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Signa	ature of 1st A	Applicant /	Guardian			Sign	ature of 2nd	l Applie	cant		-		Sigr	ature of	i 3rd Ar	oplicant	1	
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I AM A FIRST 150 will be deduc	TIME INVESTO			cription of	₹ 10,000 and	above	OR	₹ 100	I AM AN E				JTUAL FUN harges per		ption of	₹ 10,00	0 and ab	ove
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PPLICANT'S	PERSONA		LS	Mr.	Ms.	Mrs.	M/s.								* Den	otes Ma	andator	y Fields
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							Date of E	Birth							М	andato	ory for m	ninors
irst Applicant	's Address	s (Do not	repeat the	e name)	Name & A	ddress	s of reside	nt rel	ative in	India (	for NR	ls) (P.	O. Box I	No. is n	ot suff	icient)		
/illage/Flat/Bldg Street/Road/Are																		
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AME IN FULL OF		• •	OTHER/ GU	IARDIAN	(If Minor)\$\$ /	Contact	Person And	Design	ation - For	Instituti	onal Ap	plicants	/ Alternat	e Applica	ant (in c	ase of l	JBF / MI	S / MUS
\$ Proof of date of	of birth and p	roof of rela	ationship w	ith minor	to be attach	ed or els	se sign the c	leclara	tion on the	e revers	se					(R	lefer ins	truction
ETAILS OF O	THER APP	LICANT	S															
ame of 2nd	Applicant	t 🛄 Mr.	Ms	М	rs. 🗌 M/	s.		Date	e of Birth	of 2nd	Applica	int						
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ame of 3rd	Applicant	t 🛄 Mr.	Ms	M	Irs M.	/s.		Dat	e of Birth	of 3rd	Applica	int						
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Required for MI	CRO Investr	ment upto	₹ 50,000/	(refer ins	struction 'q')								,		Ū			
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BANK P	ARTICU	LARS OF 1	ST APPLICANT (Mandat	torv as per SEBI (	Guidelin	es)			
Bank Na				, , , , , , , , , , , , , , , , , , , ,		,	Branch		
Address									
	-	City		Pir	ו*		MICR Co (this is a		xt to your cheque number)
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		•	R "DIRECT PLAN" PLEAS		TICK SC	CHEME, PLAN/OP	TION / SUB-C	OPTION GIVEN BE	LOW) (Refer Instruction 'j')
	RTS		UTI-GILT ADVANTAGE F	UND-LTP 🗌 UTI-I	MAHILA	UNIT SCHEME		ITHLY INCOME SC	HEME
		C	Growth		end Paye	out	Dividend	Reinvestment	(Default-Growth Option/Plan)
UTI-G	G-SEC FL	JND-STP (	) Growth O Daily	Dividend Reinvestm	ent	O Periodic Div	vidend Payout		c Dividend Reinvestment (Default-Growth Option)
UTI-N	/IS-ADV/		) Growth Plan	O Mont	hly Div. F	Plan Payout	O Monthly I	Div. Plan Reinvestm	ent
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		-	) Half Yearly Div. Reinvestr	ment OAnnu	al Div. Pa	avout	Annual D	iv. Reinvestment	
		Ċ	) Flexi Div. Payout	◯ Flexi	Div. Reir	nvestment	ex	cept for UTI-STIF whe	(Default-Growth Option/Sub Option ere the default is Qtly. Div. Sub Option)
UTI-B	BOND FU	ND	UTI-DYNAMIC BOND FL	JND					
		C	Growth	◯ Quar	terly Div.	Payout	O Quarterly	Div. Reinvestment	
		C	) Half Yearly Div. Payout	O Half	Yearly Di	v. Reinvestment	O Annual D	iv. Payout	
		C	Annual Div. Reinvestmen	t 🔿 Flexi	Div. Pay	out	O Flexi Div.	Reinvestment	(Default-Growth Option)
UTI-F		G RATE FUN	ID-STP UTI-LIQUID	CASH PLAN	-	ONEY MARKET F		TI-TREASURY AD	VANTAGE FUND
UTI-N	NEDIUM .					nvestment <sup>&amp;&amp;&amp;</sup>	⊖ Weekly E	Niv Dovout <sup>&amp;&amp;</sup>	
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			) Annual Div. Payout		-	einvestment	Flexi Div.	-	
		-	) Flexi Div. Reinvestment			cinvestment	•		er UTI-FRF, UTI-MMF & UTI-MTF)
			)						stment under UTI-LCP & UTI-TAF)
&&& D	/eekly Div aily Div. F	Reinvestmen	ntion <b>NOT</b> available under L t, Weekly Div. Reinvestmer various Options / Sub Opti	nt, Fortnightly Div. Pa	ayout & F	•			e under UTI-Medium Term Fund
		TURITY PL		ES (YFMP)	HALF YE	EARLY SERIES (H	IFMP) 🔿	QUARTERLY SER	IES (QFMP)
		C	) Growth		end Paye	out	Oividend	Reinvestment	(Default-Growth Option)
Cheque /	/ DD shou	uld be drawn	in favour of UTI-Fixed Mat	urity Plan – YFMP (r	nm/yy) /	HFMP (mm/yy) / C	QFMP (mm/yy-	Plan No.)	
