	UCDS ARE NUT		TO INVEST	IN U	RM FC NITS OF A	ANY OF TH	E SCHEMES OF	UTI MF)				_			
aq, ek behtar zinda	ngi fa.								TIME STAMP						
	structions carefully be		•					2)		Registrar Sr. No. (refer instruction 'h') BDA / C.					
ARN /	NFORMATION (only em Name of Financial A		Sub ARN C		Sub	Code/	M O Code	·	UI No.®	UTI RM No.) 80/	A/CA Code			
RIA No.^					Bank Bra	inch Code									
64917	Systematix							E-0)29678						
pfront commiss arious factors i //We confirm distributor p	RIA code, I/we author sion shall be paid dire ncluding the service r n that the EUIN box is personnel concerned or rged any advisory fee	ctly by the endered b s intention or notwiths	investor to y the distri ally left bla tanding th	o the butor ank b e adv	AMFI / N r. by me/us vice of in	IISM cert as this is -appropri	ified UTI MF reg an "execution ateness, if any,	gistered D n-only" tra	istributors	based on the ir ithout any inter stributor perso	raction or	advice by t			
Signa	ture of 1st Applicant / Gu	ardian			Signati	ure of 2nd	Applicant			Signature of 3rd	Applicant				
RANSACTION C	HARGES TO BE PAID TO	THE DISTR	RIBUTOR (PI	ease t	ick any one	e of the be	ow)				(Re	fer Instruction			
I AM A FIRST	TIME INVESTOR IN MUTUAL F	UNDS				OR	I AM AN EXIS	STING INVES	TOR IN MUTUAL	FUNDS					
150 will be deduc	ted as transaction charges	per Subscript	ion of ₹ 10,00	0 and	above		₹ 100 will be dedu	icted as tran	saction charge	s per Subscription	of ₹ 10,000	and above			
xisting Unit H	older information If yo	u have an	existing folio	o no.	with PAN	& KYC v	alidation, please	mention y	our Folio Nu	mber here:					
PPLICANT'S	PERSONAL DETAILS	Mr	. 🔲 Ms.		Mrs. 📃	M/s.				* De	enotes Mar	datory Field			
lame of First Ap	plicant / Other Mentally	Handicap	ed Persons	s (for	UBF / MIS	6) and Adu	ult Female Perso	ons (For Ml	JS) (as appea						
iret Applicant	's Address (Do not -o	neat the re	me) Nema			Date of B		dia (for N				/ for minors			
/illage/Flat/Bldg	's Address (Do not re	ρεαι ιπε Πά	anie) ivanie	, ox A	auress (n restuel			1118) (F.U. B	INU. IS HUL SU					
Street/Road/Are															
City/Town*					State					Pin*					
VERSEAS AD	DRESS (Overseas add	dress is ma	indatory for	NRI	/ FPI appl	licants in	addition to mailir	and address	s in India)						
tate						Country*		City	, 	o/Pin*					
AME IN FULL OF	THE FATHER (OR) MOTI s Mrs.					erson And [City	/*	·					
AME IN FULL OF Mr. Ms Proof of date c ETAILS OF O	s. Mrs.	onship with r	ninor to be a	uttache	ed or else	erson And [eclaration on the r	I City I City Institutional A reverse	pplicants / Alt	·		BF / MIS / MUS			
AME IN FULL OF Mr. Mr. Mr. Proof of date of ETAILS OF O ame of 2nd PAN/PEKRN	s. Mrs. If birth and proof of relation THER APPLICANTS Applicant Mr. of 2nd Applicant		ninor to be a		ed or else s.	erson And I sign the d AAD	Date of Birth of HAAR CARD NC	f 2nd Applie	cant	·	(Re	fer instruction			
