



Haq, ek behtar zindagi ka.

## COMMON APPLICATION FORM FOR OPEN-ENDED EQUITY AND HYBRID SCHEMES

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

Sr.No. 2022/

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]

**DISTRIBUTOR INFORMATION** (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')

**BDA / CA Code**

ARN/RIA Code <sup>^</sup>	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. <sup>@</sup>	UTI RM No.
ARN-118214					E-179996	

<sup>^</sup> 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.

<sup>@</sup> 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. (□ Please tick and sign below when EUI box is left blank) (refer instruction 'w').

X

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

₹ 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

Date of Birth

Mandatory for minors

Date of birth will be taken as per the KYC record (Not applicable for minor child)

**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').

\*PAN/PEKRN\$ OF 1<sup>ST</sup> APPLICANT/FATHER/MOTHER/GUARDIAN

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

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)

State

Country\*

City\*

Zip/Pin\*

**DETAILS OF OTHER APPLICANTS**

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

Date of Birth of 2nd Applicant

\*PAN/PEKRN\$ OF 2<sup>ND</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ Mrs.

Date of Birth of 3rd Applicant

\*PAN/PEKRN\$ OF 3<sup>RD</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID

Enclosed ☐ Know Your Customer (KYC)\* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 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  
(please ✓)

☐ Savings

☐ Current

☐ NRE

☐ 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

☐ UTI Smart Form 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.

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

Bank Name			Branch		
Address			MICR Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
			(this is a 9-digit number next to your cheque number)		
City	Pin*		IFS Code		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			(this is a 11-digit number)		

Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NREAccount No.                     **INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)****Equity Schemes:**

- ☐ UTI Mastershare Unit Scheme  
☐ UTI Core Equity Fund  
☐ UTI Flexi Cap Fund  
☐ UTI Focused Equity Fund  
☐ UTI Mid Cap Fund  
☐ UTI Small Cap Fund  
☐ UTI Value Opportunities Fund  
☐ UTI Dividend Yield Fund  
☐ UTI Long Term Equity Fund (Tax Saving)

- ☐ UTI India Consumer Fund  
☐ UTI Infrastructure Fund  
☐ UTI MNC Fund  
☐ UTI Banking and Financial Services Fund  
☐ UTI Healthcare Fund  
☐ UTI Transportation and Logistics Fund

**Index Schemes:**

- ☐ UTI Sensex Index Fund  
☐ UTI Nifty Index Fund  
☐ UTI Nifty Next 50 Index Fund

- ☐ UTI Nifty 200 Momentum 30 Index Fund  
☐ UTI S&P BSE Low Volatility Index Fund  
☐ UTI Nifty Midcap 150 Quality 50 Index Fund

**Hybrid Schemes:**

- ☐ UTI Arbitrage Fund  
☐ UTI Equity Savings Fund  
☐ UTI Regular Savings Fund  
☐ UTI Hybrid Equity Fund  
☐ UTI Multi Asset Fund

**PLAN** (For All Schemes) ☐ Regular Plan ☐ Direct Plan (refer instruction 'j')**OPTION**1. **For All Schemes** (except UTI Regular Savings Fund and UTI Equity Savings Fund)

- ☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) [not available under UTI LTEF (Tax Saving), UTI Small Cap Fund and UTI Focused Equity Fund]  
 For UTI Sensex Index Fund, UTI Nifty 200 Momentum 30 Index Fund, UTI S&P BSE Low Volatility Index Fund & UTI Nifty Midcap 150 Quality 50 Index Fund there is only Growth Option

2. **For UTI Regular Savings Fund**

- ☐ Growth ☐ Monthly IDCW (Payout) ☐ Monthly IDCW (Reinvestment)  
☐ Flexi IDCW (Payout) ☐ Flexi IDCW (Reinvestment) ☐ Monthly Payment (Default-Growth)

3. **For UTI Equity Savings Fund**

- ☐ Growth ☐ IDCW (Payout) ☐ IDCW (Reinvestment) ☐ Monthly IDCW (Payout)  
☐ Monthly IDCW (Reinvestment) ☐ Quarterly IDCW (Payout) ☐ Quarterly IDCW (Reinvestment) (Default-Growth)

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

<b>National Securities Depository Limited</b>	Depository Name			<b>Central Depository Services (India) Limited</b>	Depository Name		
	DP ID No.	<input type="text"/>			Target ID No.	<input type="text"/>	
	Beneficiary Account No.	<input type="text"/>					

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:	<input type="text"/>																
Relationship with the applicant (optional)	<input type="text"/>					Email	<input type="text"/>					Mobile	<input type="text"/>				

**DETAILS OF BENEFICIAL OWNERSHIP (Please tick applicable category).****Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary.** (Refer instruction q)

Category	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association / Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum.