			mership (Please tick a r the threshold limit p	•••••		-	-		nership percentage/interest (Refer instruction q)
	Catego	vry	Unlisted company	Partnershi Firm	p	Unincorpo Associatio	on/Body of	Trust	Foreign Investor \$\$\$
Owners @@@	ship per	cent	>25%	>15%		>15%	%	>=15%	
@@@ O by the inv		ip percenta	ge of shares/capital/pro	fits/property of jur	idical pe	erson/interest in	the Trust as	on the date of th	e application shall be furnished
In case of	of any c	-	he beneficial ownership				-		to SAI/relevant Addendum. r / KRA as may be applicable
Details of	f Benefi	cial Owners	ship (Please attach a se	parate sheet with	this for	mat if the space	provided is	insufficient)	
Sr. No.			Name			Address		ails of Identity ch as PAN / Passport	% of ownership
1									
2									
3									
(Please a	attach se	elf attested	copy of PAN/Passport (	proof of photo ide	entity) al	ong with applica	ition form]		

Unitholding Option		emat Mode	Physic	al Mode	(Ava	ailable under all sche	me except UTI-CRTS, UTI-MUS	& UTI-FMP)
DEMAT ACCOUNT D of the Depository Parti			•			•	es with that of the account held w	vith any one
National Depository	Namo			Central				
Socurition				Depository	Depository Na	ame		
Depository				Services	Target ID No.			
Limited Beneficiary Account No				(India) Limited				
Enclosures : Clie	ent Master List (Cl	ML) 🗌 Transa	ction cum Holding S	tatement	Delivery Ins	struction Slip (DIS)		
FRIEND IN NEED DE the following person t				ite with me/	us at my / our	registered address,	I / we authorize UTI MF to corre (refer inst	spond with ruction - k)
Name	RST		MID	DL	E		L A S	т
Address:								
Relationship with the appli	cant (optional)		Email			Mobile		
GENERAL INFORM		e (√) wherever	annlicable					
_	_			dian 🗌		Dortoo	mbin Trust	
STATUS:	Resident In Sole Propri		/linor through guard Society / Club		HUF Body Corpora	te Partnei	rship Trust BOI	
	FPI	· 🗌 N	IRI		Foreign Nation	als## 📃 Listed	Company 🗌 LLP	
		ot for Profit'^^ Co ase specify)	mpany		Other Unlisted C	Company 🔄 PIO		
## OCBs are not all	lowed to inves	t in units of any fined under Con	of the schemes on panies Act (Act	of UTI MF. of 1956/201	(3).			
OCCUPATION:	Business		tudent		Agriculture	Self-em	ployed Professi	onal
	Housewife Forex Deale	=	etired Others (Please sp		Private Sector	Service Dublic S	ector Service Governn	nent Service
MODE OF HOLDING:	Single		invone or survivor		Joint	First ho	older or Survivor (for UTI MUS)	
MARITAL STATUS:	Unmarried		Narried		Wedding Ann		M	
OTHER DETAILS (M	ANDATORY)							
			FOI	R INDIVIDU	ALS ONLY			
1 <sup>st</sup> Applicant:	• –		tails Please tick (	<b>√</b> )	1			
		w 1 Lac	☐ 1-5 lacs		5-10 Lacs	10-25 Lacs	□ >25 Lacs - 1 Crore □ >	1 Crore
Net-worth in ₹		(Net worth shou	ld not be older thar	-		as on (date)		
	(B) Please tio	ck if applicable:	Politically Ex	posed Pers	son (PEP)	Related to a F	Politically Exposed Person (PEP) of PEP, please refer instruction to	<i>v</i> <sup>1</sup> )
	.,	r information:				(FOI delimition		x ).