AME IN FULL OF Mr. Mr. Mr. ETAILS OF O ame of 2nd PAN/PEKRN ame of 3rd a	Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	onship with r	ninor to be a	ittache	ed or else S. PAN/P	erson And I sign the d AAD EKRN Car	Date of Birth of HAAR CARD NC	f 2nd Applie City reverse f 2nd Applie D. Know Yc f 3rd Applie	cant	ernate Applicant (ir	(Re	fer instruction			
AME IN FULL OF Mr. Ma Proof of date of ETAILS OF O ame of 2nd PAN / PEKRN dame of 3rd A	s. Mrs. If birth and proof of relation THER APPLICANTS Applicant Mr. of 2nd Applicant	Ms.	Mrs.	tttache M/ osed M/	ed or else S. PAN/F Ys.	erson And I sign the d AAD PEKRN Carr AAD	Date of Birth of HAAR CARD NC	f 2nd Applie nstitutional A reverse f 2nd Applie 0. f 3rd Applie 0.	pplicants / Alt	ernate Applicant (ir	(Re	fer instruction			
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Mr. Mr. SProof of date of DETAILS OF O Name of 2nd PAN/PEKRN Name of 3rd *PAN/PEKRN SRequired for MI	s. Mrs. of birth and proof of relation THER APPLICANTS Applicant Mr. of 2nd Applicant Applicant Mr. I of 3rd Applicant CRO Investment upto ₹ 5 AILS (Please ensure to /*RTGS Ref. No.	Ms	Mrs.	M/: osed M/: osed M/: osed n'q') ss to the oset of the oset o	ed or else s. PAN/P S. PAN/P he CTS 2	erson And I sign the de AAD EKRN Care AAD	eclaration on the r Date of Birth of HAAR CARD NC J/ID Proof Copy Date of Birth of HAAR CARD NC	f 2nd Applie reverse f 2nd Applie 0. f 3rd Applie f 3rd Applie f 3rd Applie f 3rd Applie f 3rd Applie	pplicants / Alt pplicants / Alt cant our Customer (I pur Customer (I Account type (please ✓) UTI Sm	ernate Applicant (ir	(Re ement Copy ement Copy (Refe Currer DD issi if already r	fer instruction fer instruction Please (✓) Please (✓) r Instruction atNRE ued from abroa egistered			
AME IN FULL OF Mr. Mr. Proof of date of ETAILS OF O lame of 2nd PAN / PEKRN Jame of 3rd PAN / PEKRN Required for MI AYMENT DET Cheque/DD/NEFT Unique Serial No. ccount No.	s. Mrs. of birth and proof of relation THER APPLICANTS Applicant Mr. of 2nd Applicant Applicant Mr. I of 3rd Applicant CRO Investment upto ₹ 5 AILS (Please ensure to /*RTGS Ref. No.	Ms	Mrs.	M// osed M// osed m/(r)	ed or else s. PAN/P /s. PAN/P he CTS 20 http://sites.org/lis	erson And I sign the de AAD EKRN Care AAD	eclaration on the r Date of Birth of HAAR CARD NC J/ID Proof Copy Date of Birth of HAAR CARD NC	f 2nd Applie reverse f 2nd Applie 0. f 3rd Applie f 3rd Applie f 3rd Applie f 3rd Applie f 3rd Applie	¢ Zip pplicants / Alt cant pur Customer (I Account type (please ✓) UTI Sm (Applii # Please	ernate Applicant (ir kryc)* Acknowledge Kryc)* Acknowledge kryc	(Re ement Copy ement Copy (Refe Currer DD iss if already r j investors lication No	fer instruction fer instruction Please (✓) Please (✓) r Instruction ut NRE ued from abroa egistered) . on the rever			

BANK PAR		- 1ST APPLICANT (Manda	tory as per	SEBI Guideli	noc)							
Bank Name	1		tory as per	SEBI Guideli	nes)	Drench						
Address						Branch						
	City			Pin*		MICR Code (this is a 9-digit number next to your cheque number)						
Account typ	e (please ✓)	Savings Current	NRO [NRE		IFS Code						
Account No						(this is a	11-digit number)					
		OR "DIRECT PLAN" PLEAS FORM FOR EACH SCHEME		E 🗌 & TICK S	CHEME, PLAN/OF	TION / SUB-C	PTION GIVEN BEL	OW) (Refer Instruction 'j')				
