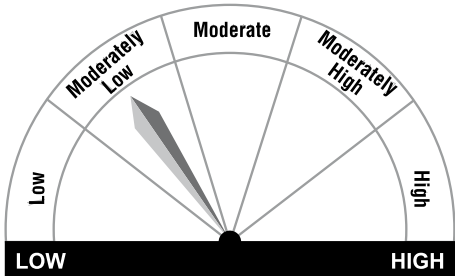
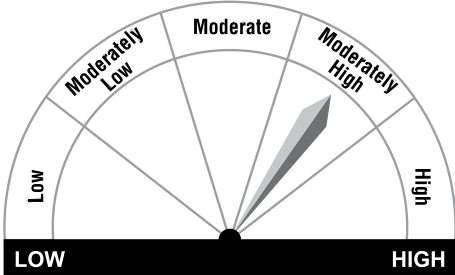
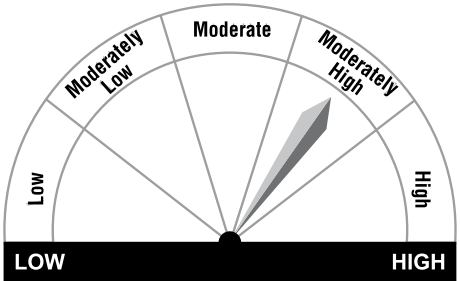
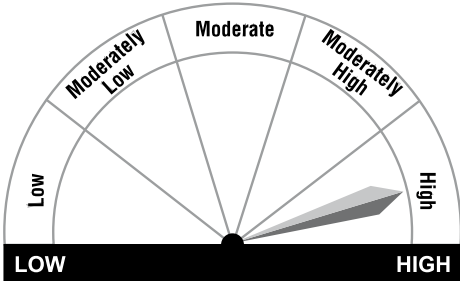


## APPLICATION FORM EQUITY AND BALANCED SCHEMES

NAME OF THE SCHEMES	THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*:	RISKOMETER
<b>UTI – SPReAD Fund</b> (UTI – Spread between Prices of Equity And Derivative Fund) (An open-ended equity fund investing in a mix of equity, equity derivatives, debt and money market instruments)	<ul style="list-style-type: none"> <li>Capital appreciation and dividend distribution over medium to long term.</li> <li>takes advantage of arbitrage opportunities in cash and derivative market without taking any directional/ unhedged position in either equity or derivative instruments</li> </ul>	 <p style="text-align: center;">Investors understand that their principal will be at Moderately Low risk</p>
<b>UTI - Balanced Fund</b> (An open-ended Balanced Fund)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment in equity instruments (maximum-75%) and fixed income securities (debt and money market securities)</li> </ul>	 <p style="text-align: center;">Investors understand that their principal will be at Moderately High risk</p>
<b>UTI - Bluechip Flexicap Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment in equity instruments of companies that are "Leaders" in their respective industries / sectors / sub-sectors.</li> </ul>	
<b>UTI - Dividend Yield Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment predominantly in high dividend yielding equity instruments</li> </ul>	
<b>UTI - Equity Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment in equity instruments of companies with good growth prospects</li> </ul>	
<b>UTI - Long Term Equity Fund (Tax Saving)</b> (An open-ended ELSS with a lock-in-period of 3 years)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment in equity instruments of companies that are believed to have growth potential</li> </ul>	
<b>UTI - Mastershare Unit Scheme</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment in equity instruments of fundamentally strong companies</li> </ul>	
<b>UTI - Mid Cap Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment primarily in mid cap equity instruments</li> </ul>	
<b>UTI - MNC Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment predominantly in equity instruments of Multinational companies and other liquid stocks.</li> </ul>	
<b>UTI-Multi Cap Fund</b> (An open-ended diversified equity fund)	<ul style="list-style-type: none"> <li>Long Term Capital appreciation</li> <li>Investment in equity instruments of companies across market capitalization</li> </ul>	
<b>UTI - Nifty Index Fund</b> (An open-ended passive Index Fund tracking the Nifty 50 Index)	<ul style="list-style-type: none"> <li>Capital growth in tune with the index returns</li> <li>Passive investment in equity instruments comprised in Nifty 50 Index</li> </ul>	
<b>UTI - Opportunities Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>Long term capital growth</li> <li>Investment in equity instruments by capitalizing on opportunities arising in the market dynamically</li> </ul>	

\* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

NAME OF THE SCHEMES	THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*:	RISKOMETER
<b>UTI - Top 100 Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>• Long term capital growth</li> <li>• Investment predominantly in equity instruments of Top 100 companies by market capitalization</li> </ul>	 <p>Investors understand that their principal will be at Moderately High risk</p>
<b>UTI - Wealth Builder Fund Series II</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>• Long term capital growth</li> <li>• Investment in equity instruments/Gold ETFs</li> </ul>	
<b>UTI - Banking Sector Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>• Long term capital growth</li> <li>• Investment primarily in equity instruments of companies engaged in banking and financial services activities</li> </ul>	 <p>Investors understand that their principal will be at High risk</p>
<b>UTI - India Lifestyle Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>• Long term capital growth</li> <li>• Investment in equity instruments of companies that are expected to benefit from changing Indian demographics and Indian lifestyles</li> </ul>	
<b>UTI - Infrastructure Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>• Long term capital growth</li> <li>• Investment predominantly in equity instruments of companies in the infrastructure sector</li> </ul>	
<b>UTI - Pharma &amp; Healthcare Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>• Long term capital growth</li> <li>• Investment in equity instruments of companies in the Pharma &amp; Healthcare sector</li> </ul>	
<b>UTI - Transportation and Logistics Fund</b> (An open-ended equity scheme)	<ul style="list-style-type: none"> <li>• Long term capital growth</li> <li>• Investment in equity instruments of the companies engaged in the transportation and logistics sector</li> </ul>	

\* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

# GENERAL INSTRUCTIONS FOR FILLING THE APPLICATION FORM

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

[Fields Marked with (\*) must be Mandatorily filled in]

[Before Filling up the Form, Please read the Cover Page Carefully to know the Risk Profile of the Scheme(s) you are Investing in]

