

(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 ^A	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.
ARN-146822			RHEDGEEQUI		E356542	

^A 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.

@ 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 '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')

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 : 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

Mandatory for minors

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

Mr. Ms. 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 1ST 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)

_____ City* _____
State _____ Country* _____ Zip/Pin* _____

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. Date of Birth of 2nd Applicant

d	d	m	m	y	y	y	y
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*PAN/PEKRN\$ OF 2ND APPLICANT _____ Enclosed PAN/PEKRN CARD/ID PROOF COPY

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

Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant

d	d	m	m	y	y	y	y
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*PAN/PEKRN\$ OF 3RD 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) _____ Cash Account type Savings Current NRE

Account No. _____ (please ✓) NRO DD issued from abroad

Date _____ Amt. of investment (i) _____ UTI Smart Form if already registered (Applicable for existing investors)

Bank _____ DD Charges if any (ii) _____ # 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"

Branch _____ Net amount paid (i-ii) _____ * Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Amt. in words _____

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* <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)**Equity Schemes:**

- UTI Mastershare Unit Scheme
 UTI Core Equity Fund
 UTI Flexi Cap Fund
 UTI Mid Cap Fund
 UTI Value Opportunities Fund
 UTI Dividend Yield Fund
 UTI Long Term Equity Fund (Tax Saving)

- UTI Nifty Index Fund
 UTI Nifty Next 50 Index Fund
 UTI India Consumer Fund
 UTI Infrastructure Fund
 UTI MNC Fund
 UTI Banking and Financial Services Fund
 UTI Healthcare Fund
 UTI Transportation and Logistics Fund

Hybrid Schemes:

- UTI Arbitrage Fund
 UTI Equity Savings Fund
 UTI Regular Savings Fund
 UTI Hybrid Equity Fund
 UTI Multi Asset Fund

PLAN (For All Schemes) Regular Plan Direct Plan (refer instruction 'j')

OPTION

1. **For All Schemes** Growth Dividend Payout Dividend Reinvestment [not available under UTI-LTEF (Tax Saving)] (Default-Growth)
(except UTI Regular Savings Fund and UTI Equity Savings Fund. For UTI Nifty Next 50 Index Fund there is only Growth Option)
2. **For UTI Regular Savings Fund** Growth Plan Monthly Div. Plan Payout Monthly Div. Plan Reinvestment
 Flexi Div. Plan Payout Flexi Div. Plan Reinvestment Monthly Payment Plan (Default-Growth)
3. **For UTI Equity Savings Fund** Growth Option Dividend Payout Dividend Reinvestment Monthly Dividend Payout
 Monthly Dividend Reinvestment Quarterly Dividend Payout Quarterly Dividend 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

National Securities Depository Limited	Depository Name	<input type="text"/>	
	DP ID No.	<input type="text"/>	
	Beneficiary	<input type="text"/>	
	Account No.	<input type="text"/>	
Central Depository Services (India) Limited	Depository Name	<input type="text"/>	
	Target ID 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:	<input type="text"/>																
Relationship with the applicant (optional)	<input type="text"/>					Email	<input type="text"/>					Mobile	<input type="text"/>				

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]

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 ₹ _____ (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:** _____

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 ₹ _____ (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:** _____

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 ₹ _____ (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 Sr. No. 2021/
of the Income Tax Act, 1961]

Received from Mr / Ms / M/s

An application under

_____ (scheme name)

along with Cheque/DD/NEFT/RTGS
Ref. No./Unique Serial No. (For Cash)

_____ dated _____

Drawn on (Bank)

for ₹ (in figures)

§ Cheques and drafts are subject to realisation.

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 of Nominee <input type="text"/> <input type="text"/> <input type="text"/> 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"/> <input type="text"/> <input type="text"/> (in case of nominee is a minor) *PAN <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"/>	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 do not wish to nominate

Sign. here

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 hereby authorize UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp/ E-mail and/or SMS*. (Strike out if this declaration is not applicable).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)[∞]

Applicable to NRIs

- SoA in Physical Form
- AAR in Physical Form
- At my Overseas address as mentioned above
- To be despatched to my resident relative's address in India as mentioned above

[∞] 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"/> <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"/> <input type="text"/> <input type="text"/>	Tel. (R) STD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel. (O) STD CODE <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"/>		

Sign. here

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 Kfin Technologies Private 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