	s	UTI-GILT ADVANTAGE	FUND-LTP	UTI-MAHIL/	UNIT SCHEME	UTI-MONTHLY INCOME SCHEME						
		Growth	0	Dividend Pa	yout	Dividend Reinvestment (Default-Growth Option						
UTI-G-SE	EC FUND-STP	Growth Daily	Dividend Rei	investment	Periodic Di	vidend Payout	Periodic	Dividend Reinvestment				
		_						(Default-Growth Option)				
UTI-MIS-	ADVANTAGE	Growth Plan		Monthly Div.	•	_ ·	Div. Plan Reinvestme					
		Flexi Div. Plan Payout	-		an Reinvestment		Payment Plan	(Default-Growth Plan)				
UTI-BAN	KING & PSU D	_	_			_	INCOME FUND					
		Growth		Monthly Div.			Div. Reinvestment					
		Quarterly Div. Payout			v. Reinvestment	_	ly Div. Payout					
		Half Yearly Div. Reinvest		Annual Div.	•	Annual Di	iv. Reinvestment	(Default-Growth Option/Sub Option				
		Flexi Div. Payout		Flexi Div. Re	einvestment	exe	cept for UTI-STIF when	e the default is Qtly. Div. Sub Option)				
UTI-BON	D FUND	UTI-DYNAMIC BOND FU	JND									
		Growth	[Quarterly Di	v. Payout	Quarterly	Div. Reinvestment					
		Half Yearly Div. Payout	[Half Yearly [Div. Reinvestment	Annual Di	iv. Payout					
		Annual Div. Reinvestmen	t 🕻	Flexi Div. Pa	iyout	Flexi Div.	Reinvestment	(Default-Growth Option)				
	ATING RATE F		CASH PLA	N UTI-N	IONEY MARKET F	UND U	TI-TREASURY ADV	ANTAGE FUND				
	IUM TERM FU	Growth	Г	Daily Div. Re	einvestment ^{&&&}	Weekly D	iv. Payout ^{&&}					
		Weekly Div. Reinvestmer	nt ^{&&&}	Fortnightly D)iv. Payout ^{&&&}	Fortnightly Div. Reinvestment ^{&&&}						
		Monthly Div. Payout		Monthly Div.	Reinvestment	Quarterly	Div. Payout					
		Quarterly Div. Reinvestm	ent [Half Yearly	Div. Payout	Half Year	ly Div. Reinvestment					
		Annual Div. Payout	0	Annual Div.	Reinvestment	Flexi Div. Payout						
		Flexi Div. Reinvestment				(Default-Growth Option under UTI-FRF, UTI-MMF & UTI-MTF)						
Please Note	:					(Defaul	t-Daily Div. Reinvest	ment under UTI-LCP & UTI-TAF)				
&& Week	- dv Div. Pavout	Option NOT available under	UTI-Liquid Ca	ash Plan. UTI-F	loating Rate Fund-	STP & UTI-Me	dium Term Fund					
		ent, Weekly Div. Reinvestme to various Options / Sub Opt			Fortnightly Div. Rei	nvestment opti	on are not available	under UTI-Medium Term Fund				
	D MATURITY F		ES (YFMP)		EARLY SERIES (F	IFMP)	QUARTERLY SERI	ES (QFMP)				
(Growth	Г	Dividend Pa	vout	Dividend	Reinvestment	(Default-Growth Option)				
Cheque / DD		wn in favour of UTI-Fixed Mat	_		•	_		(
		Ownership (Please tick a per the threshold limit p	••	0,00	•	•		ership percentage/interest (Refer instruction q)				
			.		1		1					
Ca	itegory	Unlisted company	Partr Firm	nership	Unincorpo Associatio Individual	on/Body of	Trust	Foreign Investor \$\$\$				
Ownership @@@	per cent	>25%	>	15%	>159	%	>=15%					
@@@ Own		I Itage of shares/capital/pro	l fits/property	/ of juridical p	l person/interest in	the Trust as	on the date of the	application shall be furnished				
by the inves \$\$\$ In the c		n investors the beneficial	ownershin	will be deter	nined as ner SEF	31 auidelines	For details refer	o SAI/relevant Addendum.				
