

COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

Sr.No. 2009/

						ILLY TO HELP US S		⁷ Regi	strar Sr. N	NO.		
ADM	VFORMATION	(only empanel	led Distributors/Brok	ers will b	e permitted to di	stribute Units)	CR / CA C			Chief Rep	presentative	
ARN	Broker	Name	Sub-Broker (Bank Branch		M O Code	UTI RM No.			D Amount			
50000			Built Bruilon	0000			71		D Charges otal			
56003							DD No.:		Dated:	Draw	n on:	
Jpfront commissior	n shall be paid	directly by the	investor to the AM	FI registe	ered Distributors	based on the inves	stors' assessment of	various facto	rs including th	e service re	endered by th	e distributor
Have you invested	d in UTI MF ea	ırlier.	,	Yes		N	No					
f yes, please prov	vide : Scheme	Name					1	Folio				(Optional)
APPLICANT'S	PERSONA	L DETAILS	S (Please fill in	Block	k Letters)	Mr. Ms	s. Mrs.					
Name of First												
						Date of Birth			y N	landatory for	minors	
First Applicant	t's Address	(Do not re	peat the name)	Name	& Address	of resident rel	ative in India (f	or NRIs) (I	P.O. Box N	o. is not	sufficient)	
Village/Flat/Bld	g./Plot*											
Street/Road/Are	ea											
City*					State					Pin*		
Tel. No. (R)				(0)				Mobi	le			
e-mail					Alterr	nate e-mail						
*PAN OF 1ST	APPLICAN	IT/FATHER	/MOTHER/GU/	ARDIAI	N (whose pa	articulars are f	urnished in the	e form)				
			Enclosed		PAN Card Co	opy Please (√	Know Yo	ur Custom	er (KYC)	(D . 50 0	.00.0.1	
						· · · · · · · · · · · · · · · · · · ·	' KTC Wall	datory for I (YC acknov	nvestment o vledgement	enclosed	Yes	No
If you wish to r	eceive the f	ollowing via	a e-mail Please	(√)(R	efer instructi	on k)			-			
Account 9	Statement		Annual Report		Transactio	n Confirmation	Commi	unication o	f change o	f address	, bank det	ails etc.
OVERSEAS A	DDRESS (Overseas a	ddress is mand	latory f	for NRI / FII	applicants in ac	ddition to mailin	g address	in India)			
							City*					
State						Country*				Zip/Pin*		
	0F THE FAT	UED#40TUE	D OD OHADDIAN	(11) 0.5	0F 0F 141110F	N/ CONTACT DEE			DDLLOANTO	· .		
NAME IN FULL	OF THE FAIL	HER/MOTHE	R OR GUARDIAN	(IN CA	SE OF MINOR	R)/ CONTACT PER	SON FOR INSTIT	UTIONAL A	PPLICANTS	Mr.	Ms.	Mrs.
OPTION FOR	DESPATCE	H OF STAT	EMENT OF AC	COUN	IT							
Applicant'	s address / (for	NRIs) At my (Overseas address a	s mentior	ned above		(for NRIs) To be de:	spatched to my	resident relativ	e's address	in India as give	n above
DETAILS OF	OTHER AR	DIICANTS										
Name of 2nd A		FLICANIS										
Ivallic of Zilu A		Mr	Me Mre				Date of Riv	th of 2nd A	pplicant	d d m		
			Ms. Mrs.				Date of Bir	th of 2nd A	pplicant	d d m		/
	I R S						Date of Bir	th of 2nd A	pplicant	d d m		' y y
*PAN of 2nd Ap	I R S						Know	Your Custo	omer (KYC)			' y y
	I R S				DDDL		Know `(✓) KYC M	Your Custo		t of Rs.50),000 & abo	
*PAN of 2nd Ap	pplicant		Enclosed				Know Y (✓) KYC Ma Copy of	Your Custo andatory fo f KYC ackn	omer (KYC) r Investmen owledgeme	t of Rs.50	0,000 & abo	
	pplicant	T T			PAN Card C	opy Please	Know Y (✓) KYC Ma Copy of	Your Custo	omer (KYC) r Investmen owledgeme	t of Rs.50	0,000 & abo	
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INVESTMENT DETA	AILS (Please 🗸)												
UTI-Balanced Fund		UTI-I	Leadership Equity Fund		UTI-MNC I	Fund			UTI-S	Services Industrie	es		
UTI-Banking Sector	UTI-Banking Sector Fund UTI-Master				UTI-Nifty Index				Fund				
UTI-Contra Fund			Master Plus Unit Scheme		ш	tunities Fun				op 100 Fund			
UTI-Dividend Yield	Fund	ш -	Mastershare Unit Scheme			a & Healtho				ransportation &			
UTI-Energy Fund			Master Value Fund			NIFTY UTI			J	tics Fund Vealth Builder Fu	ınd		
UTI-Equity Fund	Gund	UII-I	Mid Cap Fund		(SUNDER)	Receipts S	cner	ne	Series		iliu		
UTI-Infrastructure F		Fund and	LITL Woolth Duilder Fund Ceri	- II	(00.152.1)					-			