In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

Sr. No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1				
2				
3				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

Note : IDCW - Income Distribution cum Capital Withdrawal

**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) \_\_\_\_\_

^^ '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:** ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional  
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service  
☐ Forex Dealer ☐ Others (Please specify) \_\_\_\_\_

**MODE OF HOLDING:** ☐ Single ☐ Anyone or survivor ☐ Joint

**MARITAL STATUS:** ☐ Unmarried ☐ Married ☐ Wedding Anniversary

**OTHER DETAILS (MANDATORY)****FOR INDIVIDUALS ONLY**

**1<sup>st</sup> 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 ₹ \_\_\_\_\_ 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:** \_\_\_\_\_

**2<sup>nd</sup> 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 ₹ \_\_\_\_\_ as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** \_\_\_\_\_

**3<sup>rd</sup> 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 ₹ \_\_\_\_\_ 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 ₹ \_\_\_\_\_ 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 Applicant

If **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)

**[UTI-LTEF (Tax Saving) is eligible for deduction under section 80C of the Income Tax Act, 1961]** **Sr. No. 2022/**

Received from Mr / Ms / M/s

An application under

along with Cheque/DD<sup>s</sup>/NEFT/RTGS

Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

\_\_\_\_\_ (scheme name)

\_\_\_\_\_ dated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stamp of UTI AMC Office/  
Authorised Collection Centre

<sup>s</sup> Cheques and drafts are subject to realisation.

**NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)**

☐ 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.

<b>Name of Nominee</b> <input type="text"/> <input type="text"/> <b>Date of Birth</b> <input type="text"/> (in case of nominee is a minor) <b>*PAN</b> <input type="text"/> *PAN of the nominee/guardian (in case the nominee is minor)	<b>To be furnished in case nominee is a minor</b>
	Name of the guardian
	Address of guardian
	Signature of Nominee / guardian (for minor) (N)

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.

☐ 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.

×

**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. ● 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 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. ● 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). ● 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)<sup>∞</sup>**

### Applicable to NRIs

☐ SoA in Physical Form

☐ AAR in Physical Form

☐ At my Overseas address as mentioned above

☐ To be dispatched to my resident relative's address in India as mentioned above

<sup>∞</sup> 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.

First Applicant Details	*Mobile No. <input type="text"/>	Tel. (R) <input type="text"/>	Tel. (O) <input type="text"/>
	<div>*E-mail <input type="text"/></div> <div>Alternate E-mail <input type="text"/></div>		

\*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	<input type="text"/>	PAN	<input type="text"/>
Folio Number	<input type="text"/>	Folio Number	<input type="text"/>

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 ☐

&gt;

**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

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Designation

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Designation


Designation

^^Power of Attorney (POA) Registration No. \_\_\_\_\_ (if already registered) (refer instruction 'ab')


**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 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

		UMRN													Date		
		Utility Code													<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel		
Sponsor Bank Code														I/We authorize			
To debit (tick✓)														Bank a/c number			
with Bank														IFSC / MICR			
an amount of Rupees														₹			
Debit Type		<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount                 Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented															
Reference 1														Reference 2			
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.																	
From																	
To		<div style="display: flex; justify-content: space-around;"> <div>3 1 1 2 2 0 9 9</div> <div>×</div> <div>Signature Primary Account holder</div> <div>Signature of Account holder</div> <div>Signature of Account holder</div> </div>															
Or		<input checked="" type="checkbox"/> Until Cancelled <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>1. Name as in Bank records</div> <div>2. Name as in Bank records</div> <div>3. Name as in Bank records</div> </div>															
Phone No.																	

