



# COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME

(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) Sr.No. 2014/

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

Registrar Sr. No.

(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#52719	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	E079989	UTI RM No.

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 EUIN 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 EUIN box is left blank (refer instruction 'v').

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

<b>TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR</b> (Please tick any one of the below) (Refer Instruction 'i')			
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	OR	<input type="checkbox"/> 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	Scheme Name:	Folio Number:	

<b>APPLICANT'S PERSONAL DETAILS</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. * Denotes Mandatory Fields
Name of First Applicant (as appearing in ID proof given for KYC)
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> 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/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form) AADHAR CARD NO.
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

<b>OVERSEAS ADDRESS</b> (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)
City*
State Country* Zip/Pin*

<b>NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
\$ 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').

<b>OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT</b>
<input type="checkbox"/> Applicant's address (for NRIs) <input type="checkbox"/> At my Overseas address as mentioned above / <input type="checkbox"/> To be despatched to my resident relative's address in India as given above

<b>DETAILS OF OTHER APPLICANTS</b>
Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. Date of Birth of 2nd Applicant <input type="text"/> / <input type="text"/> / <input type="text"/>
*PAN of 2nd Applicant AADHAR CARD NO. Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)
Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. Date of Birth of 3rd Applicant <input type="text"/> / <input type="text"/> / <input type="text"/>
*PAN of 3rd Applicant AADHAR CARD NO. Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

<b>PAYMENT DETAILS</b> (Refer Instruction 'x')
#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) <input type="checkbox"/> Cash Account type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE (please ✓) <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad
Account No. <input type="text"/>
Date <input type="text"/> Amt. of investment (i) <input type="text"/>
Bank <input type="text"/> DD Charges if any (ii) <input type="text"/>
Branch <input type="text"/> Net amount paid (i-ii) <input type="text"/>
Amt. in words <input type="text"/>
# 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 Rs. 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 <input type="text"/> Pin* <input type="text"/>	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-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-Contra Fund	<input type="checkbox"/> UTI-Nifty Index Fund
<input type="checkbox"/> UTI-Dividend Yield Fund	<input type="checkbox"/> UTI-Opportunities Fund
<input type="checkbox"/> UTI-Energy Fund	<input type="checkbox"/> UTI-Pharma & Healthcare Fund
<input type="checkbox"/> UTI-Equity Fund	<input type="checkbox"/> UTI-Services Industries Fund
<input type="checkbox"/> UTI-India Lifestyle Fund	<input type="checkbox"/> UTI-Top 100 Fund
<input type="checkbox"/> UTI-Infrastructure Fund	<input type="checkbox"/> UTI-Transportation & Logistics Fund
<input type="checkbox"/> UTI-Leadership Equity Fund	<input type="checkbox"/> UTI-Wealth Builder Fund Series II - Retail Plan
<input type="checkbox"/> UTI-Master Plus Unit Scheme	
<input type="checkbox"/> UTI-Mastershare Unit Scheme	
OPTION (for all schemes) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment (Default is growth 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]