🍅 uti	UTI MUTUAL FUND COMMON APPLICATION FORM FOR INCOME SCHEMES	Sr. No. 2006 /	
UTI Mutual Fund PLEASE USE SEPARATE FORM FOR EACH SCHEME (PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)			
DISTRIBUTOR / AGENT INF			
Distributor / ARN	Sub-Broker Code/Bank Branch Code MO Code	CR/CA Code	
1. APPLICANT INFORMATION (Please fill in Block Letters)			
	ant / Mentally Handicapped Person 🛛 Title (Please 🗸) 🗌 Mr 📄 Ms 🗌 M/s 📃	Others Status of	
(for UBF/MIS) & Adult Female P	erson (for MUS)	First Applicant (please ✓)	
Name			
Date of Birth d / m m / y	PAN (Ref. instruction j) Not applicable t	to NRIs Partnership	
	y y y n (in case of Institutional Investors) / Name of Guardian (in case of Minor) /	Company	
Alternate applicant (in case of L			
Mr / Ms			
Name of Second Applicant		Society AOP	
	PAN (Ref. instruction j)	Body Corporate	
Name of Third Applicant		On behalf of Minor	
Mr / Ms / M/s		Others	
	PAN (Ref. instruction j)	Occupation	
Mode of Holding (Please \checkmark)	Single Joint Anyone or Survivor First Holder or S	Survivor (please ✓)	
Mailing Address/Contact details	s of Sole / First Applicant (P.O. Box Address is not sufficient)		
		Housewife	
City	Pin Code	Student	
State	(Furnishing of Pin Code details is man	ndatory)	
Phone / Mobile	e-mail		
Overseas Address in case of N	Ris / Fils		
Country	City State State Postal Code		
2. OPTION FOR DESPATCH	H OF STATEMENT OF ACCOUNT IN CASE OF NRIS		
To be Despatched to m	ny Foreign Address. To be Despatched to my Relative's Address in	India.	
3. PAYMENT DETAILS			
Cheque / DD No.	Amt. of Cheque/DD (i)	Account Type (please 🗸)	
Date	DD Charges if any (ii)	Current Savings NRE	
Bank	Amt. of investment (i+ii)	NRO DD issued from Abroad	
Branch	Amt. in words		
4. 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	Branch		
Branch Address	City		
Pin Code	Account Type (please 🗸)	igs NRE NRO	
5. ELECTRONIC CLEARIN		he 9 digit code appears on your cheque	
I/We authorise UTI Mutual Fund to credit Dividend amount through ECS. (The 9 digit MICR Code number of my/our Bank and Branch is : (The 9 digit code appears on your cheque next to the Cheque Number)			
6. E-MAIL COMMUNICATION (refer instruction k)			
I/We wish to receive the follo			
Account Statement Annual Report Transaction Confirmation Communication of change of address, bank details, etc.			
