

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

Bank Name		Branch
Address		MICR Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (this is a 9-digit number next to your cheque number)
	City Pin*	IFS Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (this is a 11-digit number)

[illegible]

<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

Can-Serve Facility  
→

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

**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%	

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

**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. <input type="text"/>		Target ID No. <input type="text"/>
	Beneficiary Account No. <input type="text"/>		

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	<input type="text"/>	
Address:	<input type="text"/>	
Relationship with the applicant (optional)	Email	Mobile

**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals <sup>##</sup>	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
<input type="checkbox"/> Unlisted 'Not for Profit' <sup>^^</sup> Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
<input type="checkbox"/> Others (Please specify) _____				

<sup>^^</sup> 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

<sup>##</sup> Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

**OCCUPATION:**

<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

**MODE OF HOLDING:** ☐ Single ☐ Anyone or survivor ☐ Joint

**MARITAL STATUS:** ☐ Unmarried ☐ Married ☐ Wedding Anniversary

**OTHER DETAILS (MANDATORY)**

**FOR INDIVIDUALS ONLY**

**1<sup>st</sup> Applicant:** (A) **Gross Annual Income Details** Please tick (✓)

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ \_\_\_\_\_ as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)  
(For definition of PEP, please refer instruction 'x').

**2<sup>nd</sup> Applicant:** (A) **Gross Annual Income Details**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ \_\_\_\_\_ as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

**3<sup>rd</sup> Applicant:** (A) **Gross Annual Income Details**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ \_\_\_\_\_ as on (date)

(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**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

Net-worth in ₹ \_\_\_\_\_ as on (date)

(B) **Is the entity involved in / providing any of 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:** \_\_\_\_\_



**ACKNOWLEDGEMENT**  
(To be filled in by the Applicant)  
**[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961]** **Sr. No. 2016/**

Received from Mr / Ms / M/s

An application under

along with Cheque/DD/NEFT/RTGS

Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

<sup>§</sup> Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/  
Authorised Collection Centre

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

**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.

<b>Name and Address of Nominee</b>	<b>To be furnished in case nominee is a minor</b>
Name	Name of the guardian
Date of Birth <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> (in case of nominee is a minor)	Address of guardian
Address with pin code	Signature of Nominee / guardian (for minor)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

☐ I/We do not wish to nominate

\_\_\_\_\_

**Signature of 1st Applicant / Guardian**

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Signature of 2nd Applicant

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**Signature of 3rd Applicant**

● I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements. ● I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. ● I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund (Applicable to NRI's). ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (Strike out if this declaration is not applicable).

☐ Through email<sup>so</sup>    ☐ SoA in Physical Form    ☐ At my Overseas address as mentioned above<sup>so</sup>    ☐ To be dispatched to my resident relative's address in India as mentioned above<sup>so</sup>

<sup>∞</sup> Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

® Applicable to NRIs

First Applicant Details	Mobile No. <input type="text"/>	Tel. (R) <input type="text"/>	Tel. (O) <input type="text"/>
	*E-mail <input type="text"/> Alternate E-mail <input type="text"/>		

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**Signature of 1st Applicant / Guardian / POA<sup>^^</sup>**

Name of 1st Authorised Signatory

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**Signature of 2nd Applicant / POA<sup>^^</sup>**

Name of 2nd Authorised Signatory

--

Signature of 3rd Applicant / POA<sup>^^</sup>

Name of 3rd Authorised Signatory

Designation

Designation

Designation

^^Power of Attorney (POA) Registration No. (if already registered) (refer instruction 'ab')



1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable 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