2 <sup>nd</sup> Applicant:	()	nual Income De		Г	5 40 1		>25 Lacs - 1 Crore >	1.0
		w 1 Lac	1-5 lacs		5-10 Lacs	10-25 Lacs	>25 Lacs - 1 Crore >	-1 Crore
Net-worth in ₹			ld not be older thar			as on (date)		
			Politically Ex	cposed Pers	son (PEP)	Related to a F	Politically Exposed Person (PEP)	
3 <sup>rd</sup> Applicant:	· · ·	r information: nual Income De	tails					
	• /	w 1 Lac	1-5 lacs		5-10 Lacs	10-25 Lacs	□ >25 Lacs - 1 Crore □ >	1 Crore
Net-worth in ₹				[OR] 1 1 vear)	]	as on (date)		
	(B) Please tic	k if applicable:	Politically Ex		son (PEP)		Politically Exposed Person (PEP)	
	(C) Any othe	r information: _	500 1					
	(A) Gross Ar	nual Income De			DUALS ONLY			
	· /	w 1 Lac	1-5 lacs		5-10 Lacs	10-25 Lacs	□ >25 Lacs - 1 Crore □ >	1 Crore
Nat-worth in ₹					]	as on (data)		
Net-worth in ₹	(B) Is the entit		viding any or the foll		es	as on (date)		
			anger Services			ambling/Lottery Services (	e.g. casinos, betting syndicates) 🗌 YES	S 🗌 NO
		ending / Pawning r information:		YES 🗌 NO				
			=					
							• <b>· · · · ·</b> · · · · · · · · · · · · · ·	
UTI Mutual Fund				-	DGEMEN	•	. No. 2016/	
Haq, ek behtar zindagi ka.			(.0.001			<b>-</b> ,		]
Received from Mr / M		[						
An application under						(scheme name)		
along with Cheque <sup>s</sup> /DD <sup>s</sup> Ref. No./Unique Serial N				da	ated			
Drawn on (Bank)	. /						Stomp of LITLAMO OF	ffico/
for ₹ (in figures)							Stamp of UTI AMC Of Authorised Collection C	
<sup>\$</sup> Cheques and drafts ar	re subiect to rea	lisation.					L	

DETAILS UNDER FATCA (FOREIGN TAX COMPL	IANCE ACT) AND CRS (COM	IMON REPORTING STAN	DARD)	(Refer Instruction 'z'
nformation to be provided by all Applicants	s in the same sequence of	of Names as given in tl	his Application form	1
Are you a tax resident of any country other that	n India ?			
f <b>No</b> , please tick here: First Applicant	Second Applicant	t Third Applic	cant	
f <b>yes</b> , please fill in the Particulars in the prescr	ribed Form for FATCA/CRS	S and attach it with this <i>i</i>	Application Form.	
NOMINATION DETAILS (Please ✓) (please sign	•	•		
I/We hereby nominate the undermentioned No all payments and settlements made to such No Mutual Fund / Trustee.	ominee to receive the amount ominee and signature of the N	s to my / our credit in the e ominee acknowledging rec	event of my / our death. eipt thereof, shall be a v	I/We also understand that valid discharge by the AMC.
Name and Address of Nominee		To be furnished in case	e nominee is a minor	
Name Date of Birth dddmmmyyyyy		Name of the guardian		
(in case of nominee is a minor)				
Address with pin code		Signature of Nominee / g (for minor)	guardian	
Investors who wish to nominate two or three person	is may fill in the separate form		nd attach it with this appl	ication form.
I/We do not wish to nominate				
Signature of 1st Applicant / Guardian	Signature of 2	nd Applicant	Signature	of 3rd Applicant
DECLARATION AND SIGNATURE OF APPLICA	NT/s			
ARN holder has disclosed to me/us all the cor competing Schemes of various Mutual Fund- ve are Non-Residents of Indian Nationality / rom my / our NRE / NRO Account. I / We und	s from amongst which th / Origin and that the fund dertake to provide further	e Scheme is being rec ls are remitted from ab r details of source of fu	commended to me/u proad through appro inds and any such o	s. • I / We confirm th ved banking channels ther relevant document
competing Schemes of various Mutual Fund- ve are Non-Residents of Indian Nationality / rom my / our NRE / NRO Account. I / We und f called for by UTI Mutual Fund. (Applicable n whose name the application is made. The of late of birth and relationship with minor child <b>OPTION FOR DESPATCH OF STATEMENT</b> ☐ Through email∞  SoA in Physical Form	s from amongst which th / Origin and that the fund dertake to provide further for NRIs) • I hereby soler date of birth stated by me d. (Strike out if this declar <b>OF ACCOUNT (SoA)</b> At my Overseas address as mention ort, Transaction confirmation, communi	e Scheme is being rec Is are remitted from ab r details of source of fu mnly declare that I am e is true and correct. I d ration is not applicable oned above®	commended to me/u proad through appro inds and any such o the father/mother/gu do not have any doc ) tched to my resident relative's a ange of bank details etc. throu	s. • I / We confirm the ved banking channels ther relevant document uardian of the minor ch uments in support of the ddress in India as mentioned above ugh email only at the below email
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