- (a) Please read the terms of the Key Information Memorandum, Scheme Information Documents and Statement of Additional Information carefully before filling the Application Form. Investors should also apprise themselves of the prevailing Load structure on the date of submitting the Application Form.  
Investors are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form and tendering payment.
- (b) Before submission of application form at UTI Financial Centres and other authorised collection centres investors may please ensure that the form has been filled in completely and signed by all the applicants properly as incomplete application is liable to be rejected.
- (c) NRI applicants should preferably submit the application at NRI Branch, Mumbai, Dubai Representative Office or any Financial Centre of UTI AMC along with NR(E) / NR(O) cheque or a rupee draft payable at the place where the application is submitted.
- (d) **Please write the application serial Number on the reverse of the cheque / draft.**
- (e) Please fill in the names of the applicant(s) / beneficiary / alternate child (if any) / institution / parent or lawful guardian / minor / alternate applicant / nominee etc. at the appropriate places in the application form. PIN code no. must be given with address to avoid delay / loss in transit.
- (f) Attach any one of the documents as proof of date of birth and relationship with minor viz., birth certificate, School leaving certificate/mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., Passport of the minor or any other suitable proof evidencing the date of birth and relationship with the minor.
- (g) It is mandatory for an applicant to furnish full and correct particulars of bank account such as nature and number of the account, name and address of the bank, name of the branch, MICR code of the branch (where applicable) etc. at the appropriate place in the application form. Application without such bank particulars is liable to be rejected. If the credit of dividend distribution is delayed or not effected at all for reason of incomplete or incorrect information furnished by the applicant, UTI AMC cannot be held responsible.
- (h) If you have invested through a distributor, kindly specify the Name and ARN Code, Sub ARN Code of the distributor, else for Direct Investment, please mention "Direct" in the Column "Name & Broker Code/ARN / Sub ARN Code". In case nothing is specified, then by default, the Broker Code will be treated as Direct and the application form will be treated as Direct Application.
- (i) **Transaction Charges**  
For Investments of value Rs 10000/- and above only, a transaction charge of Rs100 ( for existing investors) and Rs 150 (for first time investor in mutual funds) will be deducted from the subscription amount and paid to the Distributor whose information is provided in the Application Form. However, upfront commission, if any, shall be paid directly by the Investor to the Distributor based on his assessment of various factors including service rendered by the Distributor. For further details on Transaction charges, refer to SAI/SID of the respective Scheme.
- (j) **Direct Plan**  
Direct Plan is for all category of eligible investors (whether existing or new Unitholders) who purchase/subscribe Units directly with the Fund and is not available for investors who route their investments through a Distributor.  
The Direct Plan will be a separate plan under the Fund/Scheme and shall have a lower expense ratio excluding distribution expenses, commission etc and will have a separate NAV. No commission shall be paid from Direct Plan. Portfolio of the scheme under the Existing Plan and Direct Plan will be common.  
For further details refer to SAI.
- (k) **'Friend In Need'** details will be used by UTI MF only for ascertaining the present address of the unit holder (without disclosing investment details of the investor) if no response is received from the unit holder on sending communication in any form to his/her registered address or e-mail ID, if available, atleast for two occasions. For further details, please refer to SAI.
- (l) SEBI has made it mandatory for all applicants, irrespective of amount of investment, to furnish Income Tax PAN (PAN not applicable to Micro SIP). An application without PAN will be rejected.  
Investors are required to provide the photocopy (self attested by the investor) of the PAN card along with the application form. If the investment is in the name of minor the PAN of the minor or his father / mother / guardian whose particulars are provided in the application form is to be provided.
- Investment & Payment Details**
- (m) **The cheque/draft accompanying an application should be made payable in favour of "the name of the scheme".**  
**In the case of 'Direct Plan', the cheque/draft shall be payable in favour of "the name of the scheme - Direct Plan".**
- (n) Outstation cheques are not accepted. In case the payment is made by demand draft, the draft commission will have to be borne by the applicants.  
However for investment made from areas where there are no UTI Financial Centres or authorised collection centres (where local cheques are accepted), UTI AMC may, if it so decides, bear draft charges to the extent of ` 250/- per application or the actual as is prescribed by banks, whichever is lower or such amount as may be decided by UTI AMC from time to time. The investors have to attach proof of the DD charges paid to a bank (i.e. acknowledgement issued by the bank where DD is purchased). The reimbursement/adjustment of DD charges is solely at the discretion of UTI AMC and in case if it is found that such charges are unreasonably higher than normal market rates, such charges may not be admissible. For further details, refer to SAI/SID of the respective scheme.
- (o) UTI AMC/MF shall not accept application for subscription of units accompanied with Third Party Payment except in certain exceptional cases as may be permitted. For details please refer to SID/SAI.
- Payment Modes**
- (p) **No money orders, outstation cheques, post-dated cheques [except through Systematic Investment Plan (SIP) / Micro SIP] and postal orders will be accepted.**  
**However, cash payment to the extent of ` 50,000/- per investor, per Mutual Fund, per financial year through designated branches of Axis Bank will be accepted subject to the following procedure:-**
- Investors who desire to invest upto ` 50,000/- per financial year shall contact any of our UTI UFCs and obtain a Form for Deposit of Cash and fill-up the same.
  - Investors shall then approach the designated branch of Axis Bank along with the duly filled-in Form for Deposit of Cash and deposit the cash.
  - Axis Bank will provide an Acknowledgement slip containing the details of Date & Time of deposit, Unique serial number, Scheme Name, Name of the Investor and Cash amount deposited. The Investors shall attach the Acknowledgement slip with the duly filled-in application form and submit them at the UFCs for time stamping.
  - Applicability of NAV will be based on depositing of cash at the designated bank branch before the cut-off time and time-stamping of the valid application together with the acknowledgment slip at the UTI Financial Centre (UFC)/ Official Point of Acceptance (OPA).  
For further details please refer to SAI.
- (q) **Know Your Customer (KYC) Norms:**  
Common Standard KYC through CDLS Ventures Ltd (CVL) is applicable for all categories of investors and for any amount of investment. KYC done once with a SEBI registered intermediary will be valid with another intermediary. Intermediaries shall carry out In-Person Verification (IPV) of their clients.  
For further details related to KYC, please refer to SAI/SID of the respective scheme.  
PAN-Exemption for micro financial products  
Only individual Investors (including NRIs, Minors & Sole proprietary firms) who do not have a PAN, and who wish to invest upto ` 50000/- in a rolling 12 month period or in a financial year under any Scheme including investments, if any, under SIPs shall be exempted from the requirement of PAN on submission of duly filled in purchase application forms, payment amount/instrument and KYC application form with other prescribed documents towards proof of identity as specified by SEBI. Eligible investors of micro investment should attached a copy of KYC Acknowledgement further quoting PAN exempt KYC reference number (PEKRN) along with the application form.  
For all other categories of investors, this exemption is not applicable.  
Please refer to the SAI for further details on KYC.
- Details of Beneficial Ownership**  
In terms of SEBI Master Circular on AML/CFT dated December 31, 2010, 'Beneficial Owner' has been defined as a natural person/s who ultimately own, control or influence a client and / or persons on whose behalf a transaction is being conducted, which includes persons who exercise ultimate effective control over a legal person or arrangement. Further, the Prevention of Money Laundering Rules, 2005 (PMLR 2005) read with Prevention of Money Laundering Act, 2002 also require that all the beneficial owner(s) shall identify themselves with the intermediary through whom his/her/their investments are made in the scheme.  
**Applicability:**  
It is applicable to all categories of investors except a) Individuals and b) a company listed on a stock exchange or is a majority owned subsidiary of such a company.  
Above information shall be provided by the investors to UTI Asset Management Company Ltd (UTI AMC) / its Registrar, till the same is taken over by KYC Registering Authority (KRA).  
Details of the identity of the beneficial owner/ all natural person(s) such as their Name(s), PAN number/Passport details, Address etc together with a self attested PAN Card copy is to be provided by the Investor to the Official Points of Acceptance (OPAs) of the UTI MF Schemes/aforeaid Registrar while submitting the Application Form. Such beneficial owners/natural persons include those who are acting alone or together, or through one or more juridical person and exercising control through ownership or who ultimately has a controlling ownership interest. 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.  
For further details regarding manner of determination of beneficial ownership in doubtful cases (relating to investors other than Trust and Foreign investors), investments by Trust and Foreign Investors and for other details regarding disclosure of information regarding beneficial ownership etc., please refer to SAI/ relevant Addendum.
- (r) **Aadhar Card**  
In addition to KYC compliance proof / self attested PAN Card copy, the investors are advised to provide Aadhar Card No., if any.
- (s) **Consolidated Account Statement (CAS)**  
The AMC will issue a Consolidated Account Statement (CAS) for each calendar month to the investor in whose folios transactions has taken place during that month and such statement will be issued on or before the 10th day of the succeeding month detailing all the transactions and holding at the end of month including transaction charges paid to the distributor, if any, across all schemes of all mutual funds.  
Further, CAS as above, will also be issued every half yearly (September/March), on or before the 10th day of succeeding month detailing holding at the end of the sixth month, across all schemes of all mutual funds, to all such investors in whose folios no transactions has taken place during that period.  
The word "transaction" for the purposes of CAS would include purchase, redemption, switch, dividend payout, dividend reinvestment, Systematic Investment Plan (SIP), Systematic Withdrawal Plan (SWP), Systematic Transfer of Investment Plan (STRIP), bonus transactions and merger, if any.  
However, Folios under Micropension arrangement shall be exempted from the issuance of CAS.  
**Statement of Account for Demat Account holders:-**
- The unit holders who do not have Demat account shall continue to receive the Consolidated Account Statements (CAS) as per the existing practice.
  - For unit holders having Mutual Fund (MF) investments and Demat Account -
    - Such Investors shall receive a single Consolidated Account Statement (CAS) from the Depository.
    - Consolidation shall be done on the basis of Permanent Account Number (PAN). In case of multiple holding, it shall be PAN of the first holder and pattern of holding.
    - In case an investor has multiple accounts across two depositories, the depository with whom the Demat account has been opened earlier will be the default depository which will consolidate the details across depositories and MF investments and dispatch the CAS to the investor.
    - The CAS will be generated on monthly basis.
    - If there is any transaction in any of the Demat accounts of the investor or in any of his mutual fund folios, depositories shall send the CAS within ten days from the month end. In case, there is no transaction in any of the mutual fund folios and demat accounts, then CAS with holding details shall be sent to the investor on half yearly basis.

