



## COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

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

Sr.No. 2009/

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.

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

<table style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">F</td><td style="width: 10%;">I</td><td style="width: 10%;">R</td><td style="width: 10%;">S</td><td style="width: 10%;">T</td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;">M</td><td style="width: 10%;">I</td><td style="width: 10%;">D</td><td style="width: 10%;">D</td><td style="width: 10%;">L</td><td style="width: 10%;">E</td> </tr> <tr> <td style="width: 10%;">L</td><td style="width: 10%;">A</td><td style="width: 10%;">S</td><td style="width: 10%;">T</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>	F	I	R	S	T						M	I	D	D	L	E	L	A	S	T													Date of Birth <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table> Mandatory for minors	d	d	m	m	y	y	y	y
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L	A	S	T																																						
d	d	m	m	y	y	y	y																																		

**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* <span style="float: right;">State <span style="float: right;">Pin*</span></span>														
Tel.No.(R) <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20px;">S</td><td style="width: 20px;">T</td><td style="width: 20px;">D</td><td style="width: 20px;">C</td><td style="width: 20px;">O</td><td style="width: 20px;">D</td><td style="width: 20px;">E</td> </tr> </table> (0) <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20px;">S</td><td style="width: 20px;">T</td><td style="width: 20px;">D</td><td style="width: 20px;">C</td><td style="width: 20px;">O</td><td style="width: 20px;">D</td><td style="width: 20px;">E</td> </tr> </table> Mobile	S	T	D	C	O	D	E	S	T	D	C	O	D	E
S	T	D	C	O	D	E								
S	T	D	C	O	D	E								
e-mail <span style="float: right;">Alternate e-mail</span>														

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

<table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> Enclosed <input type="checkbox"/> PAN Card Copy Please (✓)									<b>Know Your Customer (KYC)</b> KYC Mandatory for Investment of Rs.50,000 & above Copy of KYC acknowledgement enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No

If you wish to receive the following via e-mail Please (✓)(Refer instruction k)

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

**OVERSEAS ADDRESS** (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

State <span style="float: right;">Country* <span style="float: right;">City* <span style="float: right;">Zip/Pin*</span></span></span>
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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.

<table style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 10%;">F</td><td style="width: 10%;">I</td><td style="width: 10%;">R</td><td style="width: 10%;">S</td><td style="width: 10%;">T</td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;">M</td><td style="width: 10%;">I</td><td style="width: 10%;">D</td><td style="width: 10%;">D</td><td style="width: 10%;">L</td><td style="width: 10%;">E</td> </tr> <tr> <td style="width: 10%;">L</td><td style="width: 10%;">A</td><td style="width: 10%;">S</td><td style="width: 10%;">T</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>	F	I	R	S	T						M	I	D	D	L	E	L	A	S	T													
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L	A	S	T																														

**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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 2nd Applicant <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y																								
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**\*PAN of 2nd Applicant** Enclosed  PAN Card Copy Please (✓) **Know Your Customer (KYC)**  
KYC Mandatory for Investment of Rs.50,000 & above  
Copy of KYC acknowledgement enclosed  Yes  No

Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 2nd Applicant <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y																								
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**\*PAN of 3rd Applicant** Enclosed  PAN Card Copy Please (✓) **Know Your Customer (KYC)**  
KYC Mandatory for Investment of Rs.50,000 & above  
Copy of KYC acknowledgement enclosed  Yes  No

**PAYMENT DETAILS**

Cheque / DD* No.	<input style="width: 90%;" type="text"/>	Amt. of investment (i)	<input style="width: 90%;" type="text"/>	*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	<input style="width: 90%;" type="text"/>	DD Charges if any (ii)	<input style="width: 90%;" type="text"/>	
Bank	<input style="width: 90%;" type="text"/>	Net amount paid (i-ii)	<input style="width: 90%;" type="text"/>	
Branch	<input style="width: 90%;" type="text"/>	Amt in words	<input style="width: 90%;" type="text"/>	
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. 2009/

<b>Received from Mr / Ms / M/s</b>	<input style="width: 95%;" type="text"/>
<b>An application under</b>	<input style="width: 95%;" type="text"/> (scheme name)
<b>along with Cheque / DD No.*</b>	<input style="width: 95%;" type="text"/> dated <input style="width: 15%;" type="text"/>
<b>Drawn on (Bank)</b>	<input style="width: 95%;" type="text"/>
<b>for Rs. (in figures)</b>	<input style="width: 95%;" type="text"/>

