



Haq, ek behtar zindagi ka.

# COMMON APPLICATION FORM FOR INCOME SCHEMES

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

Sr.No. 2016/

TIME STAMP

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

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN / RIA No. <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 authorize 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 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

OR

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, please mention your Folio Number here:

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)

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

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/PEKRN\$ OF 1st APPLICANT (whose particulars are furnished in the form) AADHAAR CARD NO.

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Enclosed  PAN/PEKRN Card/ID Proof Copy  Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

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

State					Country*					City*		
										Zip/Pin*		

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UBF / MIS / MUS)

Mr.  Ms.  Mrs.

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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\$\$ 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)

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
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F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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\*PAN/PEKRN of 2nd Applicant

AADHAAR CARD NO.

Enclosed  PAN/PEKRN Card/ID Proof 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
---	---	---	---	---	---	---	---

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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\*PAN/PEKRN of 3rd Applicant

AADHAAR CARD NO.

Enclosed  PAN/PEKRN Card/ID Proof Copy  Know Your Customer (KYC)\* Acknowledgement Copy Please (✓)

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

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standards)

(Refer Instruction 'y')

#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)   UTI Smart Form (OTM) 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"/>
	City	Pin*	(this is a 9-digit number next to your cheque number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE			IFS Code <input type="text"/>
Account No. <input type="text"/>			(this is a 11-digit number)

**INVESTMENT DETAILS (FOR "DIRECT PLAN" PLEASE TICK HERE  & TICK SCHEME, PLAN/OPTION / SUB-OPTION GIVEN BELOW) (Refer Instruction 'j')**  
**PLEASE USE SEPARATE FORM FOR EACH SCHEME**

<input type="checkbox"/> UTI-CRTS	<input type="checkbox"/> UTI-GILT ADVANTAGE FUND-LTP	<input type="checkbox"/> UTI-MAHILA UNIT SCHEME	<input type="checkbox"/> UTI-MONTHLY INCOME SCHEME
	<input type="radio"/> Growth	<input type="radio"/> Dividend Payout	<input type="radio"/> Dividend Reinvestment (Default-Growth Option/Plan)
<input type="checkbox"/> UTI-G-SEC FUND-STP	<input type="radio"/> Growth	<input type="radio"/> Daily Dividend Reinvestment	<input type="radio"/> Periodic Dividend Payout
			<input type="radio"/> Periodic Dividend Reinvestment (Default-Growth Option)
<input type="checkbox"/> UTI-MIS-ADVANTAGE PLAN	<input type="radio"/> Growth Plan	<input type="radio"/> Monthly Div. Plan Payout	<input type="radio"/> Monthly Div. Plan Reinvestment
	<input type="radio"/> Flexi Div. Plan Payout	<input type="radio"/> Flexi Div. Plan Reinvestment	<input type="radio"/> Monthly Payment Plan (Default-Growth Plan)
<input type="checkbox"/> UTI-BANKING & PSU DEBT FUND	<input type="checkbox"/> UTI-INCOME OPPORTUNITIES FUND	<input type="checkbox"/> UTI-SHORT TERM INCOME FUND	
	<input type="radio"/> Growth	<input type="radio"/> Monthly Div. Payout	<input type="radio"/> Monthly Div. Reinvestment
	<input type="radio"/> Quarterly Div. Payout	<input type="radio"/> Quarterly Div. Reinvestment	<input type="radio"/> Half Yearly Div. Payout
	<input type="radio"/> Half Yearly Div. Reinvestment	<input type="radio"/> Annual Div. Payout	<input type="radio"/> Annual Div. Reinvestment
	<input type="radio"/> Flexi Div. Payout	<input type="radio"/> Flexi Div. Reinvestment	(Default-Growth Option/Sub Option except for UTI-STIF where the default is Qtly. Div. Sub Option)
<input type="checkbox"/> UTI-BOND FUND	<input type="checkbox"/> UTI-DYNAMIC BOND FUND		
	<input type="radio"/> Growth	<input type="radio"/> Quarterly Div. Payout	<input type="radio"/> Quarterly Div. Reinvestment
	<input type="radio"/> Half Yearly Div. Payout	<input type="radio"/> Half Yearly Div. Reinvestment	<input type="radio"/> Annual Div. Payout
	<input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Flexi Div. Payout	<input type="radio"/> Flexi Div. Reinvestment (Default-Growth Option)
<input type="checkbox"/> UTI-FLOATING RATE FUND-STP	<input type="checkbox"/> UTI-LIQUID CASH PLAN	<input type="checkbox"/> UTI-MONEY MARKET FUND	<input type="checkbox"/> UTI-TREASURY ADVANTAGE FUND
<input type="checkbox"/> UTI-MEDIUM TERM FUND	<input type="radio"/> Growth	<input type="radio"/> Daily Div. Reinvestment <sup>&amp;&amp;&amp;</sup>	<input type="radio"/> Weekly Div. Payout <sup>&amp;&amp;</sup>
	<input type="radio"/> Weekly Div. Reinvestment <sup>&amp;&amp;&amp;</sup>	<input type="radio"/> Fortnightly Div. Payout <sup>&amp;&amp;&amp;</sup>	<input type="radio"/> Fortnightly Div. Reinvestment <sup>&amp;&amp;&amp;</sup>
	<input type="radio"/> Monthly Div. Payout	<input type="radio"/> Monthly Div. Reinvestment	<input type="radio"/> Quarterly Div. Payout
	<input type="radio"/> Quarterly Div. Reinvestment	<input type="radio"/> Half Yearly Div. Payout	<input type="radio"/> Half Yearly Div. Reinvestment
	<input type="radio"/> Annual Div. Payout	<input type="radio"/> Annual Div. Reinvestment	<input type="radio"/> Flexi Div. Payout
	<input type="radio"/> Flexi Div. Reinvestment		(Default-Growth Option under UTI-FRF, UTI-MMF & UTI-MTF) (Default-Daily Div. Reinvestment under UTI-LCP & UTI-TAF)

**Please Note:**

&& Weekly Div. Payout Option **NOT** available under UTI-Liquid Cash Plan, UTI-Floating Rate Fund-STP & UTI-Medium Term Fund

&&& Daily Div. Reinvestment, Weekly Div. Reinvestment, Fortnightly Div. Payout & Fortnightly Div. Reinvestment option are not available under UTI-Medium Term Fund  
 For Dividend Policy relating to various Options / Sub Options, please refer to SID.

<input type="checkbox"/> UTI-FIXED MATURITY PLAN	<input type="checkbox"/> YEARLY SERIES (YFMP)	<input type="checkbox"/> HALF YEARLY SERIES (HFMP)	<input type="checkbox"/> QUARTERLY SERIES (QFMP)
(Use separate form for each series)			
	<input type="radio"/> Growth	<input type="radio"/> Dividend Payout	<input type="radio"/> Dividend Reinvestment (Default-Growth Option)

Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan – YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)

**Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest 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]



