

COMMON APPLICATION FORM FOR INCOME SCHEMES

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

Sr. No. 2011/
Registrar Sr. No.



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.
18500				

CR / CA Code	For Chief Representative	
	DD Amount	
	DD Charges	
	Total	
DD No.:	Dated:	Drawn on:

Upfront Commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Have you invested in UTI MF earlier, Yes No

If yes, please provide: Scheme Name: _____ Folio No. _____

APPLICANT'S PERSONAL DETAILS (PLEASE FILL IN BLOCK LETTERS) Mr. Ms. Mrs. M/s. Date of Birth

d	d	m	m	y	y	y	y
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Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS)

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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Guardian Name (if Minor) / Contact Person and Designation - for institutional applicants) / Alternate applicant (incase 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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***PAN OF 1st APPLICANT (whose particulars are furnished in the form)**

Enclosed copy of PAN Card Know Your Customer (KYC) Compliance Proof* Please

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* _____

Tel. No. (R) STD CODE - _____ (O) STD CODE - _____ Mobile _____

e-mail _____ Alternate e-mail _____

I wish to opt for Consolidated Account Statement (CAS) across schemes of all fund houses at the periodicity stipulated by Association of Mutual Funds of India. Please

If you wish to receive the following via e-mail [Refer Instruction (k)] Please

Account Statement Annual Report Transaction Confirmation Communication of change of address, bank details etc. CAS

Overseas Address (Overseas address is mandatory for NRI / FI applicants in addition to mailing address in India)

*City _____

State _____ *Country _____ ZIP/Pin* _____

DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant Mr. Ms. Mrs. M/s. Date of Birth

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 OF 2nd Applicant** _____ Enclosed copy of PAN Card Know Your Customer (KYC) Compliance Proof* Please

Name of 3rd Applicant Mr. Ms. Mrs. M/s. Date of Birth

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 of 3rd Applicant** _____ Enclosed copy of PAN Card Know Your Customer (KYC) Compliance Proof* Please

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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Status Resident Individual Minor through guardian HUF Partnership Trust

Company Sole Proprietorship Society Body Corporate AOP

BOI FI NRI Others (specify) _____

Mode of Holding Single Anyone or Survivor Joint First holder or Survivor (for UTI MUS)

Occupation Business Student Agriculture Self employed Professional

Housewife Retired Service Others (specify) _____

Marital Status Unmarried Married Wedding Anniversary

D	D	M	M
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Annual Income of First Individual Applicant < 5 Lacs > 5 Lacs - < 15 Lacs > 15 Lacs - < 25 Lacs > 25 Lacs

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT

Applicant's address / (for NRIs) At my Overseas address as mentioned above (for NRIs) To be despatched to my resident relative's address in India as given above.

BANK PARTICULARS (Mandatory as per SEBI guidelines)

Bank Name _____ Branch _____

Address _____ MICR Code _____

City _____ *Pin _____ (this is a 9-digit number next to your cheque number)

Account type (please Savings Current NRO NRE IFS Code _____

Account No. _____

PAYMENT DETAILS

Cheque / DD# No. _____ Amt. of investment (i) _____ Account type (please Savings Current NRE

Date _____ DD Charges if any (ii) _____ NRO DD issued from abroad

Bank _____ Net amount paid (i-ii) _____

Branch _____ Amt. in words _____

Please mention the application No. on the reverse of the cheque / DD. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"

* Denotes Mandatory Fields (Application Form continued on the reverse)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from Mr./Ms./M/s. _____

An application under _____ Scheme Name _____

alongwith Cheque / DD No.* _____ Dated _____

Drawn on (Bank) _____

for ₹ (in figures) _____

* Cheque and drafts are subject to realisation



Sr. No. 2011/

Stamp of UTI AMC Office /
Authorised Collection Centre

INVESTMENT DETAILS (Please ✓)