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-Leadership Equity 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-Master Index 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 Plus Unit Scheme | <input type="checkbox"/> UTI-Opportunities Fund                                         | <input type="checkbox"/> UTI-Transportation & Logistics Fund |
| <input type="checkbox"/> UTI-Dividend Yield Fund | <input type="checkbox"/> UTI-Mastershare 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-Master Value Fund       | <input type="checkbox"/> S&P CNX NIFTY UTI NOTIONAL DEpository Receipts Scheme (SUNDER) |                                                              |
| <input type="checkbox"/> UTI-Equity Fund         | <input type="checkbox"/> UTI-Mid Cap Fund            |                                                                                         |                                                              |
| <input type="checkbox"/> UTI-Infrastructure 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.

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

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

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

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**

<b>Status</b>	Resident Individual <input type="checkbox"/>	Minor through guardian <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>
	Company <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Society <input type="checkbox"/>	Body Corporate <input type="checkbox"/>	AOP <input type="checkbox"/>
	BOI <input type="checkbox"/>	FII <input type="checkbox"/>	NRI <input type="checkbox"/>	Others <input type="checkbox"/>	
<b>Mode of Holding</b>	Single <input type="checkbox"/>	Anyone or survivor <input type="checkbox"/>	Joint <input type="checkbox"/>		
<b>Occupation</b>	Business <input type="checkbox"/>	Student <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Professional <input type="checkbox"/>
	Housewife <input type="checkbox"/>	Retired <input type="checkbox"/>	Service <input type="checkbox"/>	Others <input type="checkbox"/>	
<b>Marital Status</b>	Unmarried <input type="checkbox"/>	Married <input type="checkbox"/>	Wedding Anniversary <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**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

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

Designation \_\_\_\_\_

**Signature of 2nd Applicant**  
Name of the 2nd Authorised Signatory

Designation \_\_\_\_\_

**Signature of 3rd Applicant**  
Name of the 3rd Authorised Signatory

Designation \_\_\_\_\_

**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 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 :

**M/s. Karvy Computershare Pvt. Ltd.**  
Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081  
Tel.: 040-23421944 to 47 Fax: 040-23115503 Email: uti@karvy.com

## SYSTEMATIC INVESTMENT PLAN (SIP)/MICRO SIP MANDATE FORM FOR AUTO DEBIT

*(Please read instructions)*



AGENT's Name and ARN	Sub Broker Code	MO Code
----------------------	-----------------	---------

**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.**

<b>Sole / First Investor Name</b> <input style="width: 95%;" type="text"/>	
Application No. / Existing Folio No. <input style="width: 50%;" type="text"/>	Mobile No. <input style="width: 30%;" type="text"/>
Scheme/Plan <input style="width: 95%;" type="text"/>	
Each SIP/Micro SIP Amount (Rs.) <input style="width: 40%;" type="text"/>	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
SIP/Micro SIP Date : <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 25th	Period : Start from Mth <input style="width: 10%;" type="text"/> Year <input style="width: 10%;" type="text"/>

PAN* 1st applicant <input style="width: 20%;" type="text"/>	Date of Birth <input style="width: 20%; text-align: center;"/> D D M M Y Y Y Y	Email ID <input style="width: 60%;" type="text"/>
# <input style="width: 33%; text-align: center;"/> N A T U R E O F P H O T O I D	<input style="width: 33%; text-align: center;"/> I S S U E D B Y	<input style="width: 33%; text-align: center;"/> I D N O

### DETAILS OF OTHER APPLICANTS

Name of 2nd applicant (Mr. / Ms. / Mrs.) <input style="width: 95%;" type="text"/>		
PAN* 2nd applicant <input style="width: 20%;" type="text"/>	Date of Birth <input style="width: 20%; text-align: center;"/> D D M M Y Y Y Y	Email ID <input style="width: 60%;" type="text"/>
# <input style="width: 33%; text-align: center;"/> N A T U R E O F P H O T O I D	<input style="width: 33%; text-align: center;"/> I S S U E D B Y	<input style="width: 33%; text-align: center;"/> I D N O
Name of 3rd applicant (Mr. / Ms. / Mrs.) <input style="width: 95%;" type="text"/>		
PAN* 3rd applicant <input style="width: 20%;" type="text"/>	Date of Birth <input style="width: 20%; text-align: center;"/> D D M M Y Y Y Y	Email ID <input style="width: 60%;" type="text"/>
# <input style="width: 33%; text-align: center;"/> N A T U R E O F P H O T O I D	<input style="width: 33%; text-align: center;"/> I S S U E D B Y	<input style="width: 33%; text-align: center;"/> I D N O

\* Mandatory field for SIP. # Details of Documents Attached for Micro SIP.

