## **COMMON APPLICATION FORM FOR INCOME SCHEMES**

Sr. No. 2009/ Registrar Sr. No. CR / CA Code



For Chief Representative

PLEASE USE SEPARATE FORM FOR EACH SCHEME (PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

DISTRIBUTOR INFORMATION (only empanelled Distributors / Brokers will be permitted to distribute Units)

ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code	UTI RM No.		DD Amount DD Charges	
120042		bank branch code				Total	
130842					DD No.:	Dated:	Drawn on:
Upfront Commission shall be	paid directly by the investo	r to the AMFI registered Di	stributors based (	on the investors'	assessment of va	rious factors including	the service rendered by the distributo
Have you invested in UTI MF e	arlier, Yes	No					
If yes, please provide:Sch						Folio No	(Optional
	SONAL DETAILS (PL		,				d d m m y y y y
Name of First Applican					le Persons (Fo	r MUS)	
Guardian Name (if Minor)			D D L		isa of LIRE / MIS /	'MUS\  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	As D Mrs
					ISE OF OBE / IVIIS /		/IS. L. I MITS.
	NT (whose particulars						
FAIN OF ISCAFFLICA	ivi (wiiose particulais	are rurnished in the	ioiiii)	Know Your	Customer (K	(YC)	
	Enclos	ed 🔲 PAN Card Cop	oy Please (🗸	) KYC Manda	tory for Invest	ment of Rs.50,0 <u>00</u> 8	
				- ',		ement enclosed	
	ess (Do not repeat the r	name) Name & Addr	ess of resider	nt relative in	India (for NRIs	(P.O. Box No. is	not sufficient)
Village/Flat/Bldg./Plot*							
Street/Road/Area			<u></u>				
City*		(0)	State				Pin*
Tel. No. (R) STD CODE	-	(O)  S T  E	<u> </u>			Mobile	
e-mail			Alternate e-i	mail			
If you wish to receive t							
Account Statement			Confirmation				s, bank details etc.
Overseas Addresss (	Overseas address is ma	indatory for NRI / FII a	pplicants in a	ddition to ma	iling address	in India)	
			1 10		*City		Tup (p) t
State			*Country				ZIP/Pin*
DETAILS OF OTH							
Name of 2nd Applica	ant $\square$ Mr. $\square$ Ms. $\square$ I	Mrs. M/s.				Date of Birth	d d m m y y y y
F I R	ST	M   I	D D L	E		L	A S T
*PAN OF 2nd Applicar	nt		Enclosed	PAN Card C		our Customer (KY	
TAN OF ZING Applical			Please (🗸)			ndatory for Investm KYC acknowledgen	nent of Rs.50,000 & above ment enclosed Yes No
					сору от		
Name of 3rd Applica	nt L Mr. L Ms. L N	∕Irs. ∟ M/s.				Date of Birth	d d m m y y y y
F I R	ST	M   I		<u>E</u>			AST
*PAN of 3rd Applicant	t		Enclosed L	☐ PAN Card C	opy <b>Know Y</b> KYC Ma	our Customer (KY	<b>(C)</b> lent of Rs.50,0 <u>00 &amp;</u> abo <u>ve</u>
			Please (🗸)			KYC acknowledgen	
Status	Resident Individua	I Minor throug	h guardian	HUF		Partnership	Trust
	Company	Sole Proprieto	-	Society	Ī	Body Corporate	
	BOI	FII '	'	NRI ,		Others (specify)	
Mode of Holding	Single	Anyone or Su	rvivor	Joint		First holder or S	urvivor (for UTI MUS)
		Student	IVIVOI			=	
Occupation	Business	Retired	L	Agriculture	. [	Self employed	Professional
	Housewife	Retired	L	Service		Others (specify)	
Marital Status	Unmarried	Married		Wedding A	nniversary	D D	M M
Annual Income of Firs	t Individual Applicant	< 5 Lacs	> 5 Lacs - < 1	15 Lacs 🗌 > 1	5 Lacs - < 25	Lacs	S
OPTION FOR DES	SPATCH OF STATE	MENT OF ACCOU	NT				
Applicant's address / (	for NRIs) At my Overseas	address as mentioned a	above (fo	r NRIs) To be de	espatched to m	y resident relative's a	address in India as given above.
	ARS (Mandatory a					<u></u>	, and the second
Bank Name	, , , , , , ,	- <b>J</b>	//-		Branch		
Address				1 1	MICR		
City		*Pin			(this is	a 9-digit number ne:	xt to your cheque number)
Account type (please v	) Savings Curr	ent NRO NRE			IEC C		
Account No.					IFS Cod	ie	
PAYMENT DETAILS Cheque / DD# No.		Amt of i	nvestment (i)				(1, 6)
Date			ges if any (ii)			Account ty  Savings	ype (please ✔) ☐ Current ☐ NRE
			-			□ NRO	DD issued from abroad
Bank Branch		Amt. in v	unt paid (i-ii)			LINKO	DD issued from abroad
# Please mention the applica	ation No. on the reverse of t			vn in favour of "	The Name of th	e Scheme" & crossed	"A/c Pavee Only"
* Denotes Mandatory Fields		and aneque, pp. emeque,	DD Mast be arav				tion Form continued on the reverse
<i></i>							
ACKNOWLEDGEME					* ut	Sr. No. 2009/	
(To be filled in by t					UTI Mutual Fund	31. NO. 2003/	
Received from Mr./Ms.	/M/s.						
An application under			Scheme Na				
alongwith Cheque / DI	O No.*			Dated			
Drawn on (Bank)							a
for Rs. (in figures)							Stamp of UTI AMC Office /
* Character and due 9	and the same of a literary					F	Authorised Collection Centre