<input type="checkbox"/> UTI-G-SEC FUND	<input type="checkbox"/> Investment Plan <input type="checkbox"/> Short Term Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Div. Payout <input type="checkbox"/> Div. Reinvestment (Default Plan / Option - Investment Plan & Growth Option)
<input type="checkbox"/> UTI-BOND FUND	<input type="checkbox"/> UTI-DYNAMIC BOND FUND	<input type="checkbox"/> UTI-MAHILA UNIT SCHEME <input type="checkbox"/> UTI-CRTS <input type="checkbox"/> Growth <input type="checkbox"/> Div. Payout <input type="checkbox"/> Div. Reinvestment (Default Option - Growth Option)
<input type="checkbox"/> UTI-LIQUID FUND	<input type="checkbox"/> Cash Plan (Regular) <input type="checkbox"/> Growth <input type="checkbox"/> Monthly <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Cash Plan (Institutional) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly Payout <input type="radio"/> Monthly Reinvestment [Default Plan/ Option - Cash Plan (Regular) and Dividend Option (Daily Reinvestment)] [For ₹ 1 crore and above default is Cash Plan (Institutional)]	
<input type="checkbox"/> UTI-SHORT TERM INCOME FUND	<input type="checkbox"/> Regular Option <input type="checkbox"/> Institutional Option <input type="checkbox"/> Growth Sub Option <input type="checkbox"/> Monthly Div. Payout Sub Option <input type="checkbox"/> Monthly Div. Reinvestment Sub Option (Default Sub Option - Monthly Dividend Reinvestment)	
<input type="checkbox"/> UTI-GILT ADVANTAGE FUND-LTP	<input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan Payout <input type="checkbox"/> Dividend Plan Reinvestment <input type="checkbox"/> PF Plan <input type="radio"/> Growth <input type="radio"/> Div. Payout <input type="radio"/> Div. Reinvestment <input type="radio"/> Prescribed Date Auto Redemption Option (PDAR) # <input type="radio"/> Prescribed Appreciation Auto Redemption Option (PAAR) # ◇ Payout ◇ Reinvestment ◇ Principal Amount ◇ Whole Amount In case of PDAR please specify a 'Desired Maturity Date' d d m m y y y y # both options available under PF Plan In case of PAAR please specify a 'Desired Appreciation Rate' _____ % (Default Plan - Growth Plan)	
<input type="checkbox"/> UTI-TREASURY ADVANTAGE FUND	<input type="checkbox"/> Growth Plan <input type="checkbox"/> Daily Div. Plan <input type="checkbox"/> Weekly Div. Plan <input type="checkbox"/> Monthly Div. Plan Payout <input type="checkbox"/> Monthly Div. Plan Reinvestment <input type="checkbox"/> Quarterly Div. Plan Payout <input type="checkbox"/> Quarterly Div. Plan Reinvestment <input type="checkbox"/> Annual Div. Plan Payout <input type="checkbox"/> Annual Div. Plan Reinvestment <input type="checkbox"/> Bonus Plan <input type="checkbox"/> Institutional Plan <input type="radio"/> Growth <input type="radio"/> Daily Div. <input type="radio"/> Weekly Div. Payout <input type="radio"/> Weekly Div. Reinvestment <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"/> Annual Div. Payout <input type="radio"/> Annual Div. Reinvestment <input type="radio"/> Bonus Option (Default - Daily Div. Plan / Option)	
<input type="checkbox"/> UTI-MIS	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment (Default Option - Growth Option)	
<input type="checkbox"/> UTI-MIS-ADVANTAGE PLAN	<input type="checkbox"/> Growth Plan <input type="checkbox"/> Monthly Dividend Plan Payout <input type="checkbox"/> Monthly Dividend Plan Reinvestment <input type="checkbox"/> Flexi Dividend Plan Payout <input type="checkbox"/> Flexi Dividend Plan Reinvestment <input type="checkbox"/> Monthly Payment Plan (Default Plan - Growth Plan)	
<input type="checkbox"/> UTI-MONEY MARKET FUND	<input type="checkbox"/> UTI-FLOATING RATE FUND (STP) (Default Plan/ Option - Regular Plan and Growth Option), (₹ 50 lacs and above default is Institutional)	
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan <input type="radio"/> Growth <input type="radio"/> Daily Div. <input type="radio"/> Weekly Div. Payout <input type="radio"/> Weekly Div. Reinvestment (Regular Plan under UTI-MMF has only Growth and Div. Option)		
<input type="checkbox"/> UTI-FIXED MATURITY PLAN (Use separate application form for each series) Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.) <input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan <input type="checkbox"/> Yearly Series (YFMP) <input type="checkbox"/> Half Yearly Series (HFMP) <input type="checkbox"/> Quarterly Series (QFMP) <input type="radio"/> Growth <input type="radio"/> Dividend (Default Plan / Option - Regular Plan & Growth Option) , (₹ 1 crore and above default is Institutional),		

Investor opting for SIP, STRIP, UTI - STRIP Advantage, SWP, DTP & Trigger Facility may fill in Separate Form/s prescribed for the same & attach with this application form.

NOMINATION DETAILS

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 and Address of Nominee	To be furnished in case nominee is a minor
Name Date of Birth (in case of nominee is a minor) d d m m y y y y 	Name of the guardian Address of guardian
Address	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 herewith.

DECLARATION AND SIGNATURE OF APPLICANT/S

I / We have read and understood the contents of the Scheme Information Document 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 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 NRIs

Signature of 1st Applicant / Guardian
Name of 1st Authorised Signatory

Designation _____

Signature of 2nd Applicant
Name of 2nd Authorised Signatory

Designation _____

Signature of 3rd Applicant
Name of 3rd Authorised Signatory

Designation _____

Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. In case the applicant does not receive the Statement of Account within 5 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.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected.**
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. 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