I / We hereby, authorise UTI Mutual Fund and their authorised service providers, to debit my/our following bank account by Direct Debit/ECS Debit for collection of SIP/Micro SIP Payments.

### PARTICULARS OF BANK ACCOUNT

Bank Name <input style="width: 95%;" type="text"/>
Branch Name <input style="width: 95%;" type="text"/>
Account Number <input style="width: 60%;" type="text"/> 9 Digit MICR Code <input style="width: 30%;" type="text"/>
A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input style="width: 20%;" type="text"/> IFS Code <input style="width: 10%;" type="text"/>

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected. MICR code starting or ending with 000 are not valid for ECS.

Account holder Name as in Bank Account <input style="width: 95%;" type="text"/>
---------------------------------------------------------------------------------

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund mentioned within and have read and agreed to the terms and conditions of SIP/Micro SIP.

I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable only for Micro SIP applicants).

\*\*I/We hereby authorise UTI MF to send my Statement of Account (SoA)/Abridged Annual Report/All other communication related to my investment in SIP/Micro SIP only through e-mail instead of physical copy. (\*\*Those who wish to get physical SOA/AAA/All other Communication may delete the same).

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 have attached cancelled blank cheque or its Photocopy and PAN Card/Document copies of all applicants.

\_\_\_\_\_  
(Investor's Signature) \_\_\_\_\_ (Date)

<b>Banker's Attestation (For bank use only)</b>	Signature of Authorised Official from Bank with Stamp and Date
Certified that the signature of the account holder and the details of Bank account are correct as per our records.	

TEAR AWAY

<p>To, The Branch Manager</p> <p>_____ _____ _____ PIN _____</p> <p>This is to inform that I/We hereby register for the RBI's Electronic Clearing Service (Debit Clearing)/ Direct Debit and that my/our payment towards my investment in UTI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I authorise you to honour such payments. I/ We also authorise the representative carrying this Direct/ECS Debit Mandate Form to get it verified &amp; executed, if necessary. The verification charges, if any, may be debited to my/our account.</p> <p style="text-align: center;">Bank Account Number <input style="width: 80%;" type="text"/></p>	<p style="text-align: center;"><b>Authorisation of the Bank Account Holder (to be signed by the Investor)</b> (To be retained by the Bank)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;"><b>First Account Holder's Signature</b> <i>(As in Bank Records)</i></td> <td style="width: 40%;"></td> </tr> <tr> <td style="text-align: center;"><b>Second Account Holder's Signature</b> <i>(As in Bank Records)</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>Third Account Holder's Signature</b> <i>(As in Bank Records)</i></td> <td></td> </tr> </table>	<b>First Account Holder's Signature</b> <i>(As in Bank Records)</i>		<b>Second Account Holder's Signature</b> <i>(As in Bank Records)</i>		<b>Third Account Holder's Signature</b> <i>(As in Bank Records)</i>	
<b>First Account Holder's Signature</b> <i>(As in Bank Records)</i>							
<b>Second Account Holder's Signature</b> <i>(As in Bank Records)</i>							
<b>Third Account Holder's Signature</b> <i>(As in Bank Records)</i>							

## SYSTEMATIC INVESTMENT PLAN (SIP) / MICRO SIP

MANDATED FORM FOR SIP/MICRO SIP THROUGH POST DATED CHEQUES

(Please read instructions)



AGENT's Name and ARN	Sub Broker Code	MO Code
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**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.**

**Sole / First Investor Name**

Application No. / Existing Folio No.  Mobile No.

Scheme/Plan

Initial Investment Amount  SIP/Micro SIP Amount (Rs.)

SIP/Micro SIP Date :  1st  7th  15th  25th Frequency :  Monthly  Quarterly Post Dtd. Chq. Amt.

SIP/Micro SIP Period : Start from Mth  Year  End on Mth  Year

Cheque Nos. From  To  No. of Cheques

Account No.  Drawn on

Branch  PIN Code

PAN\* 1st applicant  Date of Birth  Email ID

#

### DETAILS OF OTHER APPLICANTS

Name of 2nd applicant (Mr. / Ms. / Mrs.)

