)						
															City*								
9									(	Country*							Zip	Pin*					
E IN FULL OF	THE FA	THER (	(OR) MO	THER/	GUARI	DIAN (	If Minor)\$	\$ / Contac	ct Per	son And	Design	ation -	For In	stitutio	nal Ap	plicants	s / Alte	rnate A	pplica	nt (in c	ase of	UBF / N	AIS / N
Mr. Ms	i N	1rs.																					
roof of date o	f birth ar	d proc	of of relat	ionship	p with n	ninor t	o be atta	ched or e	lse si	ign the d	eclara	tion o	n the r	revers	е						(	Refer in	struc
AILS OF O	THER A	PPLI	CANTS																				
ne of 2nd	Applica	nt	Mr.		/Is.	Mr	s.	M/s.			Date	e of B	irth of	2nd A	Applica	ant							
F		R	S T				M	I D															
N/PEKRN	of 2nd	Appli	cant								HAAF												
							Enclose	ed PA	AN/PE	KRN Car							mer (K	YC)* A	cknow	edgen	ent Co	py Pleas	se (✔
ne of 3rd A	Applica	int L	⊸ Mr.	<u> </u>	VIs.	Mr	's. 📖	M/s.			Dat	e of E	Birth of	f 3rd A	Applica	ant							
AN/PEKRN	of 3rd	R ∆nnl	icant							۸۸۲	HAAF	C A E	אר אכ	`									
	5. 5i u	יאארי	June				Enclose	ed PA	N/PE	KRN Car					ow You	r Custo	mer (K	YC)* A	cknowl	edgem	ent Co	py Pleas	se (√
																		, .		J			` .
quired for MIC	CRO Inv	estmer	nt upto₹	50,000	0/ (ref	er inst	ruction 'd	<b>a</b> ')															
quired for MIC	CRO Inv	estmer	nt upto ₹	50,000	0/ (ref	er inst	ruction 'd	ו'ו															

Amt. of investment (i)

DD Charges if any (ii) Net amount paid (i-ii)

(please √)

NRO

(Applicable for existing investors)