- f. The dispatch of CAS by the depositories shall constitute compliance by UTI AMC/ UTI Mutual Fund with the requirements under Regulation 36(4) of SEBI (Mutual Funds) Regulations, 1996.

For further details on other Folios exempted from issuance of CAS, PAN related matters of CAS etc, please refer to SAI.

(t) **MF Utility for Investors**

UTI AMC Ltd has entered into an agreement with MF Utilities India Private Ltd (MFUI) for usage of MF Utility (MFU), a shared service initiative of various Asset Management Companies, which acts as a transaction aggregation portal for transacting in multiple Schemes of various Mutual Funds with a single form and a single payment instrument through a Common Account Number (CAN). Accordingly, all financial and non-financial transactions pertaining to Schemes of UTI Mutual Fund excluding UTI Nifty, UTI Children's Career Balanced Plan, UTI Children's career Advantage Fund and UTI ULIP are available through MFU either electronically on www.mfuonline.com as and when such a facility is made available by MFUI or physically through authorised Points of Service ("POS") of MFUI with effect from the respective dates as published on MFUI website against the POS locations. However, all such transactions shall be subject to the eligibility of investors, any terms and conditions and compliance with the submission of documents and procedural requirements as stipulated by UTI MF/UTI AMC from time to time in addition to the conditions specified by MFU, if any.

The online portal of MFUI i.e. www.mfuonline.com and the POS locations aforesaid shall act as Official Points of Acceptance (OPAs) in addition to the existing OPAs of the UTI AMC Ltd and any transaction submitted at such POS will be routed through MFUI or as may be decided by UTI AMC. Investors not registered with MFUI also can submit their transactions request by giving reference to their existing folio number. All valid applications received for any other scheme apart from eligible schemes as stated above may be accepted by UTI AMC at its own discretion. The uniform cut off time as prescribed by SEBI and as mentioned in the SID/KIM of the respective Schemes shall be applicable for applications received by MFUI. However, in case of investment of any amount in liquid funds and ` 2 lacs and above for other Schemes, the applicability of NAV will be subject to the date and time of receipt of credit of amount to the specified bank account of AMC.

UTI AMC Ltd will not be responsible for any delay or omission whatsoever, on the part of MFUI.

For further details regarding procedures for obtaining CAN and other particulars about MFU etc, please refer to Addendum No 50 dated 6th February 2015/ SAI. Investors may also contact the nearest POS aforesaid for procedures to be complied with in this regard.

- (u) **E-mail communication:** Unitholders who have opted to receive documents/ communication by e-mail will be required to download and print the documents/ communication after receiving the e-mail from UTI AMC. Should the unitholder experience any difficulty in accessing the electronically delivered documents/ communication, the unitholder should advise the Registrars immediately to enable UTI AMC to send the same through alternate means. In case of non receipt of any such intimation of difficulty within 24 hours from receiving the e-mail, it will be regarded as receipt of email by the unitholder. It is deemed that the unitholder is aware of all the security risks including possible third party interception of the documents/communications and contents of the same becoming known to third parties. SMS and Email on the registered address of the investor shall be sent confirming the number of unit allotted within 5 business days from the date of transaction.

