



Haq, ek behtar zindagi ka.

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

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2022/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[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/RIA Code <sup>^</sup>	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. <sup>@</sup>	UTI RM No.

<sup>^</sup> By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

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.

<sup>@</sup> 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 'w').

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')

<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 : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

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

Name of First Applicant														
F	I	R	S	T			M	I	D	D	L	E		
L	A	S	T											
Date of Birth							d	d	m	m	y	y	y	y
Mandatory for minors														
Date of birth will be taken as per the KYC record (Not applicable for minor child)														

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.																				
F	I	R	S	T			M	I	D	D	L	E					L	A	S	T

\$\$ 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').

\*PAN/PEKRN\$ OF 1<sup>ST</sup> APPLICANT/FATHER/MOTHER/GUARDIAN Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

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*																				

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

State																				
Country*																				
City*																				
Zip/Pin*																				

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 2nd Applicant	d	d	m	m	y	y	y	y									
F	I	R	S	T			M	I	D	D	L	E			L	A	S	T

\*PAN/PEKRN\$ OF 2<sup>ND</sup> APPLICANT Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 3rd Applicant	d	d	m	m	y	y	y	y									
F	I	R	S	T			M	I	D	D	L	E			L	A	S	T

\*PAN/PEKRN\$ OF 3<sup>RD</sup> APPLICANT Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)																				
Account No.																				
Date																				
Bank																				
Branch																				
Amt. in words																				
Amt. of investment (i)																				
DD Charges if any (ii)																				
Net amount paid (i-ii)																				
<input type="checkbox"/> Cash	Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> DD issued from abroad														
<input type="checkbox"/> UTI Smart Form if already registered (Applicable for existing investors)																				
# 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 ₹ 2 lacs and above in case of payments through RTGS.																				

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

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*	<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"/>		
			IFS Code <input type="text"/> (this is a 11-digit number)		

Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE

Account No. 




















**INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)**

<b>Equity Schemes:</b>	<input type="checkbox"/> UTI India Consumer Fund <input type="checkbox"/> UTI Infrastructure Fund <input type="checkbox"/> UTI MNC Fund <input type="checkbox"/> UTI Banking and Financial Services Fund <input type="checkbox"/> UTI Healthcare Fund <input type="checkbox"/> UTI Transportation and Logistics Fund <b>Index Schemes:</b> <input type="checkbox"/> UTI Sensex Index Fund <input type="checkbox"/> UTI Nifty Index Fund <input type="checkbox"/> UTI Nifty Next 50 Index Fund	<input type="checkbox"/> UTI Nifty 200 Momentum 30 Index Fund <input type="checkbox"/> UTI S&P BSE Low Volatility Index Fund <input type="checkbox"/> UTI Nifty Midcap 150 Quality 50 Index Fund <b>Hybrid Schemes:</b> <input type="checkbox"/> UTI Arbitrage Fund <input type="checkbox"/> UTI Equity Savings Fund <input type="checkbox"/> UTI Regular Savings Fund <input type="checkbox"/> UTI Hybrid Equity Fund <input type="checkbox"/> UTI Multi Asset Fund
<input type="checkbox"/> UTI Mastershare Unit Scheme <input type="checkbox"/> UTI Core Equity Fund <input type="checkbox"/> UTI Flexi Cap Fund <input type="checkbox"/> UTI Focused Equity Fund <input type="checkbox"/> UTI Mid Cap Fund <input type="checkbox"/> UTI Small Cap Fund <input type="checkbox"/> UTI Value Opportunities Fund <input type="checkbox"/> UTI Dividend Yield Fund <input type="checkbox"/> UTI Long Term Equity Fund (Tax Saving)		

**PLAN** (For All Schemes) ☐ Regular Plan ☐ Direct Plan (refer instruction 'j')
**OPTION**
**1. For All Schemes** (except UTI Regular Savings Fund and UTI Equity Savings Fund)

☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) [not available under UTI LTEF (Tax Saving), UTI Small Cap Fund and UTI Focused Equity Fund]

For UTI Sensex Index Fund, UTI Nifty 200 Momentum 30 Index Fund, UTI S&amp;P BSE Low Volatility Index Fund &amp; UTI Nifty Midcap 150 Quality 50 Index Fund there is only Growth Option

**2. For UTI Regular Savings Fund**
☐ Growth ☐ Monthly IDCW (Payout) ☐ Monthly IDCW (Reinvestment)  
☐ Flexi IDCW (Payout) ☐ Flexi IDCW (Reinvestment) ☐ Monthly Payment (Default-Growth)

**3. For UTI Equity Savings Fund**
☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) ☐ Monthly IDCW (Payout)  
☐ Monthly IDCW (Reinvestment) ☐ Quarterly IDCW (Payout) ☐ Quarterly IDCW (Reinvestment) (Default-Growth)

Unitholding Option ☐ Physical Mode ☐ Demat 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

<b>National Securities Depository Limited</b>	Depository Name <input type="text"/>	<b>Central Depository Services (India) Limited</b>	Depository Name <input type="text"/>
	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	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
Address:															
Relationship with the applicant (optional)					Email					Mobile					

**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				

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

Note : IDCW - Income Distribution cum Capital Withdrawal

**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**

**1<sup>st</sup> 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) 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:** \_\_\_\_\_

**2<sup>nd</sup> 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)

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

(C) **Any other information:** \_\_\_\_\_

**3<sup>rd</sup> 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) 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 ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) 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 'z')

**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 Applicant

If **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.

**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. 2022/

Received from Mr / Ms / M/s

An application under

along with Cheque/DD<sup>s</sup>/NEFT/RTGS

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

Drawn on (Bank)

for ₹ (in figures)

(scheme name)

dated

Stamp of UTI AMC Office/  
Authorised Collection Centre

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

**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 of Nominee

Date of Birth           (in case of nominee is a minor)

\*PAN

\*PAN of the nominee/guardian (in case the nominee is minor)

**To be furnished in case nominee is a minor**

Name of the guardian

Address of guardian

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 hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)<sup>∞</sup>****Applicable to NRIs**☐ SoA in Physical Form☐ AAR in Physical Form☐ At my Overseas address as mentioned above☐ To be dispatched to my resident relative's address in India as mentioned above

<sup>∞</sup> On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

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"/>		

\*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member	<input type="text"/>	Name of the family member	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
PAN	<input type="text"/>	PAN	<input type="text"/>
Folio Number	<input type="text"/>	Folio Number	<input type="text"/>

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Signature of 1st Applicant / Guardian / POA<sup>^^</sup>  
Name of 1st Authorised SignatorySignature of 2nd Applicant / POA<sup>^^</sup>  
Name of 2nd Authorised SignatorySignature of 3rd Applicant / POA<sup>^^</sup>  
Name of 3rd Authorised SignatoryDesignation Designation Designation 

<sup>^^</sup>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 Kfin Technologies Limited;** Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District ,Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com