\* Cheque and drafts are subject to realisation

INVESTMENT DETAILS (Please ✓)				
_ on o see and _	ort Term Plan owth Option		(Default Plan / Option - Investment Plan & Growth Option	
UTI-Bond Fund UTI-MIS UTI-Mahila Un	(Default Option - Growth Option			
\$ I/We wish to opt for Systematic Withdrawal Plan unde   Fixed Withdrawal Plan		d Fund UTI-Monthly Incom Payment: Rs		
_ on Elquid Lund _	☐ Dividend ☐ Mont ☐ Dividend Option ☐ Daily		Monthly* ☐ Growth Option	
UTI-Short Term Regular Option Income Fund Dividend Monthly Dividend St (Default Plan - Cash Plan (Regular), Default Option - Dividend Option (I [For Rs. 1 crore and above default is Cash Plan (Institutional)]	□ Instituub Option* □ Grow	itional Option th Sub Option	·	
UTI-GILT Advantage Fund-LTP  Growth Plan □ Dividend ○ Prescribed Date Auto Redemp ○ Prescribed Appreciation Auto ○ Payout ○ Reinvestment In case of PDAR please specify a	otion Option (PDAR) # Redemption Option (PAAR) # Principal Amount Whole	,	* # both options available under PF Plan	
In case of PAAR please specify a '	'Desired Appreciation Rate'	%	(Default Plan - Growth Plan	
UTI-Treasury Growth Daily Dividend We Advantage Fund Institutional Plan Growth Option	eekly Dividend*	Quarterly Dividend* ☐ Annual Div nd* ○ Monthly Dividend ○ Quarterl	idend* ☐ Bonus (Default - Daily Div. Plan / Option y Dividend* ○ Annual Dividend* ○ Bonus Option	
UTI-MIS-Advantage Plan Growth Plan	☐ Monthly Dividend Plan* ☐ Fle	exi Dividend Plan* 🗌 Monthly F	Payment Plan (Default Option - Growth Option)	
UTI-Money Market Fund Regular Plan Daily Dividend	Option Institutional Plan  Option Weekly Dividend Optio	n* Growt	(Default Option - Growth Option th Option	
UTI-Floating Regular Plan Rate Fund (STP) Daily Dividend	☐ Institutional Plan Option ☐ Weekly Dividend Optio	n* Growt	(Default Option - Growth Option	
UTI-Fixed Maturity Plan (Use separate ap Cheque / DD should be drawn in favour o Regular Plan   Institu   Yearly Series (YFMP)   Half Yearly Series (HFMP)   Growth Option   Divid	of UTI-Fixed Maturity Plan utional Plan Quarterly Series (QFMP)		(mm/yy) / QFMP (mm/yy-Plan No.) (Default Plan - Regular Plan (Rs. 1 crore and above default is Institutiona (Default Option - Growth Option	
	Option* (Default Option - Grow	th Option)	, , ,	
* Please tick your option for Dividend Plan /	Option / Sub-option	☐ Dividend Payout ☐ Divid	lend Reinvestment	
nvestor opting for SIP, STRIP UTI - STRIP Advantage, SW	P & Trigger Facility may fill in Se	parate Form/s presicribed for	the same & attach with this application form.	
NOMINATION DETAILS  / We hereby nominate the undermentioned Nomial payments and settlements made to such Nomi	ninee to receive the amounts nee and signature of the No	to my / our credit in the ev minee/ acknowledging reco	vent of my / our death. I / We also understand tha eipt thereof, shall be a valid discharge by the AM	
Mutual Fund / Trustee.  Name and Address of Nominee		To be furnished in case	nominee is a minor	
	e of Birth	Name of the guardian		
	ase of nominee is a minor)	Address of guardian		
Address		Signature of Nominee / guardian (for minor)		
Investors who wish to nominate two or three person	ns may fill in the separate For	<u>'</u>	nd attach herewith.	
DECLARATION AND SIGNATURE OF AF  I/ We have read and understood the contents of the Sc  UTI Mutual Fund as indicated above. I/ We agree to ab  to confirm that this investment has been duly authorise  I/ We have not received nor been induced by any rebat  The ARN holder has disclosed to me/us all the con  Schemes of various Mutual Funds from amongst v  I/ We confirm that we are Non-Residents or Indian N  NRE / NRO Account. I/ We undertake to provide furthe  * Applicable to NRIs	heme Information Document ar pide by the terms and condition ed by appropriate authorities in te or gifts, directly or indirectly in missions (in the form of trai which the Scheme is being re	n making investments.  I commission or any other commended to me/us.	mode), payable to him for the different competing	
Signature of 1st Applicant / Guardian Name of 1st Authorised Signatory	Signature of 2 Name of 2nd Aut		Signature of 3rd Applicant Name of 3rd Authorised Signatory	
Designation	Designation		Designation	

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
   In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the Registrar.
   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 Private Limited, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081. Tel. 040-23421944 to 47, Fax: 040-23115503, E-mail: uti@karvy.com