



COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

Sr. No. 2006 / _____

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

DISTRIBUTOR / AGENT INFORMATION

Distributor / ARN	Sub-Broker Code/Bank Branch Code	MO Code	CR/CA Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. APPLICANT INFORMATION (Please fill in Block Letters)

Personal Details of First Applicant / Mentally Handicapped Person (for US 2002) Title (Please ✓) Mr Ms M/s Others

Name

Date of Birth PAN (Ref. instruction j) Not applicable to NRI

Contact Person and Designation (in case of Institutional Investors) / Name of Guardian (in case of Minor) Mr / Ms

Name of Second Applicant Mr / Ms / M/s

PAN (Ref. instruction j)

Name of Third Applicant Mr / Ms / M/s

PAN (Ref. instruction j)

Mode of Holding (Please ✓) Single Joint Anyone or Survivor

Mailing Address of Sole / First Applicant (P.O. Box Address is not sufficient)

City Pin Code State (Furnishing of Pin Code details is mandatory)

Contact details of First / Sole Applicant

Phone / Mobile e-mail

Overseas Address in case of NRIs / FIIs

Country Postal Code

2. OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT IN CASE OF NRIs

To be despatched to my Foreign Address. To be despatched to my Relative's Address in India.

3. PAYMENT DETAILS

Cheque / DD No. <input type="text"/>	Amt. of Cheque/DD (i) <input type="text"/>	Account Type (please ✓)
Date <input type="text"/>	DD Charges if any (ii) <input type="text"/>	<input type="checkbox"/> Current <input type="checkbox"/> Savings
Bank <input type="text"/>	Amt. of investment (i+ii) <input type="text"/>	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
Branch <input type="text"/>	Amt. In words <input type="text"/>	<input type="checkbox"/> DD issued from Abroad

Instruction: 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' and crossed 'A/c payee only'.

4. E-MAIL COMMUNICATION (refer instruction k)

I/We wish to receive the following via e-mail (Please ✓)

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

(Application form continued on the reverse)



ACKNOWLEDGEMENT (To be filled in by the Applicant)

Sr.No. 2006/ _____

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 Center

* Cheques and drafts are subject to realisation.

5. BANK ACCOUNT DETAILS (Mandatory as per SEBI guidelines)

Please provide the following details relating to the Sole / First Holder for Redemption / Dividend Warrants.

Name of the Bank	<input type="text"/>	Branch	<input type="text"/>
Branch Address	<input type="text"/>	City	<input type="text"/>
Pin Code	<input type="text"/>	Account Type (please ✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Account Number	<input type="text"/>		

6. ELECTRONIC CLEARING SERVICE (ECS) (Please ✓)

I/We authorise UTI Mutual Fund to credit Dividend amount through ECS.

(The 9 digit code appears on your cheque next to the Cheque Number)

The 9 digit MICR Code number of my/our Bank and Branch is : **7. INVESTMENT DETAILS (please ✓)**

<input type="checkbox"/> UTI-Balanced Fund	<input type="checkbox"/> UTI-MNC Fund	<input type="checkbox"/> UTI – Banking Sector Fund
<input type="checkbox"/> UTI-Unit Scheme 2002	<input type="checkbox"/> UTI-Growth Sector Fund – Petro	<input type="checkbox"/> UTI – PSU Fund
<input type="checkbox"/> UTI-Master Index Fund	<input type="checkbox"/> UTI-Growth Sector Fund – Pharma & Healthcare	<input type="checkbox"/> UTI Growth & Value Fund
<input type="checkbox"/> UTI-Nifty Index Fund	<input type="checkbox"/> UTI-Growth Sector Fund – Brand Value	<input type="checkbox"/> UTI India Advantage Equity Fund
<input type="checkbox"/> UTI-Index Select Fund	<input type="checkbox"/> UTI-Growth Sector Fund – Services	<input type="checkbox"/> UTI Dynamic Equity Fund
<input type="checkbox"/> UTI-Mastershare Unit Scheme	<input type="checkbox"/> UTI-Growth Sector Fund – Software	<input type="checkbox"/> SUNDER
<input type="checkbox"/> UTI-Master Value Fund	<input type="checkbox"/> UTI- Large Cap Fund	<input type="checkbox"/> UTI-Dividend Yield Fund
<input type="checkbox"/> UTI-Equity Fund	<input type="checkbox"/> UTI – Mid Cap Fund	<input type="checkbox"/> UTI-Opportunities Fund
<input type="checkbox"/> UTI-Mastergrowth Unit Scheme	<input type="checkbox"/> UTI – Infrastructure Fund	<input type="checkbox"/> UTI-Leadership Equity Fund
<input type="checkbox"/> UTI-Master Plus Unit Scheme	<input type="checkbox"/> UTI – Auto Sector Fund	

OPTION	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	<input type="checkbox"/> *Annual Dividend	<input type="checkbox"/> *Semi Annual Dividend
(If no option is indicated. It will be deemed to be under Growth Option.)			*Applicable only for UTI-Growth and Value Fund	
Under	<input type="checkbox"/> Dividend Pay-out	<input type="checkbox"/> Dividend Re-Investment (Default is Dividend Pay-out)		

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 herewith.)

8. NOMINATION DETAILS (optional)

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 / Trustees.

Name and Address of Nominee	To be furnished in case Nominee is a Minor
Name <input type="text"/>	Name of Guardian <input type="text"/>
Address <input type="text"/>	Address of Guardian <input type="text"/>
Date of Birth (in case Nominee is a minor) <input type="text"/>	Signature of Guardian (Optional) <input type="text"/>

9. DECLARATION AND SIGNATURES OF APPLICANT/S

I/We have read and understood the contents of the Offer 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.

*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 funds from my/our NRE/NRO/FCNR Account. I/We undertake to provide further details of source of funds and any such other relevant document, if called for by UTI Mutual Fund.

* Applicable to NRIs

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

Designation _____

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

Designation _____

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

Designation _____

FOR OFFICE USE ONLY

UTI AMC INWARD NO.

UFC CODE

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.
- All communications relating to issue of Statement of Account, Nomination, change in Name, Address or Bank Particulars, Redemption, Death Claims, etc., may please be addressed to the Registrar :
 - For Masterplus & Equity Fund :**
M/s. Datamatics Financial Software Services Ltd., Plot A-16 & 17, Part B Cross Lane, Behind MIDC Police Station, MIDC, Marol, Andheri (E), Mumbai - 400 093. Tel: 28213383-88.
 - For UTI-Growth & Value Fund, UTI-India Advantage Equity Fund & UTI-Dynamic Equity Fund :**
M/s Karvy Computershare Pvt. Ltd., 21, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034. Tel: 23312454/23320751
 - For UTI-Leadership Equity Fund :**
Computer Age Management Services Pvt. Ltd. (CAMS) : 5th Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002. Tel: 28559903
 - For other Schemes. :**
UTI Technology Services Ltd. : Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010