



**INVESTMENT DETAILS** (Please ✓)

**UTI-G-Sec Fund**  Investment Plan  Short Term Plan (Default Plan / Option - Investment Plan & Growth Option)  
 Dividend Option\*  Growth Option

**UTI-Bond Fund**  **UTI-MIS**  **UTI-Mahila Unit Scheme**  **UTI-CRTS** (Default Option - Growth Option)  
 Dividend Option\*  Growth Option \$

\$ I/We wish to opt for **Systematic Withdrawal Plan under Growth Option** of  **UTI-Bond Fund**  **UTI-Monthly Income Scheme (MIS)**  **UTI-CRTS** as under :

Fixed Withdrawal Plan  Monthly Payment : Rs. \_\_\_\_\_  Quarterly Payment : Rs. \_\_\_\_\_  
 Variable Withdrawal Plan (available under UTI-Bond Fund only)

**UTI-Liquid Fund**  Cash Plan (Regular)  Dividend  Monthly  Growth  
 Cash Plan (Institutional)  Dividend Option  Daily  Weekly  Monthly\*  Growth Option

**UTI-Short Term Income Fund**  Regular Option  Institutional Option  
 Monthly Dividend Sub Option\*  Growth Sub Option

(Default Plan - Cash Plan (Regular), Default Option - Dividend Option (Daily Reinvestment) under Cash Plan and Dividend Option (Reinvestment) under UTI-Short Term Income Fund)  
 [For Rs. 1 crore and above default is Cash Plan (Institutional)]

**UTI-GILT Advantage Fund-LTP**  Growth Plan  Dividend Plan\*  PF Plan  Growth Option  Dividend Option\*  
 Prescribed Date Auto Redemption Option (PDAR) #  
 Prescribed Appreciation Auto Redemption Option (PAAR) # # both options available under PF Plan  
 Payout  Reinvestment  Principal Amount  Whole Amount  
 In case of PDAR please specify a 'Desired Maturity Date'          
 In case of PAAR please specify a 'Desired Appreciation Rate' \_\_\_\_\_ % (Default Plan - Growth Plan)

**UTI-Treasury Advantage Fund**  Growth  Daily Dividend  Weekly Dividend\*  Monthly Dividend\*  Quarterly Dividend\*  Annual Dividend\*  Bonus (Default - Daily Div. Plan / Option)  
 Institutional Plan  Growth Option  Daily Dividend  Weekly Dividend\*  Monthly Dividend  Quarterly Dividend\*  Annual Dividend\*  Bonus Option

**UTI-MIS-Advantage Plan**  Growth Plan  Monthly Dividend Plan\*  Flexi Dividend Plan\*  Monthly Payment Plan (Default Option - Growth Option)

**UTI-Money Market Fund**  Regular Plan  Institutional Plan (Default Option - Growth Option)  
 Daily Dividend Option  Weekly Dividend Option\*  Growth Option

**UTI-Floating Rate Fund (STP)**  Regular Plan  Institutional Plan (Default Option - Growth Option)  
 Daily Dividend Option  Weekly Dividend Option\*  Growth Option

**UTI-Fixed Maturity Plan (Use separate application form for each series)**  
**Cheque / DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HFMP (mm/yy) / QFMP (mm/yy-Plan No.)**  
 Regular Plan  Institutional Plan (Default Plan - Regular Plan)  
 Yearly Series (YFMP)  Half Yearly Series (HFMP)  Quarterly Series (QFMP) (Rs. 1 crore and above default is Institutional)  
 Growth Option  Dividend Option (Default Option - Growth Option)

**UTI-VIS-ILP**  Growth Option  Dividend Option\* (Default Option - Growth Option)

\* Please tick your option for **Dividend Plan / Option / Sub-option**  Dividend Payout  Dividend Reinvestment

Investor opting for SIP, STRIP, UTI - STRIP Advantage, SWP & Trigger Facility may fill in **Separate Form/s** prescribed for the same & attach with this application form.

**NOMINATION DETAILS**

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	Date of Birth (in case of nominee is a minor) <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"/>	Name of the guardian
Address		Address of guardian
		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 herewith.