In case of a	-	n the beneficial ownershi	-		-	-		/ KRA as may be applicable				
Details of Be	eneficial Own	ership (Please attach a se	parate shee	et with this fo	rmat if the space	provided is	insufficient)					
Sr. No.		Name			Address	su	ils of Identity ch as PAN / Passport	% of ownership				
1												
2												
3												
	ch self atteste	ed copy of PAN/Passport	(proof of pho	oto identitv) #	along with applica	tion form1						

Unitholding Option 🔲 Demat Mode 📄 Physical Mode (Available under all scheme except UTI-CRTS, UTI-MUS & UTI-FMP)														
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 Deposite	ory Name			Central	Depository Na	ame								
Securities DP ID N				Depository	Depository N									
Depository				Services	Target ID No.									
Limited Account				(India)										
Enclosures :	Client Master List (0	CML) 🔲 Transa	action cum Holding		Delivery Ins	struction Slip (DIS)								
FRIEND IN NEED the following perso				cate with me/	/us at my / our	registered address, I / we authorize UTI	MF to correspond with (refer instruction - k)							
Name														
Address:														
Relationship with the a	pplicant (optional)		Email			Mobile								
GENERAL INFO		se (√) wherever												
STATUS:	Resident I		Vinor through qua	ardian 🗌	HUF	Partnership	Trust							
	Sole Prop		Society/Club		Body Corpora Foreign Nation		BOI LLP							
	Unlisted 'N	Not for Profit'^^ Co ease specify)			Other Unlisted (
## OCBs are not ^^ 'Not for Profit	allowed to inve Company as d	st in units of any efined under Cor	npanies Act (Ac	s of UTI MF. t of 1956/20	13).									
OCCUPATION:	Business Housewife	- 🗖 F	Student Retired		Agriculture Private Sector	Service Self-employed [Professional Government Service							
MODE OF HOLDING:	Forex Dea		Others (Please s		Joint	First holder or Survivor (for								
MARITAL STATUS:			Aarried		Wedding Ann									
OTHER DETAILS	(MANDATORY)													
				OR INDIVIDU	JALS ONLY									
1st Applicant:		ow 1 Lac	etails Please tick	: (✓) [0R		🔲 10-25 Lacs 🔲 >25 Lacs - 1 C	rore 🔲 >1 Crore							
Net-worth in ₹						as on (date)								
	.,	ick if applicable: er information:	Politically	Exposed Pers	son (PEP)	Related to a Politically Exposed Performance (For definition of PEP, please refermance)	erson (PEP) instruction 'x').							
2 nd Applicant:	· · ·	annual Income De	etails											
	🗖 Bel	ow 1 Lac	1-5 lacs	[OR	5-10 Lacs	10-25 Lacs	rore 🔲 >1 Crore							
Net-worth in ₹					· ·	as on (date)								
		ick if applicable:	Politically	Exposed Pers	son (PEP)	Related to a Politically Exposed Pe	erson (PEP)							
3 rd Applicant:	., .	er information: _ nnual Income De	tails											
•		ow 1 Lac	1-5 lacs	[OR	5-10 Lacs	🔲 10-25 Lacs 🔲 >25 Lacs - 1 C	rore 🔲 >1 Crore							
Net-worth in ₹		als Marculla 11	— —		-	as on (date)								
	. ,	ick if applicable: er information: _	•	Exposed Pers		Related to a Politically Exposed Personal Related to a Politically Exposed Person Related to a Politically Exposed Person Related to a Political Related to a	erson (PEP)							
	(A) Gross A	nnual Income De		NON-INDIVI	IDUALS ONLY									
	. , _	ow 1 Lac	1-5 lacs		5-10 Lacs	🔲 10-25 Lacs 🔲 >25 Lacs - 1 C	rore 🔲 >1 Crore							
Not worth in F				[OR	1]									
Net-worth in ₹	(B) Is the ent	ity involved in / pro	viding any or the f	ollowing servi	ces	as on (date)								
	– Foreign	Exchange / Money Ch	anger Services) – Gaming / G	ambling/Lottery Services (e.g. casinos, betting syndic	cates) 🔲 YES 🔲 NO							
		.ending / Pawning er information: _		YES 🔲 NC)									
							<u> </u>							
				-	EDGEMEN	0 N								
Haq, ek behtar zindagi Dagai yad form Ma			,10 96			,]							
Received from Mr														
An application und				,		(scheme name)								
along with Cheque ^s / Ref. No./Unique Seri				da	ated									
Drawn on (Bank)						Stamp of	UTI AMC Office/							
for ₹ (in figures)							Collection Centre							
⁵ Cheques and drafts are subject to realisation.														