UTI Smart Form (OTM) if already registered

# 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"

Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

DD issued from abroad

BANK PARTICI	ULARS OF 1	ST APPLICANT (Manda	ory as per SEBI	Guidelines)	)						
Bank Name		·	•			Branch					
Address						MICR Code					
	City		Pi	n*			xt to your cheque number)				
Account type (p	olease ✓)	Savings Current	NRO NF	RE		IFS Code					
Account No.						(this is a	11-digit number)				
		R "DIRECT PLAN" PLEAS	E TICK HERE 🗌 8	тіск ѕсні	EME, PLAN/OP	TION / SUB-C	OPTION GIVEN BE	LOW) (Refer Instruction 'j')			
UTI-CRTS		UTI-GILT ADVANTAGE F	UND-LTP UTI-	MAHILA UN	IIT SCHEME	UTI-MON	ITHLY INCOME SC	HEME			
		) Growth	ODivid	dend Payout		Oividend	Reinvestment	(Default-Growth Option/Plan)			
UTI-G-SEC F	FUND-STP	Growth Daily	Dividend Reinvestn	nent	O Periodic Div	idend Payout	Periodi	c Dividend Reinvestment			
								(Default-Growth Option)			
UTI-MIS-AD\	_	Growth Plan		Monthly Div. Plan Payout			Div. Plan Reinvestm				
		Flexi Div. Plan Payout		i Div. Plan R			Payment Plan	(Default-Growth Plan)			
UII-BANKIN	IG & PSU DEI	Growth	OME OPPORTUN			_	I INCOME FUND				
	_	Quarterly Div. Payout		ithly Div. Pay irterly Div. Re			Div. Reinvestment by Div. Payout				
	_	Half Yearly Div. Reinvestr	_	ual Div. Payo		_	iv. Reinvestment				
	_	Flexi Div. Payout	_	i Div. Reinve		•		(Default-Growth Option/Sub Option ere the default is Qtly. Div. Sub Option)			
UTI-BOND F		UTI-DYNAMIC BOND FU					•	, , , ,			
_		Growth	Qua	rterly Div. Pa	ayout	O Quarterly	Div. Reinvestment				
		Half Yearly Div. Payout	◯ Half	Half Yearly Div. Reinvestment			iv. Payout				
		Annual Div. Reinvestmen	t	i Div. Payout	t	O Flexi Div.	Reinvestment	(Default-Growth Option)			
	NG RATE FUN		CASH PLAN [	UTI-MON	EY MARKET F	UND U	TI-TREASURY AD	VANTAGE FUND			
	I TERM FUND	) Growth	○ Dail	y Div. Reinve	estment <sup>&amp;&amp;&amp;</sup>	○ Weekly □	iv. Payout <sup>&amp;&amp;</sup>				
		Weekly Div. Reinvestmer	_	nightly Div. F	•	○ Fortnight	ly Div. Reinvestmen	t <sup>&amp;&amp;&amp;</sup>			
		) Monthly Div. Payout	_	thly Div. Rei		O Quarterly					
	_	Quarterly Div. Reinvestm	Ξ.	Yearly Div. F	=	Half Yearly Div. Reinvestment					
	_	Annual Div. Payout	() Ann	ual Div. Rein	vestment	(Default-Growth Option under UTI-FRF, UTI-MMF & UTI-MTF					
		) Flexi Div. Reinvestment						stment under UTI-LCP & UTI-TAF)			
Please Note:											
•		ition <b>NOT</b> available under l t, Weekly Div. Reinvestmer	•		•			e under UTI-Medium Term Fund			
		various Options / Sub Opti									
	MATURITY PLA te form for ea		ES (YFMP)	HALF YEAR	RLY SERIES (H	FMP)	QUARTERLY SER	RIES (QFMP)			
(	_	) Growth	O Divid	dend Payout		<ul> <li>Dividend</li> </ul>	Reinvestment	(Default-Growth Option)			
Cheque / DD sho	ould be drawn	in favour of UTI-Fixed Mat	urity Plan – YFMP (	mm/yy) / HF	MP (mm/yy) / Q	FMP (mm/yy-	Plan No.)	, , ,			
Details of Be	eneficial Ow	nership (Please tick a	applicable categ	ory). Own	ership detail:	s to be pro	vided if the Ow	nership percentage/interest			
any Beneficia	ary is as pe	r the threshold limit p	rovided below. [	Details to b	e provided f	or each suc	ch beneficiary.				
								(Refer instruction q)			
Categ	iory	Unlisted	Partnersh	in	Unincorpo	rated	Trust	Foreign			
	, ,	company	Firm			n/Body of	l l'ust	Investor \$\$\$			
					Individuals	S					
Ownership pe @@@	er cent	>25%	>15%		>15%	6	>=15%				
	hip percenta	ue of shares/capital/pro	l fits/property of iu	ridical pers	on/interest in	the Trust as	on the date of th	e application shall be furnished			
by the investor.		g		, , , , , , , , , , , , , , , , , , ,							
	-		-		-	-		to SAI/relevant Addendum.			
immediately abo	•	•	o, the investor w	iii be respo	onsidie to intii	mate UTI A	MC / its Registra	er / KRA as may be applicable			
Dotails of Bono	ficial Owner	ship (Please attach a se	narato choot with	this forms	at if the space	providad is	insufficient)				
	ilciai Owileis	siip (Flease attacii a se	parate sheet with	T tills forma	it ii tile space	· ,	ails of Identity				
Sr. No.		Name		Address			ch as PAN /	% of ownership			
				1			Passport				
1											
2											
_				1							
3											
[Please attach s	self attested	copy of PAN/Passport (	proof of photo ide	entity) alon	g with applica	tion form]					