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

		<h2>UTI SMaRT SIP Form™</h2>						<input type="checkbox"/> Registration of SIP <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Salary Saving SIP <input type="checkbox"/> Change in Bank Details											
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ARN / RIA</td> <td>EUIN</td> <td>Sub ARN Code</td> <td>Sub Code</td> <td>MO Code</td> <td>UTI RM No.</td> </tr> <tr> <td>ARN-118214</td> <td>E-179996</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.	ARN-118214	E-179996				
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ARN-118214	E-179996																		

☐ 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 EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS		APPLICATION NO./FOLIO NO. 											
Name of Sole / 1st Holder / Beneficiary Child													
Name of Guardian (in case of Minor)													

PAN DETAILS		(If not registered in the folio already)											
First Applicant/Guardian		Second Applicant				Third Applicant							
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied		<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied				<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied							
PAN Exempt KYC Ref no. (PEKRN for Micro investments)		PAN Exempt KYC Ref no. (PEKRN for Micro investments)				PAN Exempt KYC Ref no. (PEKRN for Micro investments)							

SIP DETAILS													
Scheme Name, Plan, Option		SIP Date	Instalment Amount	Frequency	SIP Period		SIP Step Up						
					Regular (MM/YY)	Perpetual (MM/YY)	Amount In Multiple of ₹ 500/-	Frequency					
			<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From _____ To _____	From _____ To 1 2 9 9		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly					
			<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From _____ To _____	From _____ To 1 2 9 9		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly					
			<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From _____ To _____	From _____ To 1 2 9 9		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly					
Amount in the mandate to bank should be equal or more than this total amount.		Total	₹										

My Financial Goal for this SIP (choose anyone)

☐ Retirement Corpus
 ☐ Child Education
 ☐ Child Marriage
 ☐ Dream Car
 ☐ Dream House
 ☐ Marriage
 ☐ Holiday

(In case of saving for Child, mention name of Child) \_\_\_\_\_ Target Amount \_\_\_\_\_

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason 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 SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum 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 investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

<div style="text-align: center;">1st Unit Holder / Guardian</div>	<div style="text-align: center;">2nd Unit Holder</div>	<div style="text-align: center;">3rd Unit Holder</div>
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Unit Holding Option : ☐ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS-(Please ensure that the sequence of name to 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 below.  
(Investor client ID should be printed in proof.)

Central Depository Securities Limited	Depository participant Name _____ Target ID _____	National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Target ID _____
Proof enclosed (Any one) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS) <input type="checkbox"/>			



Haq, ek behtar zindagi ka.

UTI SMaRT SIP Form <sup>TM</sup>

For Post Dated Cheque (Only CTS - 2010 compliant cheques are allowed)

- ☐ Registration of SIP  
☐ Renewal of SIP  
☐ Micro SIP  
☐ Salary Saving SIP  
☐ Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.
ARN-118214	E-179996				

☐ 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 EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS	APPLICATION NO./FOLIO NO.
Name of Sole / 1st Holder / Beneficiary Child	
Name of Guardian (in case of Minor)	

PAN DETAILS	(If not registered in the folio already)	
First Applicant/Guardian	Second Applicant	Third Applicant
Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied
PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments)) _____

DETAILS OF SIP (For "DIRECT PLAN" please tick here <input type="checkbox"/> & write the Scheme Name, Plan/Option below)			
Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)		Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)	
SIP / Micro SIP Date (Please tick)	01 07 15 25	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Post Dtd. Chq. Amt. (₹)
SIP / Micro SIP Period : Start from		End On	
Cheque Nos. From		To	No. of Cheques
Account No.		Drawn on	
Branch		PIN Code	
Mandatory Enclosure (if 1 <sup>st</sup> instalment is not by cheque) I/We have attached PAN card/Document copies of all applicants.		<input type="checkbox"/> Bank cancelled cheque	<input type="checkbox"/> Copy of cheque