**DECLARATION AND SIGNATURE OF APPLICANT/s**

I / We have read and understood the contents of the Scheme Information Document 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 confirm that we are Non-Residents or 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

<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><b>Signature of 1st Applicant / Guardian</b> Name of 1st Authorised Signatory</p> <hr/> <p>Designation _____</p>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><b>Signature of 2nd Applicant</b> Name of 2nd Authorised Signatory</p> <hr/> <p>Designation _____</p>	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p><b>Signature of 3rd Applicant</b> Name of 3rd Authorised Signatory</p> <hr/> <p>Designation _____</p>
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**Notes :**

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the Registrar.
3. 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@kary.com



## COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME  
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr.No. 2009/

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units)				
ARN	Broker Name	Sub-Broker Code/ Bank Branch Code	M O Code	UTI RM No.

CR / CA Code	For Chief Representative	
	DD Amount	
	DD Charges	
	Total	
DD No.:	Dated:	Drawn on:

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Have you invested in UTI MF earlier.  Yes  No

If yes, please provide : Scheme Name ..... Folio ..... (Optional)

**APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters)**  Mr.  Ms.  Mrs.

Name of First Applicant

\_\_\_\_\_ 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 \_\_\_\_\_  
 City\* \_\_\_\_\_ State \_\_\_\_\_ Pin\* \_\_\_\_\_  
 Tel.No.(R) STDCODE \_\_\_\_\_ (0) STDCODE \_\_\_\_\_ Mobile \_\_\_\_\_  
 e-mail \_\_\_\_\_ Alternate e-mail \_\_\_\_\_

**\*PAN OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**

\_\_\_\_\_ Enclosed  PAN Card Copy Please (✓) **Know Your Customer (KYC)**  
 KYC Mandatory for Investment of Rs.50,000 & above  
 Copy of KYC acknowledgement enclosed  Yes  No

If you wish to receive the following via e-mail Please (✓)(Refer instruction k)

Account Statement  Annual Report  Transaction Confirmation  Communication of change of address, bank details etc.

**OVERSEAS ADDRESS** (Overseas address is mandatory for NRI / FII applicants in addition to mailing address in India)

\_\_\_\_\_ City\* \_\_\_\_\_  
 State \_\_\_\_\_ Country\* \_\_\_\_\_ Zip/Pin\* \_\_\_\_\_

**NAME IN FULL OF THE FATHER/MOTHER OR 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 \_\_\_\_\_

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT**

Applicant's address / (for NRIs) At my Overseas address as mentioned above  (for NRIs) To be despatched to my resident relative's address in India as given above

**DETAILS OF OTHER APPLICANTS**

Name of 2nd Applicant  Mr.  Ms.  Mrs. Date of Birth of 2nd Applicant d d m m y y y y  
 \_\_\_\_\_ F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ L A S T \_\_\_\_\_

**\*PAN of 2nd Applicant** Enclosed  PAN Card Copy Please (✓) **Know Your Customer (KYC)**  
 KYC Mandatory for Investment of Rs.50,000 & above  
 Copy of KYC acknowledgement enclosed  Yes  No

Name of 3rd Applicant  Mr.  Ms.  Mrs. Date of Birth of 2nd Applicant d d m m y y y y  
 \_\_\_\_\_ F I R S T \_\_\_\_\_ M I D D L E \_\_\_\_\_ L A S T \_\_\_\_\_

**\*PAN of 3rd Applicant** Enclosed  PAN Card Copy Please (✓) **Know Your Customer (KYC)**  
 KYC Mandatory for Investment of Rs.50,000 & above  
 Copy of KYC acknowledgement enclosed  Yes  No

**PAYMENT DETAILS**

Cheque / DD* No. _____	Amt. of investment (i) _____	*Please mention the application No. on the reverse of the cheque/DD. Cheque/DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"
Date _____	DD Charges if any (ii) _____	
Bank _____	Net amount paid (i-ii) _____	
Branch _____	Amt in words _____	
Account Type Please (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad		

**ONLINE ACCESS**

I/We wish to access the account online through 'invest@uti' at www.utimf.com.  
 I/We have read and understood terms & conditions available at www.utimf.com and agree to abide by the same concerning all my/our folios.



### ACKNOWLEDGEMENT (To be filled in by the Applicant)

Sr.No. 2009/

Received from Mr / Ms / M/s \_\_\_\_\_  
 An application under \_\_\_\_\_ (scheme name)  
 along with Cheque / DD No.\* \_\_\_\_\_ dated \_\_\_\_\_  
 Drawn on (Bank) \_\_\_\_\_  
 for Rs. (in figures) \_\_\_\_\_

Stamp of UTI AMC Office/Authorised Collection Centre

\* Cheques and drafts are subject to realisation.