PAN\* 2nd applicant  Date of Birth  Email ID

#

Name of 3rd applicant (Mr. / Ms. / Mrs.)

PAN\* 3rd applicant  Date of Birth  Email ID

#

**\* Mandatory field for SIP. # Details of Documents Attached for Micro SIP.**

I/We have read and understood the contents of the SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund mentioned within and have read and agreed to the terms and conditions of SIP/Micro SIP.

I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs.50,000 in a year. (Applicable only for Micro SIP applicants).

\*\*I/We hereby authorise UTI MF to send my Statement of Account (SoA)/ Abridged Annual Report/All other communication related to my investment in SIP/Micro SIP only through e-mail in stead of physical copy. (\*\*Those who wish to get physical SOA/AAA/All other Communication may delete the same).

**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 have attached PAN Card/Document copies of all applicants.

Signature : \_\_\_\_\_  
First Investor
Second Investor
Third Investor

Date : \_\_\_\_\_

## GENERAL INSTRUCTIONS FOR SIP & MICRO SIP

1. SIP/Micro SIP is offered with following Periodicity.
    - a. Monthly Systematic Investment Plan (MSIP) and
    - b. Quarterly Systematic Investment Plan (QSIP).
  2. Both the options (MSIP and QSIP) can not be mingled. A separate Enrolment Form needs to be filled in for MSIP and QSIP.
  3. Please submit SIP/Micro SIP Mandate Form atleast 1 month before the first installment date. Such of the Forms that are received within the period of 1 month before the first installment date, will be considered from the date of the following month/Quarter, as per the date (1st/7th/15th/25th) opted by the Investor.
  4. The minimum amount of each investment for SIP/Micro SIP is Rs.500/- (for monthly option) and Rs.1,500/- (for quarterly option) for all the schemes. Minimum Application Amount, as specified in the respective SID of the schemes of UTI Mutual Fund is not applicable in the case of transaction through SIP.
  5. There is no stipulated period up to which a SIP/Micro SIP can be under operation. The SIP/Micro SIP will Continue until further notice from investor.
  6. Units Allotment: Units will be allotted at NAV based purchase price declared on the applicable dates i.e. 1st or 7th or 15th or 25th of the month/quarter. In case the date falls on a non-business day or falls during a book closure period, the immediate next business day will be taken into account for the purpose of determining the price. The applications will be accepted at all official points of acceptance of UTI AMC. Outstation cheques will not be accepted.
  7. Account statement: An account statement will be sent to the unitholder through e-mail.
  8. Investors can choose to discontinue this facility by giving 1 month written notice to the Scheme's registrar.
  9. Investor will not hold UTI Mutual Fund or its service providers responsible if the transaction is delayed or not effected or the investors bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS / local holidays.
  10. Investor will not hold UTI Mutual Fund or its service providers responsible for non-allotment of units for SIP/Micro SIP if the payment is not received from the unitholder's bank for various reasons.
  11. UTI Mutual Fund or its other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
  12. UTI Mutual Fund reserves the right to reject SIP/ Micro SIP or auto debit mandate without assigning any reasons thereof.
- For Micro SIP Only**
1. Applicability & Transactions covered:
    - a) Systematic Investment Plans (SIPs) where aggregate of installments in a rolling 12 month period or in a financial year i.e. April to March does not exceed Rs 50,000 will be covered (to be referred as "Micro SIP" hereinafter).
    - b) This exemption will be applicable ONLY to investments by individuals (including NRIs but not PIOs) and Minors. HUFs and other categories will not be eligible for Micro SIPs.
    - c) The exemption is applicable to joint holders also.
  2. Procedure:
    - a) Micro SIP will be handled by the Registrars of the Scheme.
    - b) Investors (including joint holders) will submit a photocopy of any one of the documents identified in Para 3 along with Micro SIP applications.
    - c) Supporting document must be current and valid.
    - d) Supporting document copy shall be self attested by the investor / attested by the ARN holder mentioning the ARN number.
    - e) While making subsequent Micro SIP applications investor can quote the existing folio number where a Micro SIP has been registered and therefore need not resubmit the supporting document.
  3. Any one of the following PHOTO IDENTIFICATION documents can be submitted along with Micro SIP applications as proof of identification in lieu of PAN.
    - a. Voter Identity Card
    - b. Driving License
    - c. Government / Defense identification card
    - d. Passport
    - e. Photo Ration Card
    - f. Photo Debit Card (Credit card is not allowed).
    - g. Employee ID cards issued by companies registered with Registrar of Companies (database available in the following link of Ministry of Company affairs <http://www.mca.gov.in>)
    - h. Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament
    - i. ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks.
    - j. Senior Citizen / Freedom Fighter ID card issued by Government.
    - k. Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI.
    - l. Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL).
    - m. Any other photo ID card issued by Central Government / State Governments / Municipal authorities/ Government organizations like ESIC / EPFO.
  4.
    - a) A Micro SIP application will be rejected where it is found that the registration of the application will result in the aggregate of Micro SIP installments in a financial year exceeding Rs 50,000 or where there are deficiencies in supporting documents.
    - b) Rejected application will be sent back to the investor with a deficiency memo.
    - c) In case the first Micro SIP installment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will be ceased for future installments. No refunds to be made for the units already allotted. Investor will be sent a communication to this effect. However, redemptions shall be allowed.