✕

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder



## Instructions Cum Terms and Conditions For SIP & Micro SIP

- Please refer the SID, SAI, Key Information Memorandum, all instructions, Addenda issued from time to time and our website www.UTIMF.Com for instructions, terms and conditions, applicable NAV, risk factors, load and other information, various requirements of the respective schemes / plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application / investment. SIP / Micro SIP is offered with Daily, Weekly, Monthly and Quarterly Frequency for all schemes except UTI-ULIP. UTI-ULIP is offered with the frequencies of Monthly, Quarterly, Half Yearly and Annual.
- Investor understands and agrees that mobile number and email ID registered / updated in the folio will be used by UTI MF to send alerts with regard to transactions including SIP renewals. Investor authorizes UTI MF to act on the instructions on SIP sent by him through the registered mobile number/ email id.
- Any Day SIP: Investor may choose any date between 1st to 31st of the month as their SIP date. In case the SIP date chosen by the investor does not occur in any month, the SIP installment will be processed for last business day of the month. In daily SIP frequency transaction will be processed on Business days only. In case the chosen date falls on a Non-Business Day in any month, the SIP will be processed on the immediate next scheduled Business day. The investor will not hold AMC/Bank liable for processing such transactions the next day.
- In case of incomplete mandate form, AMC may initiate remediation process to obtain incomplete details. This process may exceed 30 days and in such case it may also impact the registration of the SIP facility and subsequent instalments. The investor agrees to abide by the terms and conditions of NACH facilities of Reserve Bank of India (RBI), Pursuant to the AMFI Best Practice Guidelines circular on 'Risk mitigation process against Third-Party Cheques in mutual fund subscriptions' read with compliance with 'Know your Customer (KYC)' norms under Prevention of Money Laundering Act, 2002 (PMLA), UTI Asset Management Company Ltd shall not accept applications for SIP accompanied with Mandates from Third Parties.
- Default Values: In case the SIP date is left blank by the investor the SIP will be registered with a default date of 7th of every month. In case the "SIP From date" is left blank, then by default the SIP will be registered from the next month of the month in which the SIP application is submitted. If the Frequency is not ticked, then by default the SIP will be registered with Monthly frequency. If End date is not mentioned by the investor, SIP will be registered as Perpetual SIP. If the SIP / Micro SIP amount is left blank by the investor, then by default SIP will be registered for Rs. 500 for Daily, Weekly and Monthly frequencies and Rs. 1500 for Quarterly frequencies. Investors are required to submit the SIP forms at least 21 days prior to the first SIP date opted.
- New Fund Offer of Open Ended Schemes: If the SIP is allowed as per the Scheme Information Document, during the NFO, the investor may submit the SIP form during the NFO period. However, the SIP start date shall be post the date on which the Scheme reopens for subscriptions, subject to the 21 days gap between date of submission and SIP start date as described in point no. 5.
- Minimum Amount: Please refer the Scheme Information Document and the Addenda issued from time to time.
- SIP in folio of a Minor: Name of Guardian must be mentioned if investments are being made on behalf of a minor. Date of birth is mandatory in case of minor. The minor shall be the first and the soleholder in the account (folio). Minor's name must one of the holders in Bank Account on which the mandate is being submitted alongwith the SIP Form. This conditions shall not apply to SIP under UTI CCF - Scholarship option.
- Unit Allotment: Unit allotment will be as per the NAV applicable for the date of realization of the investment amount.
- The applications will be received at all Official Points of Acceptance of UTI Asset Management Company. In case of SIP with post dated cheques, only CTS cheques will be accepted. No outstation cheques will be accepted.
- Account Statement: An account statement will be sent to the Unit Holders through email wherever email id is registered. The physical statement would be despatched to the investors once in 6 months.
- Investors can choose to discontinue the SIP by submitting a request giving at least 1 week notice to the registrar of the schemes. In case of 4 consequent failures of SIP installments, the SIP will be paused automatically without any written request from the investor.
- It will be sole responsibility of the investor's bank and / or branch to ensure proper registration of the debit mandate and confirm the registration. Investor will not hold UTIMF or its service providers responsible if the transaction is delayed or declined or not effected or the investor's bank account is debited in advance or after the specific SIP due date to various clearing cycles of local holidays. Investors will not hold UTIMF or its service providers responsible for non allotment of Units of SIP / Micro SIP if the payment is not received from the Unit Holder's bank for any reason.
- UTIMF reserves the right to reject the SIP / Micro SIP / Debit Mandate without assigning any reasons therefor.
- If the investor is investing through an Financial / Investment Advisor, the investor must clearly mention the ARN / RIA code and the name of the Advisor, Sub ARN Code and EUIN in the application. In case nothing is mentioned, the application will be processed in the Direct Plan of the Scheme.
