



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM
LIQUID, DEBT AND FUND OF FUNDS

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

Sr.No. 2023/

TIME STAMP

Registrar Sr. No.

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

Table with columns: ARN / RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/ Bank Branch Code, M O Code, EUI No., UTI RM No., BDA / CA Code

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 EUI 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 inappropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

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 OR ₹ 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 / Mentally Handicapped Persons (for UTI Medium to Long Duration Fund)

Grid for Name of First Applicant (F I R S T L A S T) and Date of Birth (d d m m y y y y)

Status of First/ Sole Applicant [Please tick (✓)]: Individual Non-Individual

NAME IN FULL OF THE FATHER (OR) MOTHER/ GUARDIAN (If Minor)\$\$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UTI Medium To Long Duration Fund)

Mr. Ms. Mrs.

Grid for Name in Full of the Father (or) Mother/ Guardian (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 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)

Grid for Overseas Address (State, Country*, City*, Zip/Pin*)

DETAILS OF OTHER APPLICANTS

Mode of Holding: Joint Anyone or Survivor (Default - Joint holding)

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

Grid for Name of 2nd Applicant (F I R S T M I D D L E L A S T)

PAN/PEKRN\$ OF 2ND APPLICANT Enclosed Know Your Customer (KYC) Acknowledgement Copy

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

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

Grid for Name of 3rd Applicant (F I R S T M I D D L E L A S T)

PAN/PEKRN\$ OF 3RD APPLICANT Enclosed Know Your Customer (KYC) Acknowledgement Copy

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

\$ 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 (please ✓) Savings Current NRE NRO DD issued from abroad

Account No. 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	
	City	*Pin	(this is a 9-digit number next to your cheque number)

Account type (please ✓) Savings Current NRO NRE

Account No. _____

IFS Code _____ (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

UTI OVERNIGHT FUND Growth Daily IDCW (Reinvestment) Periodic IDCW (Payout) Periodic IDCW (Reinvestment) (Default-Growth Option)

UTI BANKING & PSU FUND UTI CREDIT RISK FUND UTI SHORT DURATION FUND

Growth Monthly IDCW (Payout) Monthly IDCW (Reinvestment)

Quarterly IDCW (Payout) Quarterly IDCW (Reinvestment) Half Yearly IDCW (Payout)

Half Yearly IDCW (Reinvestment) Annual IDCW (Payout) Annual IDCW (Reinvestment) (Default-Growth Option/Sub Option)

Flexi IDCW (Payout) Flexi IDCW (Reinvestment) except for UTI-SDF where the default is Qty. IDCW Sub Option

UTI CORPORATE BOND FUND UTI MEDIUM TO LONG DURATION FUND UTI DYNAMIC BOND FUND UTI FLOATER FUND

UTI LONG DURATION FUND

Growth Quarterly IDCW (Payout) Quarterly IDCW (Reinvestment)

Half Yearly IDCW (Payout) Half Yearly IDCW (Reinvestment) Annual IDCW (Payout)

Annual IDCW (Reinvestment) Flexi IDCW (Payout) Flexi IDCW (Reinvestment) (Default-Growth Option)

UTI ULTRA SHORT DURATION FUND UTI LIQUID FUND UTI MONEY MARKET FUND UTI LOW DURATION FUND

UTI MEDIUM DURATION FUND

Growth Daily IDCW (Reinvestment)&&& Weekly IDCW (Payout)&&

Weekly IDCW (Reinvestment)&&& Fortnightly IDCW (Payout)&&& Fortnightly IDCW (Reinvestment)&&&

Monthly IDCW (Payout) Monthly IDCW (Reinvestment) Quarterly IDCW (Payout)

Quarterly IDCW (Reinvestment) Half Yearly IDCW (Payout) Half Yearly IDCW (Reinvestment)

Annual IDCW (Payout) Annual IDCW (Reinvestment) Flexi IDCW (Payout)

Flexi IDCW (Reinvestment) (Default-Growth Option under UTI USDF, UTI MMF & UTI MDF)

(Default-Daily IDCW (Reinvestment) under UTI LF & UTI LDF)

UTI GILT FUND Growth IDCW (Payout) IDCW (Reinvestment) (Default-Growth Option)

UTI GOLD ETF FUND OF FUND UTI SILVER ETF FUND OF FUND UTI GILT FUND WITH 10 YEAR CONSTANT DURATION

UTI CRISIL SDL MATURITY APRIL 2033 INDEX FUND UTI CRISIL SDL MATURITY JUNE 2027 INDEX FUND

UTI NIFTY SDL PLUS AAA PSU BOND APR 2028 75:25 INDEX FUND UTI NIFTY SDL PLUS AAA PSU BOND APR 2026 75:25 INDEX FUND

Growth (Default-Growth Option)

IDCW - Income distribution cum capital withdrawal option
&& Weekly IDCW (Payout) Option NOT available under UTI Liquid Fund, UTI Ultra Short Duration Fund & UTI Medium Duration Fund
&&& Daily IDCW (Reinvestment), Weekly IDCW (Reinvestment), Fortnightly IDCW (Payout), Fortnightly IDCW (Reinvestment) options are not available under UTI Medium Duration Fund
For Income Distribution Policy relating to various Options / Sub Options, please refer to SID.

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 _____	Central Depository Services (India) Limited	Depository Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary _____		
	Account No. _____		

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: _____

Relationship with the applicant (optional) _____ Mobile _____

Email _____

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) _____

OCBs are not allowed to invest in units of any of the schemes of UTI MF.

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

NOTE FOR NON-INDIVIDUAL INVESTORS: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory) (Refer Instruction z & aa)

OCCUPATION: Business Student Agriculture Self-employed Professional
 Housewife Retired Private Sector Service Public Sector Service Government Service
 Forex Dealer Others (Please specify) _____

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 ApplicantIf **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)

Sr. No. 2023/

Received from Mr / Ms / M/s _____
 An application under _____ (scheme name)
 along with Cheque/DD/NEFT/RTGS _____ dated _____
 Ref. No./Unique Serial No. (For Cash) _____
 Drawn on (Bank) _____
 for ₹ (in figures) _____

Stamp of UTI AMC Office/
Authorised Collection Centre

s Cheques and drafts are subject to realisation.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors

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.

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number#			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) #If the proof of identity is Aadhaar, provide last 4 digits only

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Sign. here
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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. ● 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. ● 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 for NRIs) ● 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/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

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

SoA in Physical Form AAR in Physical Form

Applicable to NRIs : 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.

CONTACT DETAILS OF APPLICANT/S

First Applicant Details	*Mobile No. _____	Tel. (R) STD CODE _____	Tel. (O) STD CODE _____
	*E-mail _____		
	Alternate E-mail _____		

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

	For E-mail ID	For Mobile Number
Name of the family member		Name of the family member
Relationship		Relationship
PAN	_____	PAN
Folio Number	_____	Folio Number

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box

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 'aa')

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