(v) **Abridged Annual Report:**

The unitholders whose Email ID is registered with UTI Mutual Fund will receive Abridged Annual Report by email unless indicated by the investor otherwise to receive the physical copy. The scheme-wise Abridged Annual report will also be made available on the website of UTI Mutual Fund (www.utimf.com).

- (w) **Note on EUIN:** Investors should mention the EUIN of the person who has advised the investor. If left blank, please sign the declaration provided in the application form. EUIN will assist in tackling the problem of mis-selling even if the employee/ relationship manager/sales person leave the employment of the ARN holder /Sub broker.

**Applicability of EUIN :**

- Transactions to be included - Purchases, Switches, SIP/ STP / STP Triggers registration, Dividend Transfer Plan registration.
- Transactions to be excluded - Auto SIP/ STP / SWP / STP Triggers Installments, Dividend Reinvestments, Bonus Units, Redemption, SWP Registration, Zero Balance Folio creation and Dividend Transfer Plan installments.

- (x) Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

(y) **Risk Mitigation process against Third Party Cheques**

Third party payments are not accepted in any of the schemes of UTI Mutual Fund subject to certain exceptions.

"Third Party Payments" means the payment made through instruments issued from an account other than that of the beneficiary investor mentioned in the application form. However, in case of payments from a joint bank account, the first named applicant/investor has to be one of the joint holders of the bank account from which payment is made.

For further details on documents to be submitted under the process to identify third party payments, Exceptions for accepting such cheques etc, refer to SAI/relevant addenda.

Bank Mandate registration as part of the New Folio creation

In order to reduce frauds and operational risks relating to fraudulent encashment of redemption/dividend proceeds, Investors are required to submit any of the prescribed documents (along with original document for verification) in support of the bank mandate mentioned in the application form for subscription under a new folio, in case these details are not the same as the bank account from which the investment is made.

(z) **Details under FATCA / Foreign Tax Laws**

**Foreign Account Tax Compliance Act (FATCA) is a United States (US) Law aimed at prevention of tax evasion by us citizens and residents ("US Persons") through use of offshore accounts.**

FATCA obligates foreign financial institutions (FFIs), including Indian financial institutions to provide the US Internal Revenue Service (IRS) with information and to report on the accounts held by specified US Persons. The term FFI is defined widely to cover a large number of non-US based financial service providers such as mutual funds, depository participants, brokers, custodians as well as banks. FATCA requires enhanced due diligence processes by the FFI so as to identify US reportable accounts.

The identification of US person will be based on one or more of following "US indicia"-

- Identification of the Account Holder as a US citizen or resident;
- Unambiguous indication of a US place of birth;
- Current US mailing or residence address (including a US post office box);
- Current US telephone number;
- Standing instructions to transfer funds to an account maintained in USA;
- Current effective power of attorney or signing authority granted to a person with a US address or
- An "in-care of" or "hold mail" address that is the sole address that the Indian Financial Institution has on the file for the Account Holder

**Common Reporting Standard - The New Global Standard for Automatic Exchange of Information**

On similar lines as FATCA the Organization of Economic Development (OECD), along with the G20 countries, of which India is a member, has released a "Standard for Automatic Exchange of Financial Account Information in Tax Matters", in order to combat the problem of offshore tax evasion and avoidance and stashing of unaccounted money abroad, requiring cooperation amongst tax authorities. The G20 and OECD countries have together developed a Common Reporting Standard (CRS) on Automatic Exchange of Information (AEOI).

**Please refer to Instructions given in the FATCA/CRS Form before filling in the particulars and for further details relating to FATCA/CRS, refer to AMFI India's Circular No.135/BP/63/2015-16 dated 18th September 2015 and SEBI Circular No. CIR/MIRSD/3/2015 dated 10th September 2015.**

- (aa) A new facility titled "CanServe" is introduced with effect from August 26, 2015, for investments (fresh as well as existing) under the Dividend and Growth options [both Existing Plan & Direct Plan] of UTI Balanced Fund, UTI Mastershare Unit Scheme and UTI-SPREAD Fund as under:

- A) **'CanServe' facility under Dividend Payout Option** to facilitate Investors who are desirous to contribute dividend payouts towards a medical cause. Under the Dividend option, Investors by opting for 'CanServe' Option can donate the dividend payout to be declared on a prospective basis. The investors will have a choice to donate either i) 50% of the dividend declared or ii) 100% of the dividend declared in future, subject to a minimum amount of donation of ` 1000/-. In case such amount arrived as above is less than ` 1000/-, the entire amount will be paid out to investor in line with the provisions of the Scheme/s. Investors may claim tax exemption under sec 80 G of the Income Tax Act, 1961 to this effect.

In case the Investor opts for 'CanServe' facility and does not tick either of the options (i) or (ii) as mentioned above, the default option would be (i) 50% of the dividend declared.

