



COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

Sr.No. 2011/

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

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 (Optional)

APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters) Mr. Ms. Mrs.

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			

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											
City*	State								Pin*		
Tel.No. (R) STDCODE	(O) STDCODE						Mobile				
e-mail	Alternate e-mail										

*PAN OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)

<input type="checkbox"/> Enclosed	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy	Please (✓)
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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 / FII applicants in addition to mailing address in India)

State	Country*	City*	Zip/Pin*
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NAME IN FULL OF THE FATHER/MOTHER OR 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
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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

DETAILS OF OTHER APPLICANTS

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

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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PAN of 2nd Applicant Enclosed PAN Card Copy Know Your Customer (KYC) Acknowledgement Copy Please (✓)

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

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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PAN of 3rd Applicant Enclosed PAN Card Copy Know Your Customer (KYC) Acknowledgement Copy Please (✓)

PAYMENT DETAILS

Cheque / DD* No.	Amt. of investment (i)	*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"
Date	DD Charges if any (ii)	
Bank	Net amount paid (i-ii)	
Branch	Amt in words	
Account Type Please (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad		

ONLINE ACCESS

I/We wish to access the account online through 'invest@uti' at www.utimf.com.
I/We have read and understood terms & conditions available at www.utimf.com and agree to abide by the same concerning all my/our folios.



ACKNOWLEDGEMENT (To be filled in by the Applicant)

Sr.No. 2011/

Received from Mr / Ms / M/s _____
 An application under _____ (scheme name)
 along with Cheque / DD No.° _____ dated _____
 Drawn on (Bank) _____
 for Rs. (in figures) _____

Stamp of UTI AMC Office/
Authorised Collection Centre

° Cheques and drafts are subject to realisation.

INVESTMENT DETAILS (Please ✓)

<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-Infrastructure Fund	<input type="checkbox"/> UTI-MNC Fund	<input type="checkbox"/> UTI-Services Industries Fund
<input type="checkbox"/> UTI-Banking Sector Fund	<input type="checkbox"/> UTI-Leadership Equity Fund	<input type="checkbox"/> UTI-Nifty Index Fund	<input type="checkbox"/> UTI-Top 100 Fund
<input type="checkbox"/> UTI-Contra Fund	<input type="checkbox"/> UTI-Master Index Fund	<input type="checkbox"/> UTI-Opportunities Fund	<input type="checkbox"/> UTI-Transportation & Logistics Fund
<input type="checkbox"/> UTI-Dividend Yield Fund	<input type="checkbox"/> UTI-Master Plus Unit Scheme	<input type="checkbox"/> UTI-Pharma & Healthcare Fund	<input type="checkbox"/> UTI-Wealth Builder Fund Series II
<input type="checkbox"/> UTI-Energy Fund	<input type="checkbox"/> UTI-Mastershare Unit Scheme	<input type="checkbox"/> S&P CNX NIFTY UTI NOTIONAL DEpository Receipts Scheme (SUNDER)	
<input type="checkbox"/> UTI-Equity Fund	<input type="checkbox"/> UTI-Master Value Fund		
<input type="checkbox"/> UTI-India Lifestyle Fund	<input type="checkbox"/> UTI-Mid Cap Fund		

Plan available only under UTI-Banking Sector Fund and UTI-Wealth Builder Fund Series II.

Regular/Retail Plan Institutional Plan (Minimum is Rs.5 crore under UTI-Banking Sector Fund and Rs.1 crore under UTI-Wealth Builder Fund Series II). (Default is Regular/Retail Plan. However, if the application is for amounts of Rs.5 crore/Rs.1 crore and above the default Plan is the Institutional Plan.)

OPTION (for all schemes) Growth Dividend Payout Dividend Reinvestment (Default is growth option)

I wish to Opt for Systematic Investment Plan (SIP). I wish to Opt for Automatic Trigger Facility. I wish to Opt for Dividend Transfer Plan (DTP).

(Investor opting for Systematic Investment Plan (SIP) & / or Automatic Trigger Facility & / or DTP may fill in separate form/s prescribed for the same & attach with this application form.)

Systematic Withdrawal Plan (available under Growth Option of all schemes except SUNDER, UTI-Banking Sector Fund - Institutional Plan & UTI-Wealth Builder Fund - Series II - Institutional Plan) - Please fill separate form.

Unitholding option Demat Mode Physical Mode (if Demat account details are provided below, units will be allotted by default in Electronic Mode only)

DEMAT ACCOUNT DETAILS (Optional)

(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant)

NSDL		CDSL	
Depository Name			
DP ID IN	Beneficiary Account No		

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

Bank Name	Branch
Address	MICR Code (this is a 9-digit number next to your cheque number)
City	Pin*
IFS Code	
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	
Account No.	

Annual Income of First Individual Applicant (Please ✓) < 5 Lacs > 5 Lacs - < 15 Lacs > 15 Lacs - < 25 Lacs > 25 Lacs * Denotes Mandatory Fields

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS <input type="checkbox"/> Resident Individual <input type="checkbox"/> Company <input type="checkbox"/> AOP <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> BOI <input type="checkbox"/> HUF <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> Partnership <input type="checkbox"/> Body Corporate <input type="checkbox"/> NRI <input type="checkbox"/> Trust <input type="checkbox"/> Others	MODE OF HOLDING <input type="checkbox"/> Single <input type="checkbox"/> Anyone or survivor <input type="checkbox"/> Joint	OCCUPATION <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Service <input type="checkbox"/> Others
MARITAL STATUS <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Wedding Anniversary		

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	Name of the guardian:
Date of Birth (in case nominee is a minor)	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 it with this application form.

DECLARATION AND SIGNATURES 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 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

<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Signature of 1st Applicant / Guardian Name of the 1st Authorised Signatory <hr/> Designation _____	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Signature of 2nd Applicant Name of the 2nd Authorised Signatory <hr/> Designation _____	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Signature of 3rd Applicant Name of the 3rd Authorised Signatory <hr/> Designation _____
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Notes:

- 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.
- Please ensure that all KYC Acknowledgement & PAN details are given, failing which your application will be rejected (PAN not applicable for Micro SIP).**
- All communications 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 :