

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

Bank Name	Branch hfdgdshgdhfgsdhgdsvfgxfdsdgs	
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"/> (this is a 9-digit number next to your cheque number)	
City	Pin* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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"/> <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 - Retail Plan

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 a)

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 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.

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

Unitholding Option ☐ Demat Mode ☐ Physical Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

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

[illegible]

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) ____/____/____

(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) ____/____/____

(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) ____/____/____

(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) ____/____/____

(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: _____

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction '2')

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

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

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third ApplicantIf **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

Haq, ek behtar zindagi ka.

Received from Mr / Ms / M/s _____

An application under _____

along with Cheque/DD/NEFT/RTGS _____ (scheme name)

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

Drawn on (Bank) _____

for ₹ (in figures) _____

s Cheques and drafts are subject to realisation.

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C Sr. No. 2018/ of the Income Tax Act, 1961]Stamp of UTI AMC Office/
Authorised Collection Centre

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.

Name and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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

Signature of 2nd Applicant

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/s

• 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. • I/we wish to receive email and SMS communication from UTI Mutual Fund. • I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. • I/We hereby provide my/our consent for sharing/disclosing of my/our Aadhaar number(s) including demographic information with UTI MF / UTI AMC and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. (Strike out if this declaration is not applicable).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)

☐ Through email[∞] ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above[∞] ☐ To be despatched to my resident relative's address in India as mentioned above[∞]

[∞] 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"/> <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"/>	Tel. (R) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (O) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	*E-mail <input type="text"/> Alternate E-mail <input type="text"/>		

Signature of 1st Applicant / Guardian / POA^{^^}

Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^{^^}

Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^{^^}

Name of 3rd Authorised Signatory

Designation _____

Designation _____

Designation _____

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

Notes :

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