- Direct Plan: Investors subscribing under direct plan of a Scheme will have to indicate "Direct Plan" against the Scheme Name in the application form for Example "UTI Dividend Yield Fund - Direct Plan. Investors are advised to write "Direct" in the distributor column when subscribing units in Direct Plan of a scheme. However, even if an Advisor code is mentioned on the application where the scheme name is mentioned with Direct Plan, the Advisor code shall be ignored and application shall be processed in Direct Plan only.
- The Unit Holder(s) agree that, UTIMF / its Registrar and their agents shall not be held liable for any unsuccessful registration and / or transaction due to any action / inaction of the unit holder's bank including but not limited to the reasons mentioned below and agree to indemnify UTIMF / UTI AMC / RTA for all liabilities, losses, damages and expenses which they may consequently incur or sustain either directly or indirectly.
  - Non acceptance or rejection of debit mandate for whatsoever reason by the unit holder's bank/ branch with or without any reason assigned by the unit holder's bank.
  - Loss of debit mandate form in transaction from RTA to the unit holder(s) bank / branch.
  - Non-registration of the debit mandate by the unit holder(s) bank/ branch.
  - Deemed registration due to Non confirmation of registration or rejection by the bank and any subsequent rejection of the debit of bank account for funds.
  - Non availability of funds in the bank account of Unit Holder at the time of debit.
  - Rejection of registration or transaction debit for any reason or without assigning any reason whatsoever.
- SIP Step Up: By opting for this facility investor can choose to increase the SIP amount (SIP / Micro SIP) by a predefined amount at a predefined interval of time (Half Yearly or Yearly). For availing this facility the investor has to, a) provide the details of the SIP step up in the SIP enrolment form, b) SIP Mandate to bank with Debit Type as Maximum Amount, c) Bank Debit amount sufficient to accommodate the maximum stepped amount. In case the amount mentioned in the amount column of bank mandate falls short of the stepped amount, the Step Up will be terminated and the normal SIP or latest stepped amount shall continue to be debited. d) the minimum step amount is Rs. 500/- in multiples of Rs. 500/- e) if Step Up frequency is not mentioned, the default frequency will be taken as Yearly. f) in case request for cancellation of step up is received from the investor, the last stepped up amount will continue for the rest of the period of the SIP unless modified by the investor.
- SIP Pause: Pause facility is available for all eligible schemes except UTI-ULIP scheme. This facility can be availed for a period of 6 months. SIP Pause can be exercised by the investor 2 times during the tenure of the SIP. Investor can pause his SIP for a minimum of 1 month and a maximum of 6 months under daily, weekly and Monthly frequencies and a minimum of 1 Quarter and a maximum of 2 Quarters under Quarterly frequency. In case the investor's KYC is not complied as per the SEBI guidelines at the time of processing the SIP installment the SIP shall be paused automatically and installment shall be presented to investor's bank till investor complies with KYC guidelines. Upon subsequent compliance with KYC guidelines, the SIP installment falling due post compliance will be presented to the investor's bank. The installments that have fallen due prior to KYC Compliance shall not be presented for debit.
- Transaction Charges: For applications received in Regular Plan through mutual fund distributors who have opted in for the transactions charges where subscription amount of Rs. 10,000 or more transaction charges of Rs. 150/- (for first time mutual fund investors) and Rs. 100 (for existing mutual fund investors) would be deducted from the subscription amount and paid to the distributors. Units will be issued against the balance amount invested.
- Multi SIP: Investor can start an SIP in multiple schemes (3 schemes) using one form with all the parameters suiting his requirement. In case investor wants to register SIP in more than 3 schemes he may use an additional SIP enrollment form.
- Change of Bank: Investor can change the bank from where the debits of SIP installments are happening by submitting the SIP enrolment form by ticking the change of bank option in the SIP enrolment form. Since the mandate is to be registered on his new bank, the form must be submitted at least 21 days prior to the next installment.
- Pause facility is available for all eligible schemes except UTI ULIP. Can be opted only after payment of 6 installments and twice in entire life span of SIP tenure. SIP can be paused for minimum of 1 installment and maximum of 6 installments (Monthly Frequency) and minimum of 1 quarterly installment and maximum of 2 quarterly installments (Quarterly Frequency).



Haq, ek behtar zindagi ka.

## ACKNOWLEDGEMENT

### UTI SMaRT SIP Form™

UTI Mutual Fund, UTI Tower, 'Gn' Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051

Received from Mr./Ms./Mrs.

Date

Folio No./Investor Id/Application No.

SIP/Micro SIP Application for Scheme/Plan/Option

<input type="text"/>
<input type="text"/>
<input type="text"/>

Unit Holding Option	Payment Mechanism
<input type="checkbox"/> Physical Mode	<input type="checkbox"/> Electronic
<input type="checkbox"/> Demat Mode	<input type="checkbox"/> Cheque

TIME STAMP

Note: All purchases are subject to realisation of Cheque/receipt of funds