ACKNOWLEDGEMENT For(Scheme Name)			
UTI Mutual Fund	(To be filled in by the Applicant)	Sr.No. 2006/	
Received from Mr / Ms / M/s		[]	
along with Cheque / DD No.*	dated		
Drawn on (Bank)			
for Rs. (in figures)		Stamp of UTI AMC Office/Authorised	
* Cheques and drafts are subject to re	ealisation.	Collection Center	

7. Investment details. Please use separate application form for each scheme (Please \checkmark)				
UTI-G-Sec Fund		option-Investment Plan & Growth Option)		
	Dividend Option* Growth Option For availing Trigger Facility & STRIP (available under UT			
UTI-Bond Fund UTI-Monthly Income Scheme UTI-Mahila Unit Scheme UTI-Floating Rate Fund-STP (Default Option - Growth Option) Dividend Option* Growth Option (Under Dividend Option of UTI-Floating Rate Fund-STP dividend will be compulsorily reinvested) For availing STRIP under UTI-Floating Rate Fund-STP please fill separate form				
\$ I/We wish to opt for Syst	tematic Withdrawal Plan under Growth Option of UTI-Bond Fund and UTI-Monthly Incom	e Scheme (under the Plan ticked below)		
		erly Payment : Rs		
	Variable Withdrawal Plan (available under UTI-Bond Fund Only)			
UTI-Liquid Fund	Cash Plan (Regular) Dividend Monthly Growth			
	Cash Plan (Institutional) Cash Plan (Institutional) Cash Plan (Regular) Cash Plan (Regula	Monthly* Growth Option		
(Default Plan-Cash Plan (Regular), Default Option-Dividend Option (Daily Reinvestment) under Cash Plan and Dividend Option (Reinvestment) under Short Term Plan) For availing STRIP under UTI-Liquid Fund-STP (Regular) please fill separate form				
	Long Term Plan Growth Plan Dividend Plan* PF Plan Growt	h Option Option*		
Advantage Fund-LTP	 Prescribed Date Auto Redemption Option (PDAR) # Prescribed Appreciation Auto Redemption Option (PAAR) # 	: (both Options available under PF Plan)		
	Payout C Reinvestment C Principal Amount C Whole Amount			
	In case of PDAR please specify a 'Desired Maturity Date'	mm yyyy)		
In case of PAAR please specify a 'Desired Appreciation Rate'% (Default Plan - Growth Plan)				
UTI-Bond Advantage	Growth Plan Quarterly Dividend Plan* Annual Dividend Plan* Bonus Plan	(Default - Growth Plan / Option)		
	Institutional Plan Growth Option Quarterly Dividend Option* Annual Dividend Next Plant Revealed Plant Revealed Plant Pla	· ·		
UTI-MIS-Advantage Plan		t Plan (Default Option - Growth Option) (Default Option - Growth Option)		
		vailing STRIP please fill separate form		
UTI-Unit Scheme for C	Charitable & Religious Trusts & Registered Societies (UTI-CRTS)*			
_	I-Fixed Maturity Plan Please use separate application form for each series			
Cheque /	DD should be drawn in favour of UTI-Fixed Maturity Plan - YFMP (mm/yy) / HYFMP (mm/yy) Yearly Series (YFMP) Half Yearly Series (HYFMP) Quarterly Series (QFMP)	/ QFMP (mm/yy-Plan No.)		
	Growth Option Dividend Option	(Default Option - Growth Option)		
	Growth Option Dividend Option*	(Default Option - Growth Option) Trigger Facilities please fill separate form		
* Please tick your option f		vidend Reinvestment		
8. NOMINATION DETA	· · · · · ·			
	indermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I//			
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 I	Nominee To be furnished in case Nominee is a M Name of Guardian	inor		
	Address of			
Address	Guardian			
	Signature of Guardian			
Date of Birth (in case No	ominee is a minor) (Optional)			
9. DECLARATION ANI	D 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 or 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 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				
	ant/Guardian/ 2nd Applicant/ Authorised Signatory Name of the 2nd Authorised Signatory Name	3rd Applicant/ e of the 3rd Authorised Signatory		
Designation	Designation Designation	nation		
	FOR OFFICE USE ONLY			
UTI AMC INWARD NO.				
 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, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrars: For UTI-G-Sec Fund, UTI-Bond Fund, UTI-Monthly Income Scheme, UTI-Mahila Unit Scheme, UTI-CRTS and UTI-VIS-ILP UTITechnology Services Ltd.: Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010 For UTI-Money Market Fund, UTI-Liquid Fund, UTI-Gilt Advantage Fund, UTI-Bond Advantage Fund, UTI-Floating Rate Fund, UTI-MIS-Advantage Plan and UTI-Fixed Maturity Plan. Karvy Computershare Private Limited : 21, Avenue 4, Street No.1, Banjara Hills, Hyderabad - 500 034, Tel.: 040-23312454/23320751 				