



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM FOR EQUITY, INDEX (EQUITY) AND HYBRID SCHEMES

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

Sr.No. 2023/

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]

Table with columns: ARN/RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/Bank Branch Code, M O Code, EUI No., UTI RM No., BDA / CA Code

^ 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.
@ I/We confirm that the EUI box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above OR ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

Existing Unit Holder information : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s * Denotes Mandatory Fields

Name of First Applicant
F I R S T L A S T Date of Birth d d m m y y y y Mandatory for minors
Date of birth will be taken as per the KYC record (Not applicable for minor child)

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

Mr. Ms. Mrs.
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').

*PAN/PEKRN\$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

First Applicant's Address (Do not repeat the name) Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*
Street/Road/Area/Post
City/Town* State Pin*

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

State Country* City* Zip/Pin*

DETAILS OF OTHER APPLICANTS

Mode of Holding: Joint Anyone or Survivor (Default - Joint holding)

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

*PAN/PEKRN\$ OF 2ND APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant
F I R S T M I D D L E L A S T

*PAN/PEKRN\$ OF 3RD APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE (please ✓) NRO DD issued from abroad
Date Amt. of investment (i)
Bank DD Charges if any (ii)
Branch Net amount paid (i-ii)
Amt. in words
* UTI Smart Form if already registered (Applicable for existing investors)
Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"
* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

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

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

Account type (please ✓) Savings Current NRO NRE

Account No.

INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)

Equity Schemes:

<input type="checkbox"/> UTI Mastershare Unit Scheme	<input type="checkbox"/> UTI India Consumer Fund	<input type="checkbox"/> UTI Nifty 200 Momentum 30 Index Fund
<input type="checkbox"/> UTI Core Equity Fund	<input type="checkbox"/> UTI Infrastructure Fund	<input type="checkbox"/> UTI S&P BSE Low Volatility Index Fund
<input type="checkbox"/> UTI Flexi Cap Fund	<input type="checkbox"/> UTI MNC Fund	<input type="checkbox"/> UTI Nifty Midcap 150 Quality 50 Index Fund
<input type="checkbox"/> UTI Focused Equity Fund	<input type="checkbox"/> UTI Banking and Financial Services Fund	
<input type="checkbox"/> UTI Mid Cap Fund	<input type="checkbox"/> UTI Healthcare Fund	
<input type="checkbox"/> UTI Small Cap Fund	<input type="checkbox"/> UTI Transportation and Logistics Fund	
<input type="checkbox"/> UTI Value Opportunities Fund	Index Schemes:	
<input type="checkbox"/> UTI Dividend Yield Fund	<input type="checkbox"/> UTI S&P BSE Sensex Index Fund	
<input type="checkbox"/> UTI Long Term Equity Fund (Tax Saving)	<input type="checkbox"/> UTI Nifty 50 Index Fund	
	<input type="checkbox"/> UTI Nifty Next 50 Index Fund	

Hybrid Schemes:

<input type="checkbox"/> UTI Arbitrage Fund
<input type="checkbox"/> UTI Equity Savings Fund
<input type="checkbox"/> UTI Regular Savings Fund
<input type="checkbox"/> UTI Hybrid Equity Fund
<input type="checkbox"/> UTI Multi Asset Fund

PLAN (For All Schemes) Regular Plan Direct Plan (refer instruction 'j')

OPTION

- For All Schemes** (except UTI Regular Savings Fund and UTI Equity Savings Fund)
 - Growth IDCW (Payout) IDCW (Reinvestment) [not available under UTI LTEF (Tax Saving), UTI Small Cap Fund and UTI Focused Equity Fund]
- For UTI Regular Savings Fund**
 - Growth Monthly IDCW (Payout) Monthly IDCW (Reinvestment)
 - Flexi IDCW (Payout) Flexi IDCW (Reinvestment) Monthly Payment (Default-Growth)
- For UTI Equity Savings Fund**
 - Growth IDCW (Payout) IDCW (Reinvestment) Monthly IDCW (Payout)
 - Monthly IDCW (Reinvestment) Quarterly IDCW (Payout) Quarterly IDCW (Reinvestment) (Default-Growth)

Unitholding Option Physical Mode Demat Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

DEMAT ACCOUNT DETAILS - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

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

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

FRIEND IN NEED DETAILS In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (refer instruction - k)

Name

Address:

Relationship with the applicant (optional) Email Mobile

DETAILS OF BENEFICIAL OWNERSHIP (Please tick applicable category).

Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction q)

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

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

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about such change.

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

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

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

Note : IDCW - Income Distribution cum Capital Withdrawal

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: Resident Individual Minor through guardian HUF Partnership Trust
 Sole Proprietorship Society / Club Body Corporate AOP BOI
 FPI NRI Foreign Nationals^{##} Listed Company LLP
 Unlisted 'Not for Profit'^{^^} Company Other Unlisted Company PIO
 Others (Please specify) _____

^{^^} 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

^{##} Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

OCCUPATION: Business Student Agriculture Self-employed Professional
 Housewife Retired Private Sector Service Public Sector Service Government Service
 Forex Dealer Others (Please specify) _____

MARITAL STATUS: Unmarried Married Wedding Anniversary

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

1st 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 ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 (For definition of PEP, please refer instruction 'x').

(C) **Any other information:** _____

2nd 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 ₹ _____ (Net worth should not be older than 1 year) as on (date)

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

(C) **Any other information:** _____

3rd 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 ₹ _____ (Net worth should not be older than 1 year) as on (date)

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

(C) **Any other information:** _____**FOR NON-INDIVIDUALS ONLY**

(A) **Gross Annual Income Details**
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore

[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Is the entity involved in / providing any of the following services**

- Foreign Exchange / Money Changer Services YES NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) YES NO
 - Money Lending / Pawning YES NO

(C) **Any other information:** _____**DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)**

(Refer Instruction 'z')

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

Are you a tax resident of any country other than India ?

If **No**, please tick here: First Applicant Second Applicant Third ApplicantIf **Yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

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ACKNOWLEDGEMENT

(To be filled in by the Applicant)

[Investment in UTI-LTEF (Tax Saving) is eligible for deduction under section 80C Sr. No. 2023/ of the Income Tax Act, 1961]

Received from Mr / Ms / M/s

An application under

 (scheme name)along with Cheque[§]/DD[§]/NEFT/RTGS

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

 dated

Drawn on (Bank)

for ₹ (in figures)

Stamp of UTI AMC Office/
Authorised Collection Centre[§] Cheques and drafts are subject to realisation.

		UMRN											Date	DD	MM	YY	YY									
		Utility Code											<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel													
Sponsor Bank Code												I/We authorize UTI MUTUAL FUND														
To debit (tick✓)		SB / CA / CC / SB-NRE / SB-NRO / OTHER					Bank a/c number																			
with Bank												IFSC / MICR														
an amount of Rupees												₹														
Debit Type		<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount					Frequency					<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented														
Reference 1												Reference 2														
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.																										
From		DD	MM	YY	YY																					
To		3	1	1	2	2	0	9	9																	
Or		<input checked="" type="checkbox"/> Until Cancelled					Signature Primary Account holder					Signature of Account holder					Signature of Account holder									
Phone No.												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 & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

UTI SMaRT SIP Form™

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

ARN / RIA	EJUN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

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

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

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

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

My Financial Goal for this SIP (choose anyone)

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

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

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/We would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP, I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form with 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/scheme of the UTI MF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

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

1st Unit Holder / Guardian	2nd Unit Holder	3rd Unit Holder

Unit Holding Option : Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of name to mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted below. (Investor client ID should be printed in proof.)

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



Haq, ek behtar zindagi ka.

UTI SMaRT SIP Form TM

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

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

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

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

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

DETAILS OF SIP (For "DIRECT PLAN" please tick here & write the Scheme Name, Plan/Option below)

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)		Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)	
SIP / Micro SIP Date (Please tick)	01 07 15 25	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Post Dtd. Chq. Amt. (₹)
SIP / Micro SIP Period : Start from	M M Y Y	End On	M M Y Y
Cheque Nos. From		To	
Account No.		Drawn on	
Branch		PIN Code	
Mandatory Enclosure (if 1 st instalment is not by cheque)		<input type="checkbox"/> Bank cancelled cheque	<input type="checkbox"/> Copy of cheque

1st Unit Holder / Guardian	2nd Unit Holder	3rd Unit Holder