	DETAILS	UNDER FA	TCA (FOF	REIGN	TAX	СОМРІ	LIAN	CE ACT)	AND CI	RS (COI	имо		TING STAN	DARI))			(Refe	r Instructio	on 'z')
	Informati	tion to be provided by all Applicants in the same sequence of Names as given in this Application form																		
	Are you a	re you a tax resident of any country other than India ?																		
	lf No, plea	Io, please tick here: First Applicant Second Applicant Third Applicant																		
	lf yes , ple	ase fill in t	ne Partic	ulars	in the	presc	ribec	d Form	for FAT	CA/CR	S ar	nd attach i	t with this a	Appli	cation	Form.				
	NOMINAT	TION DETAI	LS (Pleas	se √)	(plea	se sigi	n if ye	ou do n	ot wish	to nom	inate	e)								
	I/We all pa	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 under all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by Mutual Fund / Trustee.												understand ge by the A	that MC/					
	Name an	Name and Address of Nominee									То	be furnis	hed in cas	e nor	ninee is	a mine	or			
	Name	Name							Name of the guardian											
	Date of B (in case of	Birth	s a minor)							Ac	dress of g	uardian							
	Address	with pin cod	е									•	Nominee /	guard	ian					
	Investors	who wish to	nominate	two or	r three	persor	ns ma	ıy fill in th	ie separ	ate form		or minor) scribed for t	the same ar	d atta	ach it wit	h this a	oplicati	on form		
	🔲 I/We do	o not wish to n	ominate						•											
Sign. here																				
,	Sig	gnature of 1s	st Applicar	nt / Gu	ardiar	ı			Signat	ure of 2	nd A	pplicant			5	Signatu	e of 3	rd Appli	cant	
		ATION AND							<u> </u>											
	Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I / We agree abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I / We undertake to confirm the this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requiremen • I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. • I/We hereby authori 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 servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. • T 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 the we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels from my / our NRE / NRO Account. I / We undertake to provide further details of source of funds and any such other relevant document if called for by UTI Mutual Fund. (Applicable for NRIs) • I hereby solemnly declare that I am the father/mother/guardian of the minor ch in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of t date of birth and relationship with minor child. (Strike out if this declaration is not applicable) OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) Through email® SoAin Physical Form Army Overseas address as mentioned above® To be dispatched to my resident relative's address in India as mentioned above® Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. th												ents. lorize lose of • The ferent in that els or hents, child of the							
	First	Mobile No.							Tel. (R)						Tel. (O)					
	Applicant Details	*E-mail										Alte	rnate E-mail							
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					N N	
	Designa	ation						Designation De							Designation					
	-	Designation Power of Attorney (POA) Registration No												on 'AA						
		^^ Power of Attorney (POA) Registration No. (if already registered) (Refer instruction 'AA')																		
	Notes :																			
	1. If the a	pplication is	incomple	ete an	d any	other	requii	rement i	s not ful	filled, th	ne ap	oplication is	s liable to b	e rej	ected.					
	2. Consol	idated Acco	unt State	ment	(CAS) will be	e sen	t within	10 days	ays of the following month of the transaction.										
	3. Please for Mic	ensure that ro SIP.	at all KYC	C Com	npliar	nce Pro	oof a	nd PAN	details	are gi	ven,	failing wi	hich your a	appli	cation	will be	rejecte	∋d. PAN	l not appli	cable
		nmunication ay please b	•					f Accou	nt, Char	ige in r	ame	e, Address	or Bank pa	articu	lars, No	minatio	n, Red	demptio	n, Death C	Claims
		arvy Comp I, Hyderaba														strict, Na	anakra	mguda	, Serilingar	mpally

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