- B) **'CanServe' facility under Growth option** to facilitate Investors who are desirous to contribute a specified sum periodically towards a medical cause. Under the Growth option, Investors by opting for 'CanServe' facility can contribute by indicating a specified amount (Minimum ` 1000/- at each half-yearly payout) to be paid out under this facility by redeeming corresponding units on semi - annual basis. If no amount is mentioned by the Investor, the default 'specified amount' will be ` 1,000/- per payout period. Such redemption will be done on the 1st business day of April and October at the NAV applicable on that day. In case the value of units held by the Investor on the specified date is less than the 'specified amount', no units would be redeemed on that date.

**The contributions mentioned above under A) and B) will go to St. Jude India Child Care Centres** as donation towards medical / social cause. St. Jude India ChildCare Centres provides cost-free housing, nutritional support, counseling, educational and recreational activities, therapy and yoga to the needy and under-privileged children who are being treated for cancer and their families, during the period of the child's treatment. St. Jude India ChildCare Centres started operations in 2006 and now has 18 centres in 5 cities with 227 family units located in Mumbai, Delhi, Kolkata, Hyderabad and Jaipur.

St. Jude India Child Care Centres will issue certificate towards donation receipt to avail tax exemption under section 80 G of the IT Act, 1961.

Existing investors may provide a fresh mandate for availing CanServe Facility by mentioning their existing folio number in the request form. The investment under the said facility will attract the same loads as applicable to normal investments under the said scheme.

"Canserve" is just a term used to denote the facility being offered to investor for contribution towards Medical/Social cause. It does not imply any scheme benefit/s.

To know more about St. Jude India ChildCare Centres, please visit <http://www.stjudechild.org>.

(ab) **Power of Attorney**

If the investment is made by a Constituted Attorney on behalf of the investor, please furnish the following details and enclose a Notarised copy of the Power of Attorney(PoA) and register the same with the Registrars to the Scheme. If you have already registered your PoA, please provide the PoA Registration Number in the space provided below the signature box in the Application Form

1. PoA Holder's Name:  Mr /  Ms
2. PoA for  First/Sole Applicant  Second Applicant  Third Applicant
3. PAN of PoA Holder (Attach Pan Card Copy)

Please Note that PoA Holder must comply with applicable KYC requirements

4. Date of Birth: (dd/mm/yyyy) & Email:

**CHECK LIST**

**Please ensure that:**

**Application Form is filled in Capital letters only**

- Your name and address is given in full.
- Your preferred Scheme, plan and option is selected.
- Your investment is not less than the minimum investment amount.
- Your application is complete and signed by all applicants.
- Cheques are drawn in favour of 'The name of the scheme' (in case of Direct Plan, "the name of the scheme - Direct Plan") dated, signed and crossed 'A/c Payee only'.
- On the reverse of each cheque submitted, the Application Form number is written.
- PAN details of all holders are given failing which your application will be rejected (PAN not applicable to micro SIP).
- Copy of KYC acknowledgement for all holders provided by service provider is given, failing which your application will be rejected.
- Your bank account details are entered completely and correctly. This is mandatory. If this is not included, your application will be rejected.
- Only CTS-2010 complied cheques are submitted.

## 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]

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.	

<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 EUIN 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 in-appropriateness, 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 EUIN box is left blank) (refer instruction 'w').

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')

<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	OR	<input type="checkbox"/> 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, 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)

F I R S T M I D D L E L A S T	Date of Birth	d d m m y y y y
	Mandatory for minors	

**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 <span style="float: right;">Pin*</span>

**\*PAN/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN** (whose particulars are furnished above) **AADHAAR CARD NO.**

	Enclosed	<input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy	<input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy	Please (✓)
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**OVERSEAS ADDRESS** (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

State	Country*	City*	Zip/Pin*
-------	----------	-------	----------

**NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS**

Mr.  Ms.  Mrs.

F I R S T M I D D L E L A S T
-------------------------------

\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction 'f').

**DETAILS OF OTHER APPLICANTS**

**Name of 2nd Applicant**  Mr.  Ms.  Mrs. Date of Birth of 2nd Applicant

F I R S T M I D D L E L A S T	d d m m y y y y
-------------------------------	-----------------

**\*PAN/PEKRN \$ of 2nd Applicant** **AADHAR CARD NO.**

	Enclosed	<input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy	<input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy	Please (✓)
--	----------	---	---	------------

**Name of 3rd Applicant**  Mr.  Ms.  Mrs. Date of Birth of 3rd Applicant

F I R S T M I D D L E L A S T	d d m m y y y y
-------------------------------	-----------------

**\*PAN /PEKRN \$ of 3rd Applicant** **AADHAR CARD NO.**

	Enclosed	<input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy	<input type="checkbox"/> 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)	<input type="checkbox"/> Cash	Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE
Account No.			<input type="checkbox"/> NRO	<input type="checkbox"/> DD issued from abroad	
Date	Amt. of investment (i)	<input type="checkbox"/> 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.			
Bank	DD Charges if any (ii)				
Branch	Net amount paid (i-ii)				
Amt. in words					

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

Bank Name		Branch
Address		MICR Code <input type="text"/> (this is a 9-digit number next to your cheque number)
	City <input type="text"/> Pin* <input type="text"/>	IFS Code <input type="text"/> (this is a 11-digit number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		
Account No. <input type="text"/>		

