

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)				
ARN	Broker Name	Sub-Broker Code / Bank Branch Code	M O Code	UTI RM No.
103807				

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 No. _____ (Optional)

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

Name of First Applicant / Other Mentally Handicapped Persons (for UBF / MIS) and Adult Female Persons (For MUS)
| F | I | R | S | T | | | | | M | I | D | D | L | E | | | | L | A | S | T |

Guardian Name (if Minor) / Contact Person and Designation - for institutional applicants / Alternate applicant (incase of UBF / MIS / MUS) Mr. Ms. Mrs.
| F | I | R | S | T | | | | | M | I | D | D | L | E | | | | L | A | S | T |

***PAN OF 1st APPLICANT (whose particulars are furnished in the form)**

	Enclosed <input type="checkbox"/> PAN Card Copy	Please <input checked="" type="checkbox"/> Know Your Customer (KYC) KYC Mandatory for Investment of Rs.50,000 & above Copy of KYC acknowledgement enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)

State	*Country	*City	ZIP/Pin*
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DETAILS OF OTHER APPLICANTS

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

Status	<input type="checkbox"/> 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 (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 | D | D | | M | M |

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)
Account type (please <input checked="" 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 <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE
Date	DD Charges if any (ii)	<input type="checkbox"/> NRO <input type="checkbox"/> 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**"

* Denotes Mandatory Fields (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)	

Stamp of UTI AMC Office /
Authorised Collection Centre

* Cheque and drafts are subject to realisation

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
 Dividend 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* # both options available under PF Plan
 Prescribed Date Auto Redemption Option (PDAR) #
 Prescribed Appreciation Auto Redemption Option (PAAR) #
 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

<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>Signature of 1st Applicant / Guardian Name of 1st Authorised Signatory</p> <p>_____</p> <p>Designation _____</p>	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>Signature of 2nd Applicant Name of 2nd Authorised Signatory</p> <p>_____</p> <p>Designation _____</p>	<div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p>Signature of 3rd Applicant Name of 3rd Authorised Signatory</p> <p>_____</p> <p>Designation _____</p>
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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 to the Registrar.
- 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