

# COMMON APPLICATION FORM FOR INCOME 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)					CR / CA Code	For Chief Representative	
ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code	UTI RM No.		DD Amount	
11295	Rajesh Kumar Sethi					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 No. \_\_\_\_\_ (Optional)

**APPLICANT'S PERSONAL DETAILS** (PLEASE FILL IN BLOCK LETTERS)  Mr.  Ms.  Mrs.  M/s. Date of Birth

**Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS)**

**Guardian Name (if Minor) / Contact Person and Designation - for institutional applicants / Alternate applicant (incase of UBF / MIS / MUS)**  Mr.  Ms.  Mrs.

**\*PAN OF 1st APPLICANT (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

**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) STD CODE - \_\_\_\_\_ (O) STD CODE - \_\_\_\_\_ Mobile \_\_\_\_\_  
e-mail \_\_\_\_\_ Alternate e-mail \_\_\_\_\_

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)

**DETAILS OF OTHER APPLICANTS**

**Name of 2nd Applicant**  Mr.  Ms.  Mrs.  M/s. Date of Birth

**\*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.  M/s. Date of Birth

**\*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

**Status**  Resident Individual  Minor through guardian  HUF  Partnership  Trust  
 Company  Sole Proprietorship  Society  Body Corporate  AOP  
 BOI  FII  NRI  Others (specify) \_\_\_\_\_

**Mode of Holding**  Single  Anyone or Survivor  Joint  First holder or Survivor (for UTI MUS)

**Occupation**  Business  Student  Agriculture  Self employed  Professional  
 Housewife  Retired  Service  Others (specify) \_\_\_\_\_

**Marital Status**  Unmarried  Married  Wedding Anniversary

**Annual Income of First Individual Applicant**  < 5 Lacs  > 5 Lacs - < 15 Lacs  > 15 Lacs - < 25 Lacs  > 25 Lacs

**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.

**BANK PARTICULARS (Mandatory as per SEBI guidelines)**

Bank Name	Branch	
Address	MICR Code	(this is a 9-digit number next to your cheque number)
City	*Pin	
Account type (please <input checked="" type="checkbox"/> <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	IFS Code	
Account No.		

**PAYMENT DETAILS**  
Cheque / DD# No. \_\_\_\_\_ Amt. of investment (i) \_\_\_\_\_ Account type (please   Savings  Current  NRE  
Date \_\_\_\_\_ DD Charges if any (ii) \_\_\_\_\_  NRO  DD issued from abroad  
Bank \_\_\_\_\_ Net amount paid (i-ii) \_\_\_\_\_  
Branch \_\_\_\_\_ Amt. in words \_\_\_\_\_

# 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"  
(Application Form continued on the reverse)

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**  
Received from Mr./Ms./M/s. \_\_\_\_\_  
An application under \_\_\_\_\_ Scheme Name \_\_\_\_\_  
alongwith Cheque / DD No.\* \_\_\_\_\_ Dated \_\_\_\_\_  
Drawn on (Bank) \_\_\_\_\_  
for Rs. (in figures) \_\_\_\_\_  
\* Cheque and drafts are subject to realisation  
Stamp of UTI AMC Office / Authorised Collection Centre



**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' | d | d | m | m | y | y | y | y |  
 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)   d   d   m   m   y   y   y   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

\_\_\_\_\_  
 Signature of 1st Applicant / Guardian

\_\_\_\_\_  
 Signature of 2nd Applicant

\_\_\_\_\_  
 Signature of 3rd Applicant

Name of 1st Authorised Signatory

Name of 2nd Authorised Signatory

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. 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@karvy.com