**INVESTMENT DETAILS (For "DIRECT PLAN" Please tick here  & tick Scheme, Plan / Option given below) (Refer instruction 'j') PLEASE USE SEPARATE FORM FOR EACH SCHEME**

- |   |  |
|---|--|
| <input type="checkbox"/> UTI-Balanced Fund                      | <input type="checkbox"/> UTI-Mid Cap Fund                                |
| <input type="checkbox"/> UTI-Banking Sector Fund - Regular Plan | <input type="checkbox"/> UTI-MNC Fund                                    |
| <input type="checkbox"/> UTI-Bluechip Flexicap Fund             | <input type="checkbox"/> UTI-Multi Cap Fund - Regular Plan               |
| <input type="checkbox"/> UTI-Dividend Yield Fund                | <input type="checkbox"/> UTI-Nifty Index Fund                            |
| <input type="checkbox"/> UTI-Equity Fund                        | <input type="checkbox"/> UTI-Opportunities Fund                          |
| <input type="checkbox"/> UTI-India Lifestyle Fund               | <input type="checkbox"/> UTI-Pharma & Healthcare Fund                    |
| <input type="checkbox"/> UTI-Infrastructure Fund                | <input type="checkbox"/> UTI-SPrEAD Fund                                 |
| <input type="checkbox"/> UTI-Long Term Equity Fund (Tax Saving) | <input type="checkbox"/> UTI-Top 100 Fund                                |
| <input type="checkbox"/> UTI-Mastershare Unit Scheme            | <input type="checkbox"/> UTI-Transportation & Logistics Fund             |
|   | <input type="checkbox"/> UTI-Wealth Builder Fund Series II - Retail Plan |

OPTION  Growth  Dividend Payout  Dividend Reinvestment [not available under UTI-LTEF (Tax Saving)]  
(for all schemes) (Default is growth option)

**For investment under CanServe Facility, please tick (✓) the Scheme Name, Plan and Option given below (refer instruction 'aa')**

Scheme Name:	<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-Mastershare Unit Scheme	<input type="checkbox"/> UTI-SPrEAD Fund
Plan :	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Existing Plan	
Option:	<input type="checkbox"/> CanServe Growth Option ₹ _____/- (minimum ₹ 1000/-)	<input type="checkbox"/> CanServe Dividend Payout Option (default 50%) <input type="checkbox"/> 50% <input type="checkbox"/> 100%	Default is CanServe Growth Option

Investors ticking the CanServe facility will be allotted units under the said facility only. Any other option selected would be ignored.

**DETAILS OF BENEFICIAL OWNERSHIP (Please tick applicable category).**

Ownership details to be provided if the Ownership percentage/interest 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]

Can-Serve Facility

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**

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

**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) DD/MM/YYYY

(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) 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

[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:** \_\_\_\_\_



Haq, ek behtar zindagi ka.

**ACKNOWLEDGEMENT**

(To be filled in by the Applicant)

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

Received from Mr / Ms / M/s \_\_\_\_\_

An application under \_\_\_\_\_ (scheme name)

along with Cheque/DD<sup>s</sup>/NEFT/RTGS \_\_\_\_\_ dated \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_

for ₹ (in figures) \_\_\_\_\_

Stamp of UTI AMC Office/  
Authorised Collection Centre

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

**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.

**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.

Name and Address of Nominee	To be furnished in case nominee is a minor
Name	Name of the guardian
Date of Birth <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> (in case of nominee is a minor)	Address of guardian
Address with pin code	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.

I/We do not wish to nominate

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

Sign. here  
→

**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 do not have any documents in support of the date of birth and relationship with minor child. (Strike out if this declaration is not applicable).

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)**

Through email<sup>∞</sup>  SoA in Physical Form  At my Overseas address as mentioned above<sup>∞</sup>  To be dispatched to my resident relative's address in India as mentioned above<sup>∞</sup>

<sup>∞</sup> Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

<sup>∞</sup> Applicable to NRIs

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

Sign. here  
→

Signature of 1st Applicant / Guardian / POA<sup>^^</sup>

Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA<sup>^^</sup>

Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA<sup>^^</sup>

Name of 3rd Authorised Signatory

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

<sup>^^</sup>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. Karvy Computershare Pvt. Ltd.:** Unit: UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, **Board No:** 040-6716 2222, **Fax No.:** 040- 6716 1888, **Email:** uti@karvy.com



# UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



Haq, ek behtar zindagi ka.

UMRN  F o r o f f i c e u s e Date

Sponsor Bank Code  C I T I O O O P I G W Utility Code  C I T I O O O O 2 0 0 0 0 0 0 0 3 7

Tick (✓)  
 CREATE  
 MODIFY  
 CANCEL  
 I/We hereby authorize  UTI Mutual Fund to debit (tick✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number

with Bank  Name of Customers Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented DEBIT TYPES  Fixed Amount  Maximum Amount

Reference 1  Folio Number  Mobile No.

Reference 2  Application Number  Email ID

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.