Unitholding Option		Demat Mode	☐ Physical M	ode	(Avai	ilable unde	r all scheme	e except UTI-C	CRTS, UTI-MUS	S & UTI-FMP)		
			sequence of names a			plication for	rm matches	with that of th	e account held	with any one		
National Depositor	ry Name		Cer	ntral	Donository Non	mo						
Securities DP ID No		1 1 1		ository	Depository Nan	ne						
Depository				- 1	Target ID No.							
Limited Beneficia Account I	·		(Inc	lia) iited								
	lient Master List (C	,	ction cum Holding Stater		Delivery Instr		· ,					
the following persor			ole to communicate vact details.	vith me/us	s at my / our r	registered a	address, I /	we authorize		respond with struction - k)		
Name F	R S	т	M I D E		Е				LAS	T		
Address:												
Relationship with the ap	plicant (optional)		Email			Mobile						
GENERAL INFOR	MATION - Plea	se (√) wherever a	applicable									
STATUS:	Resident I	ndividual  M	linor through guardian	□ н	IUF		Partnersh	ip	☐ Trust			
	Sole Propr	rietorship So	ociety/Club		ody Corporate oreign Nationa		AOP Listed Co	mnony	☐ BOI			
	Unlisted 'N	Not for Profit'^^ Cone			Other Unlisted Co		PIO					
^^ 'Not for Profit'	Company as de	efined under Com	of the schemes of U panies Act (Act of 1	956/2013	·							
OCCUPATION:	Business Housewife Forex Dea	☐ Re	tudent etired thers (Please specify	☐ Pi	griculture rivate Sector S	Service	Self-empl Public Sec		Profes Govern	sional nment Service		
MODE OF HOLDING:	Single		nyone or survivor		oint		First hold	er or Survivor	(for UTI MUS)			
MARITAL STATUS:	Unmarried	I M	arried	W	Vedding Anniv	versary	D M M	]				
OTHER DETAILS (	MANDATORY)		FOR IN	DIVIDUA	LS ONLY							
1st Applicant:	(A) Gross A	nnual Income Det	tails Please tick (✓)									
	☐ Beld	ow 1 Lac	1-5 lacs		5-10 Lacs	□ 10-2	5 Lacs	>25 Lacs -	1 Crore	>1 Crore		
		(A la francista a la avil	lal and language and a contract	[OR]								
Net-worth in ₹		(Net worth shoul	d not be older than 1 y	rear)			(date)	D/M/M/	YYYY			
		ick if applicable:	Politically Expos	ed Persor	n (PEP)	□ Rela (For	ited to a Pol definition of	itically Expose PEP, please	ed Person (PEF refer instruction	') ۱ 'x').		
2 <sup>nd</sup> Applicant:		er information: .nnual Income Det	taile									
2 Аррисант.		ow 1 Lac		[OR]	5-10 Lacs	☐ 10-2	5 Lacs	>25 Lacs -	1 Crore	>1 Crore		
Net-worth in ₹			d not be older than 1 y			as on	(date)		YYYY			
	(B) Please ti		☐ Politically Expos		n (PEP)		` ' -		ed Person (PEF	")		
	(C) Any oth	er information:										
3 <sup>rd</sup> Applicant:	` ' —	nnual Income Det			5-10 Lacs		5 Lacs	7 . 05				
	□ Beio	ow 1 Lac	☐ 1-5 lacs	[OR]	5-10 Lacs	□ 10-2	5 Lacs L	」 >25 Lacs -	1 Crore	>1 Crore		
Net-worth in ₹		(Net worth shoul	d not be older than 1 y			as on	(date)	D/MM/	YYYY			
	• •	ck if applicable:	☐ Politically Expos	ed Persor	n (PEP)	Rela	ted to a Pol	itically Expose	ed Person (PEP	?)		
	(C) Any oth	er information:	FOR NON	-INDIVIDU	UALS ONLY							
	` ' —	nnual Income Det		_			_		_			
	☐ Beld	ow 1 Lac	1-5 lacs		5-10 Lacs	□ 10-2	5 Lacs	>25 Lacs -	1 Crore	>1 Crore		
Net-worth in ₹			d not be older than 1 y	[OR]		as on	(date)		V V V V			
Not Worth III C	(B) Is the enti		iding any or the following		s	43 011	(date)	D / W W				
	– Foreign	Exchange / Money Cha	inger Services YES	☐ NO	- Gaming / Gar	mbling/Lottery	Services (e.g.	casinos, betting	syndicates)	ES NO		
	•	ending / Pawning	☐ YES	∐ NO								
	(C) Any oth	er information:										
	— — <del>-&gt;</del> <-								-}← — –			
UTI Mutual Fund	<b>.</b> .				OGEMENT		Sr. N	lo. 2016/				
Haq, ek behtar zindagi k Received from Mr /												
						/ocho-	no nama'					
An application und						(schen	ne name)					
along with Cheque <sup>s</sup> /D Ref. No./Unique Seria				date	ed							
Drawn on (Bank)	. ,									0.55		
for ₹ (in figures)									p of UTI AMC ( ised Collection			
\$ Cheques and drafts	are subject to re	alisation.										

- 2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable 3. 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