•	· ·		UTI-Wealth Builder Fund Serion m is Rs.5 crore under UTI-Ba		n Soctor Fund ar	nd De 1 cror	n un	idar IITI Waalth Buil	dar Fi	und Sorios II) (I	Dofault is		
		•	ounts of Rs.5 crore / Rs.1 crore	•	•				uciii	unu Senes II). (i	Delault 13		
OPTION (for all schemes	s)	rowth	Dividend Payout		Dividen	d Reinvestm	nent ((Default is growth opt	ion)				
☐ I wish to Opt for Sys	stematic Investment	Plan (SIP).	☐ I wish to Opt for A	utom	atic Trigger Facil	ity.							
		` '	/ or Automatic Trigger Facility	,		orm/s prescr	ribed	for the same & attac	ch with	n this application	form.		
BANK PARTICULAR	S OF 1ST APPLIC	CANT (Ma	andatory as per SEBI Gu	ıidel	ines)								
Bank Name						Branch							
Address						MICR Co	de						
						(this is a	9-dig	jit number next to y	our ch	neque number)			
City		Pin*				IES Co	do						
Account type (please 🗸	() Savings	; <u> </u>	Current NRO		NRE	IFS Co	ue						
Account No.													
Annual Income of First	Individual Applican	t (Please (✓)	s - <	15 Lacs > 1	L	25 La	acs > 25 Lacs	* Der	notes Mandatory	Fields		
GENERAL INFORM										,			
Status	Resident Individ		Minor through guardian		HUF			Partnership	П	Trust			
	Company		Sole Proprietorship	$\frac{\square}{\square}$	Society			Body Corporate	$\overline{\Box}$	AOP	\dashv		
	BOI		FII		NRI		\equiv	Others	旹	17.01			
Mode of Holding	Single		Anyone or survivor	$\frac{\sqcup}{\Box}$	Joint			Others	ш				
Occupation			<u> </u>	$\frac{\sqcup}{\Box}$			<u> </u>	Calf amplayed	_	Drofossional	$\overline{}$		
Occupation	Business		Student	<u> </u>	Agriculture			Self-employed	<u> </u>	Professional	Ш		
	Housewife		Retired		Service	Others							
Marital Status	Unmarried		Married		Wedding Ann	niversary		D D M N					
		nd signatui	to receive the amounts to ne of the Nominee acknowled			, shall be a	valid		AMC /	Mutual Fund / T			
Name				Name of the guardian:									
Date of Birth (in case nominee is	a minor)			Address of guardian									
Address	Address			Signature of nominee/gua (For minor)				uardian					
Investors who wish to	nominate two or thr	ee person	s may fill in the separate fo	, ,		same and	atta	ich it with this appli	catior	n form.			
DECLARATION AND	SIGNATURES O	F APPLI	CANT/s										
Trustee of UTI Mutual Fund investment has been duly a I/We have not received nor The ARN holder has disclosamongst which the Scheme *I/We confirm that we are N	as indicated above. I/V uthorised by appropriat been induced by any ro- sed to me/us all the con- is being recommended lon-Residents of Indiar	Ve agree to a te authorities ebate or gifts mmissions (i d to me/us. n Nationality/	formation Document, Statement o abide by the terms and conditions, is in terms of all relevant documents, directly or indirectly in making in the form of trail commission or Origin and that the funds are rensuch other relevant documents, in	rules its and nvestr any o	and regulations of d procedural require ments. ther mode), payabl from abroad throug	the scheme a ements. e to him for to gh approved b	s on t he dif	he date of investment.	I/We u	ndertake to confirm	nthat this nds from nt. I/We		
•					of 2nd Applicant nd Authorised Signatory			Signature of 3rd Applicant Name of the 3rd Authorised Signatory					
Designation			Designation										
	*				- — — -		—		><	:	- — —		
Notes:	naamalete e !	ath	ulrement is and follow 1. 4		ination in III II	la be! :	ا- م						
 In case the applican Registrar quoting se Please ensure that 	t does not receive rial number, date of all PAN details ar relating to issue of	the Staten of acknowle re given, f	uirement is not fulfilled, the nent of Account within 30 da edgement and the name of failing which your applicat of Account, Change in Nam	ays fi the a	rom the date of accepting author will be rejected	acceptance ity. I (PAN not	of tapp	licable for Micro	SIP).				
			M/s. Karvy Comp	outer	share Pvt. Ltd.			500 004					