

Transaction Form for Additional Purchase, Redemption & Switch

Please fill in the information legibly in English & CAPITAL LETTERS



1. FINANCIAL ADVISOR INFORMATION				
ARN / RIA Code ^	Sub ARN Code	Sub Code	EUI No.*	RM Code
ARN-64917			E434563	

Time Stamp

*By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions

*Please sign below in case the EUIIN is left blank/not provided/transaction is "execution-only" in nature.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction"

SIGN HERE

First Account Holder	Second Account Holder	Third Account Holder
----------------------	-----------------------	----------------------

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.

2. Investor Details

Folio/Account No.:

Name	Name of First Applicant / Guardian	Name of Second Applicant	Name of Third Applicant
PAN Number			
KYC Identification Number			

3. Unitholding Option Demat Mode Physical Mode

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 participant Name <input type="text"/>	Central Depository Securities Limited	Depository participant Name <input type="text"/>
	DP ID No. <input type="text"/>		Target ID No. <input type="text"/>
	Beneficiary Account No. <input type="text"/>		

Enclosures (Please tick any one box): Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

4. Additional Purchase

Cheque / DD No. Date DD Charges Rs. Cheque / DD Net Amount Rs.

Bank Name Branch: City

Scheme Plan Option

5. Switch Partial Switch All Units

Amount Rs. or Units :

OR

From Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>
To Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>

6. Redemption

Partial Redemption All Units

Scheme Plan Option

Amount Rs. or Units :

*Please specify the bank details in which your wish to receive the redemption proceeds.

*Bank Account No: Bank Name:

7. FATCA & CRS

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

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 Applicant

If **yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

DECLARATION

"I/We have understood the contents of the Offer document and addenda issued till date and apply to the Trustees 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 the applicant/unit holder is empowered to invest/disinvest and the signatories have necessary authorization to invest/disinvest on behalf of applicant/ unit holder. I/We undertake to confirm that this investment has been duly authorized 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 investment. * 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 funds 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 by UTI Mutual Fund. I/we authorize UTI Mutual Fund, UTI AMC Ltd./its Registrars to refer details related to Aadhaar number to any of the appropriate authorities including UIDAI/ KYC Registration Agency / Authentication Agencies etc. and also authorize such agencies including UIDAI to share the data as per their records, for verification purpose

The ARN holder has disclosed to me/us all the commissions (in the form of trial 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

*Applicable to NRIs.

Mobile No.:

Email ID:

AADHAR

First Account Holder Second Account Holder Third Account Holder

I/ We hereby provide my/ our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I/ We hereby provide my/ our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/ our folios with my/ our PAN.

This message (including any attachments) is intended only for the use of the individual or entity to which it is addressed and may contain information that is non-public, proprietary, privileged, confidential, and exempt from disclosure under applicable law or may constitute as attorney work product. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, notify us immediately by telephone and (i) destroy this message if a facsimile or (ii) delete this message immediately if this is an electronic communication.

SIGN HERE

First Account Holder	Second Account Holder	Third Account Holder
----------------------	-----------------------	----------------------

Acknowledgement for submission of Additional Purchase / Redemption / Switch request (Subject to verification)

Folio No :

Name : Mr/ Mrs/ Ms : _____

Scheme : From _____ To _____

Additional Purchase Redemption Switch

Time Stamp

Version 2.2-26102017

FORM FOR NON COMMERCIAL TRANSACTIONS

ARN-64917 E434563



Name of Sole / First Unitholder (Leave space between first / middle / last name) Mr. Ms. M/s. Others

Folios Folios Folios

NAME	PAN UPDATION	KYC LETTER
Sole / First Applicant / Guardian	<input type="text"/>	<input type="checkbox"/> Attached
Second Applicant / Guardian	<input type="text"/>	<input type="checkbox"/> Attached
Third Applicant / Guardian	<input type="text"/>	<input type="checkbox"/> Attached

CHANGE OF ADDRESS (CoA for KYC Compliant Folios need to be carried with KRA) Address proof attached

City State

Pin Code

CONTACT DETAILS

E-Mail

Mobile Mobile 2 Mobile 3

Tel. (Res.) Tel. (Off.) Fax

BANK DETAILS (Please attach: Cancelled Cheque with pre-printed name & account no. Bank statement / Pass book copy

Bank Account No. Account Type Savings Current NRE NRO FCNR

Bank Branch Name

Branch Address Branch Pincode

IFSC Code MICR Code

CHANGE IN MODE OF HOLDING

New Mode of Holding (please) Anyone or Survivor Joint Holding

PoA (Power of Attorney) REGISTRATION DETAILS

Name of the POA holder

PAN of the POA holder Attached KYC Letter (Mandatory) Notarized copy of POA

CONSOLIDATION OF FOLIOS Folios to be consolidated (Mention all source folios i.e. the folios to be consolidated, below)

1. <input type="text"/>	4. <input type="text"/>	7. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>	8. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>	9. <input type="text"/>

Target Folio No. for consolidation (Mention the target folio below in which all folios needs to be consolidated)

Target Folio (only one)

Signature of Sole / 1st holder / Guardian	Signature of 2nd holder / Guardian	Signature of 3rd holder / Guardian
-------------------------------------------	------------------------------------	------------------------------------

(To be signed as per Mode of Holding)

ACKNOWLEDGMENT

<p>Investor Name <input type="text"/></p> <p>Folio Number <input type="text"/></p>	<p><input type="checkbox"/> PAN and KYC Updation</p> <p><input type="checkbox"/> Change of Address</p> <p><input type="checkbox"/> Contact Details Updation</p> <p><input type="checkbox"/> Change of Bank Account Details</p> <p><input type="checkbox"/> Change of Mode of Holding</p> <p><input type="checkbox"/> POA Registration</p> <p><input type="checkbox"/> Consolidation of Folios</p>	<p><input type="text"/></p> <p>Time Stamp / Signature</p>
------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------