PERIOD  
 From          
 To          
 Or  Until Cancelled  
 Signature Primary Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_  
 1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instruction 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.

## UTI SMaRT FORM FOR ELECTRONIC FACILITY

(Applicable for KYC complied Individual Investors)



Haq, ek behtar zindagi ka.

DATE:         REGISTRATION  CHANGE  CANCELLATION

ARN	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

\*FOLIO / APPLN NO.  FOLIO UNDER UTI ULIP#

PAN  KYC Complied  DATE OF BIRTH OF 1<sup>st</sup> HOLDER / MINOR

1<sup>st</sup> HOLDER NAME

I/ We have read and understood the Scheme Information Document, Key Information Memorandum and addenda and agree to abide by the same. I/We hereby authorise UTI MUTUAL FUND and their authorized service providers and my banker, to debit my/our following bank account using the Mandate form. I/We hereby request you to register me/us for availing this facility and 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](http://www.utimf.com/customerservice/Pages/default.aspx)) and also displayed/available at the UFC.

\*Mandatory

1st Holder / Guardian as per folio 2nd Unit Holder 3rd Unit Holder  
 \*Folio held in Single and anyone or survivor is only allowed to register- #only renewal contribution can be made using smart form)

## UTI SMaRT FORM ACKNOWLEDGEMENT

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



Haq, ek behtar zindagi ka.

Received From

Folio / Application No.

Date

TIME STAMP

The mobile number and email ID provided above will be registered/replaced with the mobile number and email ID in the folio.  
 Note : All purchases are subject to realisation of Cheques/ receipt of funds.

## \*CHECK LIST

The Form is complete in all respects.  
The form is signed by the holders as per the holding basis  
Folio, Mobile Number, email id , PAN and KYC details are submitted.  
A Copy of cheque leaf is enclosed.

## GUIDELINES TO FILL UTI SMaRT FORM

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Provide CBS Account Number
4. Write name of the bank through which you wish to invest.
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Period: Starting date of UTI SMaRT FORM registration (in format DD/MM/YYYY)
10. Telephone Number
11. Email ID
12. Specimen Signature as Submitted by you with your banker against the particular/given bank account
13. Name: Mention Holder Name as Per Bank Record

# UTI SMaRT FORM

(UTI Single Mandate Registration & Transaction Form)



Haq, ek behtar zindagi ka.

UMRN  F o r o f f i c e u s e  Date

Sponsor Bank Code  C I T I O O O P I G W  Utility Code  C I T I O O O O 2 0 0 0 0 0 0 0 3 7

Tick (✓)  
 CREATE  
 MODIFY  
 CANCEL  
 I/We hereby authorize  UTI Mutual Fund  to debit (tick✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number

with Bank  Name of Customers Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented DEBIT TYPES  Fixed Amount  Maximum Amount

Reference 1  Folio Number  Mobile No.

Reference 2  Application Number  Email ID

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.

PERIOD  
 From          
 To          
 Or  Until Cancelled  
 Signature Primary Account holder  Signature of Account holder  Signature of Account holder   
 1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instruction 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.

## UTI SMaRT FORM FOR ELECTRONIC FACILITY

(Applicable for KYC complied Individual Investors)



DATE:         REGISTRATION  CHANGE  CANCELLATION  Haq, ek behtar zindagi ka.

ARN	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

\*FOLIO / APPLN NO.  FOLIO UNDER UTI ULIP#

PAN  KYC Complied  DATE OF BIRTH OF 1<sup>st</sup> HOLDER / MINOR

1<sup>st</sup> HOLDER NAME

I/ We have read and understood the Scheme Information Document, Key Information Memorandum and addenda and agree to abide by the same. I/We hereby authorise UTI MUTUAL FUND and their authorized service providers and my banker, to debit my/our following bank account using the Mandate form. I/We hereby request you to register me/us for availing this facility and 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](http://www.utimf.com/customerservice/Pages/default.aspx)) and also displayed/available at the UFC.

\*Mandatory

1st Holder / Guardian as per folio

2nd Unit Holder

3rd Unit Holder

\*Folio held in Single and anyone or survivor is only allowed to register- #only renewal contribution can be made using smart form)

## UTI SMaRT FORM ACKNOWLEDGEMENT

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



Haq, ek behtar zindagi ka.

Received From

Folio / Application No.

Date

TIME STAMP

The mobile number and email ID provided above will be registered/replaced with the mobile number and email ID in the folio.

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

## \*CHECK LIST

The Form is complete in all respects.  
The form is signed by the holders as per the holding basis  
Folio, Mobile Number, email id , PAN and KYC details are submitted.  
A Copy of cheque leaf is enclosed.

## GUIDELINES TO FILL UTI SMaRT FORM

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Provide CBS Account Number
4. Write name of the bank through which you wish to invest.
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Period: Starting date of UTI SMaRT FORM registration (in format DD/MM/YYYY)
10. Telephone Number
11. Email ID
12. Specimen Signature as Submitted by you with your banker against the particular/given bank account
13. Name: Mention Holder Name as Per Bank Record