



COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND BALANCED SCHEMES

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

Sr.No. 2016/

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use BLOCK LETTERS only) [Fields Marked with (*) must be Mandatorily filled in]

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.

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
Existing Unit Holder information If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s * Denotes Mandatory Fields

Name of First Applicant (as appearing in ID proof given for KYC)
Date of Birth
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*

*PAN/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished above) AADHAAR CARD NO.
Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)
City*
State Country* Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS
Mr. Ms. Mrs.
\$\$ 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').

DETAILS OF OTHER APPLICANTS
Name of 2nd Applicant Mr. Ms. Mrs. Date of Birth of 2nd Applicant
*PAN/PEKRN \$ of 2nd Applicant AADHAR CARD NO.
Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)
Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant
*PAN /PEKRN \$ of 3rd Applicant AADHAAR CARD NO.
Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)
\$ Required for MICRO Investment upto Rs. 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)
#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE (please ✓) NRO DD issued from abroad
Account No.
Date Amt. of investment (i)
Bank DD Charges if any (ii)
Branch Net amount paid (i-ii)
Amt. in words
One Time Mandate (OTM) if already registered (Applicable for existing investors)
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"
* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

ARN-36863

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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** - 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)															
Email															
Mobile															

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS:	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
	<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals**	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
	<input type="checkbox"/> Unlisted 'Not for Profit' Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
	<input type="checkbox"/> Others (Please specify) _____				

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

** Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

OCCUPATION:	<input type="checkbox"/> 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"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			

MODE OF HOLDING: Single Anyone or survivor Joint**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

(Net worth should not be older than 1 year) [OR]

Net-worth in ₹ _____ as on (date) DD/MM/YYYY

(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

(Net worth should not be older than 1 year) [OR]

Net-worth in ₹ _____ as on (date) DD/MM/YYYY

(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

(Net worth should not be older than 1 year) [OR]

Net-worth in ₹ _____ as on (date) DD/MM/YYYY

(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

(Net worth should not be older than 1 year) [OR]

Net-worth in ₹ _____ as on (date) DD/MM/YYYY

(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:** _____

ARN-36863

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961] Sr. No. 2016/

Haq, ek behtar zindagi ka.

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) _____

§ Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/
Authorised Collection Centre