**INVESTMENT DETAILS (Please ✓)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> UTI-Balanced Fund       | <input type="checkbox"/> UTI-Leadership Equity Fund  | <input type="checkbox"/> UTI-MNC Fund   | <input type="checkbox"/> UTI-Services Industries Fund        |
| <input type="checkbox"/> UTI-Banking Sector Fund | <input type="checkbox"/> UTI-Master Index Fund       | <input type="checkbox"/> UTI-Nifty Index Fund   | <input type="checkbox"/> UTI-Top 100 Fund                    |
| <input type="checkbox"/> UTI-Contra Fund         | <input type="checkbox"/> UTI-Master Plus Unit Scheme | <input type="checkbox"/> UTI-Opportunities Fund   | <input type="checkbox"/> UTI-Transportation & Logistics Fund |
| <input type="checkbox"/> UTI-Dividend Yield Fund | <input type="checkbox"/> UTI-Mastershare Unit Scheme | <input type="checkbox"/> UTI-Pharma & Healthcare Fund                                   | <input type="checkbox"/> UTI-Wealth Builder Fund Series II   |
| <input type="checkbox"/> UTI-Energy Fund         | <input type="checkbox"/> UTI-Master Value Fund       | <input type="checkbox"/> S&P CNX NIFTY UTI NOTIONAL DEpository Receipts Scheme (SUNDER) |  |
| <input type="checkbox"/> UTI-Equity Fund         | <input type="checkbox"/> UTI-Mid Cap Fund            |   |  |
| <input type="checkbox"/> UTI-Infrastructure Fund |  |   |  |

Plan available only under UTI-Banking Sector Fund and UTI-Wealth Builder Fund Series II.

Regular/Retail Plan  Institutional Plan (Minimum is Rs.5 crore under UTI-Banking Sector Fund and Rs.1 crore under UTI-Wealth Builder Fund Series II). (Default is Regular/Retail Plan. However, if the application is for amounts of Rs.5 crore / Rs.1 crore and above the default Plan is the Institutional Plan.)

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

I wish to Opt for Systematic Investment Plan (SIP).  I wish to Opt for Automatic Trigger Facility.

(Investor opting for Systematic Investment Plan (SIP) & / or Automatic Trigger Facility may fill in separate form/s prescribed for the same & attach with this application form.

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

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

Annual Income of First Individual Applicant (Please (✓)  < 5 Lacs  > 5 Lacs - < 15 Lacs  > 15 Lacs - < 25 Lacs  > 25 Lacs \* Denotes Mandatory Fields

**GENERAL INFORMATION - Please (✓) wherever applicable**

<b>Status</b>	Resident Individual <input type="checkbox"/>	Minor through guardian <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>
	Company <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Society <input type="checkbox"/>	Body Corporate <input type="checkbox"/>	AOP <input type="checkbox"/>
	BOI <input type="checkbox"/>	FII <input type="checkbox"/>	NRI <input type="checkbox"/>	Others <input type="checkbox"/>	
<b>Mode of Holding</b>	Single <input type="checkbox"/>	Anyone or survivor <input type="checkbox"/>	Joint <input type="checkbox"/>		
<b>Occupation</b>	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"/>	Service <input type="checkbox"/>	Others <input type="checkbox"/>	
<b>Marital Status</b>	Unmarried <input type="checkbox"/>	Married <input type="checkbox"/>	Wedding Anniversary <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**NOMINATION DETAILS**

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 (in case nominee is a minor)		Address of guardian
Address		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.

**DECLARATION AND SIGNATURES 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 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

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

Designation \_\_\_\_\_

**Signature of 2nd Applicant**  
Name of the 2nd Authorised Signatory

Designation \_\_\_\_\_

**Signature of 3rd Applicant**  
Name of the 3rd Authorised Signatory

Designation \_\_\_\_\_

**Notes:**

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority.
- Please ensure that all PAN details are given, failing which your application will be rejected (PAN not applicable for Micro SIP).**
- All communications 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.**  
Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081  
Tel.: 040-23421944 to 47 Fax: 040-23115503 Email: uti@karvy.com



