



COMMON APPLICATION FORM FOR INCOME SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

Sr.No. 2014/

(OCBs & US PERSONS INCLUDING QUALIFIED FOREIGN INVESTORS REGISTERED IN USA AND CANADA AND RESIDENTS OF CANADA ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Registrar Sr. No.

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER) [Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.
ARN-52719					E079989	

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. () Please tick and sign below when EUI box is left blank (refer instruction 'v').

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
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

OR

I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

Existing Unit Holder information Scheme Name: Folio Number:

APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s. * Denotes Mandatory Fields

Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS) (as appearing in ID proof given for KYC)

Date of Birth

Mandatory for minors

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*

*PAN OF 1st APPLICANT (whose particulars are furnished in the form) AADHAR CARD NO.

Enclosed PAN Card Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

City*

State

Country*

Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$ /

Mr. Ms. Mrs.

Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UBF / MIS / MUS)

\$ 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).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT

Applicant's address (for NRIs) At my Overseas address as mentioned above / To be despatched to my resident relative's address in India as given above

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

*PAN of 2nd Applicant

AADHAR CARD NO.

Enclosed PAN Card Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

Name of 3rd Applicant Mr. Ms. Mrs. M/s.

Date of Birth of 3rd Applicant

| d | d | m | m | y | y | y | y

*PAN of 3rd Applicant

AADHAR CARD NO.

Enclosed PAN Card Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

PAYMENT DETAILS (Refer Instruction 'x')

#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.

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)

Amt. in words

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

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name	Branch	
Address	MICR Code <input type="text"/> (this is a 9-digit number next to your cheque number)	
City	Pin*	IFS Code <input type="text"/> (this is a 11-digit number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		
Account No. <input type="text"/>		

INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here & tick Scheme, Plan / Option given below) (Refer instruction 'j')

<input type="checkbox"/> UTI-BANKING & PSU DEBT FUND - REGULAR PLAN	<input type="checkbox"/> UTI-BOND FUND	<input type="checkbox"/> UTI-CRTS	<input type="checkbox"/> UTI-DYNAMIC BOND FUND
<input type="checkbox"/> UTI-INCOME OPPORTUNITIES FUND ○ Growth	<input type="checkbox"/> UTI-MAHILA UNIT SCHEME ○ Dividend Payout	<input type="checkbox"/> UTI-MONTHLY INCOME SCHEME ○ Dividend Reinvestment	(Default – Growth Option)
<input type="checkbox"/> UTI-FIXED MATURITY PLAN - Regular Plan (Use separate form for each series) Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)	<input type="checkbox"/> Yearly Series (YFMP) ○ Growth	<input type="checkbox"/> Half Yearly Series (HFMP) ○ Dividend Payout	<input type="checkbox"/> Quarterly Series (QFMP) ○ Dividend Reinvestment (Default – Growth Option)
<input type="checkbox"/> UTI-FLOATING RATE FUND (STP) - Regular Plan	<input type="checkbox"/> Growth ○ Flexi Dividend Payout	<input type="checkbox"/> Daily Div. Reinvestment ○ Flexi Dividend Reinvestment	<input type="checkbox"/> Weekly Div. Reinvestment (Default – Growth Option)
<input type="checkbox"/> UTI-G-SEC FUND-(STP)	<input type="checkbox"/> Growth ○ Periodic Dividend Payout	<input type="checkbox"/> Daily Dividend Reinvestment ○ Periodic Dividend Reinvestment	(Default – Growth Option)
<input type="checkbox"/> UTI-GILT ADVANTAGE FUND-LTP	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Dividend Plan Payout	<input type="checkbox"/> Dividend Plan Reinvestment (Default – Growth Plan)
<input type="checkbox"/> UTI-LIQUID CASH PLAN- Institutional	<input type="checkbox"/> Growth ○ Monthly Payout	<input type="checkbox"/> Daily Div. Reinvestment ○ Monthly Reinvestment	<input type="checkbox"/> Weekly Div. Reinvestment (Default – Daily Div. Reinvestment)
<input type="checkbox"/> UTI-MIS-ADVANTAGE PLAN	<input type="checkbox"/> Growth Plan ○ Flexi Dividend Plan Payout	<input type="checkbox"/> Monthly Div. Plan Payout ○ Flexi Dividend Plan Reinvestment	<input type="checkbox"/> Monthly Div. Plan Reinvestment ○ Monthly Payment Plan (Default Plan - Growth Plan)
<input type="checkbox"/> UTI-MONEY MARKET FUND - Institutional Plan	<input type="checkbox"/> Growth ○ Weekly Div. Reinvestment	<input type="checkbox"/> Daily Div. Reinvestment	<input type="checkbox"/> Weekly Div. Payout (Default – Growth Option)
<input type="checkbox"/> UTI-SHORT TERM INCOME FUND- Institutional Option	<input type="checkbox"/> Growth Sub Option ○ Flexi Dividend Payout Sub Option	<input type="checkbox"/> Div Payout Sub Option ○ Flexi Dividend Reinvestment Sub Option	<input type="checkbox"/> Div. Reinvestment Sub Option (Default – Div. Reinvestment Sub Option)
<input type="checkbox"/> UTI-TREASURY ADVANTAGE FUND- Institutional Plan	<input type="checkbox"/> Growth ○ Weekly Div. Reinvestment ○ Quarterly Div. Payout ○ Annual Div. Reinvestment	<input type="checkbox"/> Daily Div. Reinvestment ○ Monthly Div. Payout ○ Quarterly Div. Reinvestment ○ Bonus Option	<input type="checkbox"/> Weekly Div. Payout ○ Monthly Div. Reinvestment ○ Annual Div. Payout (Default – Daily Div. Option)

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of 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				
4				
5				
6				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]