### SIP/Micro SIP by Cheque/s

1. The disbursal of cheques could be as under :

	Monthly Option	Quarterly Option
New investor	1 Cheque of initial investment + 5 Cheques (Min)	1 Cheque of initial investment + 3 Cheques
Existing unit holder	6 Cheques (Min)	4 Cheques

**Note :** If a unit holder desires to submit 12 cheques under the monthly option, the same will be accepted.

2. All Cheques must be dated 1st, 7th, 15th or 25th of the month. All installment cheques under MSIP & QSIP should be of uniform amount. For example: If an investor enrolls under MSIP say under UTI Mastershare for the period Aug 2009 to Jul 2010, the first cheque can be of any amount drawn on any date of Aug 2009. The remaining cheques should be of uniform date (1st / 7th / 15th / 25th) and of uniform amount i.e. Rs. 2000/-. Similarly for quarterly option the first cheque could be of any amount and of any date of Aug 2009 and subsequent cheques should be of uniform date and amount.
3. Investors are required to send all post dated cheques at one go and not in a staggered manner.
4. Please draw your cheques in the name of the Scheme/Plan in which the amount is invested.
5. Returned Cheques, if any, may not be presented again.

### SIP/Micro SIP by Auto Debit

1. The Auto Debit Facility is available as under:

**Direct Debit :** The Direct Debit Facility is available only with the banks with which UTI AMC or its service provider has tied up for Direct Debit. (At Present with HDFC Bank, AXIS Bank Ltd., ICICI Bank, Kotak Mahindra Bank, IDBI Bank, Indus Ind Bank Ltd., Punjab National Bank, Bank of India, Bank of Baroda and State Bank of India, subject to Account length specifications prescribed by the banks).

**ECS Debit :** Currently SIP payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI) is offered only to the investors having bank account in select cities mentioned below:

Agra, Ahmedabad, Allahabad, Amritsar, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Goa, Gorakhpur, Guwahati, Gwalior, Haldia, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Lucknow, Ludhiana, Mandya, Madurai, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raipur, Rajkot, Ranchi, Salem, Shimla, Shimoga, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada and Vizag.

- (a) The cities in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of UTI Mutual Fund without assigning any reasons or prior notice.
- (b) If any city is removed, SIP/Micro SIP instructions for investors in such cities via ECS (debit) route will be discontinued without prior notice.
- (c) The Investor's bank branch should participate in Electronic Clearing Service (Debit Clearing) of RBI.
- (d) It is mandatory to submit the copy of cancelled cheque leaf (issued by the bank branch mentioned overleaf) along with the Auto Debit (ECS Debit) Form.
2. The investor's bank particulars in the scheme Application Form and the bank particulars in Auto Debit Form should be one and the same.



### ACKNOWLEDGEMENT SLIP

(To be filled in by the Unit holder/Investor)

UTI Mutual Fund, UTI Tower, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.

Received from Mr./Ms./Mrs. \_\_\_\_\_

'SIP/Micro SIP' Application for  
Scheme/Plan/Option \_\_\_\_\_

Folio No./Investor Id/Application No. \_\_\_\_\_

Date \_\_\_\_\_

**Note:** All purchases are subject to realisation of Cheques.

**Payment Mechanism**  
(Please tick any one box)

Cheque

Auto Debit

Stamp of UTI AMC Offices alongwith  
receiving Officials' Signature