

<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-Leadership Equity Fund	<input type="checkbox"/> UTI-Pharma & Healthcare Fund
<input type="checkbox"/> UTI-Banking Sector Fund	<input type="checkbox"/> UTI-Master Plus Unit Scheme	<input type="checkbox"/> UTI-Services Industries Fund
<input type="checkbox"/> UTI-Contra Fund	<input type="checkbox"/> UTI-Mastershare Unit Scheme	<input type="checkbox"/> UTI-Top 100 Fund
<input type="checkbox"/> UTI-Dividend Yield Fund	<input type="checkbox"/> UTI-Master Value Fund	<input type="checkbox"/> UTI-Transportation & Logistics Fund
<input type="checkbox"/> UTI-Energy Fund	<input type="checkbox"/> UTI-Mid Cap Fund	<input type="checkbox"/> UTI-Wealth Builder Fund Series II
<input type="checkbox"/> UTI-Equity Fund	<input type="checkbox"/> UTI-MNC Fund	
<input type="checkbox"/> UTI-India Lifestyle Fund	<input type="checkbox"/> UTI-Nifty Index Fund	
<input type="checkbox"/> UTI-Infrastructure Fund	<input type="checkbox"/> UTI-Opportunities Fund	

OPTION (for all schemes) ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment (Default is growth option)

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 Securities Limited	Depository Name _____
	DP ID No. _ _ _ _ _ _ _ _ _		Target ID No. _ _ _ _ _ _ _ _ _
	Beneficiary Account No. _ _ _ _ _ _ _ _ _		

Enclosures : ☐ Client Master List (CMI) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

Name	F	I	R	S	T			M	I	D	D	L	E							L	A	S	T
Address:																							
Relationship with the applicant (optional)								Email									Mobile						

Annual Income of First Individual Applicant (Please (✓) ☐ < 5 Lacs ☒ > 5 Lacs - < 15 Lacs ☐ > 15 Lacs - < 25 Lacs ☐ > 25 Lacs)

STATUS			MODE OF HOLDING			OCCUPATION			
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> AOP	<input type="checkbox"/> Single	<input type="checkbox"/> Anyone or survivor	<input type="checkbox"/> Joint	<input type="checkbox"/> Business	<input type="checkbox"/> Professional		
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> BOI	MARITAL STATUS			<input type="checkbox"/> Student	<input type="checkbox"/> Housewife		
<input type="checkbox"/> HUF	<input type="checkbox"/> Society	<input type="checkbox"/> FII				<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Retired
<input type="checkbox"/> Partnership	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NRI				<input type="checkbox"/> Wedding D D M M Anniversary		<input type="checkbox"/> Self-employed	<input type="checkbox"/> Service
<input type="checkbox"/> Trust	<input type="checkbox"/> Others _____							Others _____	

☐ 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="dd"/> <input type="text" value="mm"/> <input type="text" value="yy"/> <input type="text" value="yy"/> (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

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 NRIs). 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).

* 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. (If you wish to receive in physical form please tick ☐)

First Applicant Details	Mobile Number	Tel. (R)	STD CODE		*E mail
		No. (O)	STD CODE		Alternate E-mail

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

Signature of 2nd Applicant
Name of 2nd Authorised Signatory

Signature of 3rd Applicant
Name of 3rd Authorised Signatory

Designation

Designation

Designation

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 Private Limited, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081. Tel. 040-23421944 to 47, Fax: 040-23115503,
E-mail: uti@karvy.com