

INVESTMENT DETAILS (Please tick) (Refer Instruction 'j')

<p align="center">UTI CCF-Savings Plan :</p> <p><input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan</p> <p align="center">Options : Growth</p>	<p align="center">UTI CCF-Investment Plan :</p> <p><input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan</p> <p>Options <input type="checkbox"/> Growth <input type="checkbox"/> IDCW</p> <p align="right">(Default Growth Option)</p>
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IDCW - Income distribution cum capital withdrawal

PAYMENT DETAILS (Please ensure that the cheque complies to the CTS 2010 standard)

(Refer Instruction 'y')

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type (please ✓) Savings Current NRE

Account No. NRO DD issued from abroad

Date Amt. of investment (i) UTI Smart Form if already registered (Applicable for existing investors)

Bank DD Charges if any (ii) # Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of **"The Name of the Scheme"** & crossed **"A/c Payee Only"**

Branch Net amount paid (i-ii) ♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Amt. in words

GENERAL INFORMATION - Please (✓) wherever applicable

Category of Beneficiary Child	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian
Status of Guardian	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Others (Please specify) _____
Category of Guardian	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian
Occupation of Guardian	<input type="checkbox"/> Business	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Others (Please specify) _____	

FRIEND IN NEED DETAILS In case UTI MF is unable to communicate with me at my registered address, I authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (Refer Instruction 'k')

Name

Address:

Relationship with the applicant (optional) Mobile

Email

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction 'z')

Information to be provided by the Applicant

Are you a tax resident of any country other than India ?

If **No**, please tick here :

If **Yes**, please tick here : Please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

OTHER DETAILS (MANDATORY)

GUARDIAN	<p>(A) Gross Annual Income Details Please tick (✓)</p> <p><input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore</p> <p align="center">[OR]</p> <p>Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) <input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p>(B) Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) (for definition of PEP, please refer instruction 'x')</p> <p>(C) Any other information: _____</p>
CHILD (Optional)	<p>(A) Gross Annual Income Details</p> <p><input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore</p> <p align="center">[OR]</p> <p>Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) <input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p>(B) Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)</p> <p>(C) Any other information: _____</p>

DECLARATION AND SIGNATURE OF LEGAL GUARDIAN

● I/We have read and understood the contents of the Scheme Information Documents, Statement of Additional Information and Key Information Memoranda, 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 schemes 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 hereby authorize UTI MF/UTI AMC to share my data furnished in the form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● 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 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.) ● I hereby solemnly declare that I am the father/mother/legal guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. ● I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SOA) / ABRIDGED ANNUAL REPORT (AAR)[∞]**Applicable to NRIs :**

- SoA in Physical Form At my Overseas address as mentioned above
 AAR in Physical Form To be dispatched to my resident relative's address in India as mentioned above

[∞] On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No.	<input type="text"/>	Tel. (R)	STD CODE	<input type="text"/>	Tel. (O)	STD CODE	<input type="text"/>
	*E-mail	<input type="text"/>						
	Alternate E-mail	<input type="text"/>						

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member	<input type="text"/>	Name of the family member	<input type="text"/>
Relationship	<input type="text"/>	Relationship	<input type="text"/>
PAN	<input type="text"/>	PAN	<input type="text"/>
Folio Number	<input type="text"/>	Folio Number	<input type="text"/>

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box

Signature of Guardian

Signature of Minor Child (Optional)



UTI Mutual Fund
Haq, ek behtar zindagi ka.

Received from Mr / Ms / M/s

An application under

along with Cheque[§]/DD[§]/NEFT/RTGS
 Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

<input type="text"/>	<input type="text"/>
<input type="text"/>	(scheme name)
<input type="text"/>	dated <input type="text"/>
<input type="text"/>	
<input type="text"/>	

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2024/

Stamp of UTI AMC Office/
 Authorised Collection Centre


[§] Cheques and drafts are subject to realisation.

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Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. 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 Kfin Technologies Private Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com

		UMRN													Date	DD	MM	YY	YY
		Utility Code													<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel				
Sponsor Bank Code														I/We authorize UTI MUTUAL FUND					
To debit (tick ✓)		<input type="checkbox"/> SB / CA / CC / SB-NRE / SB-NRO / OTHER				Bank a/c number													
with Bank														IFSC / MICR					
an amount of Rupees														₹					
Debit Type		<input checked="" type="checkbox"/> Fixed Amount				<input checked="" type="checkbox"/> Maximum Amount				Frequency				<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented					
Reference 1														Reference 2					
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.																			
From		DD	MM	YY	YY														
To		DD	MM	YY	YY														
Or		<input checked="" type="checkbox"/> Until Cancelled		Signature Primary Account holder				Signature of Account holder				Signature of Account holder							
Phone No.						1. Name as in Bank records				2. Name as in Bank records				3. Name as in Bank records					

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

UTI SMaRT SIP Form™

- Registration of New SIP
- Renewal of Existing SIP
- Micro SIP
- Change in Existing Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.
JAVAHAR.K.P. ARN 10021	E035876				

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS		APPLICATION NO./FOLIO NO.													
Name of Sole / 1st Holder / Beneficiary Child															
Name of Guardian (in case of Minor)															
PAN DETAILS		(If not registered in the folio already)													
First Applicant/Guardian		Second Applicant				Third Applicant									
Mandatory Enclosure		Mandatory Enclosure				Mandatory Enclosure									
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied		<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied				<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied									
PAN Exempt KYC Ref no. (PEKRN for Micro investments)		PAN Exempt KYC Ref no. (PEKRN for Micro investments)				PAN Exempt KYC Ref no. (PEKRN for Micro investments)									

Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period*		SIP Step Up	
				(MM/YY)		Amount In Multiple of ₹ 500/-	Frequency
	DD	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From MMYY	To MMYY	<input type="checkbox"/> Until cancelled <input type="checkbox"/> MMYY	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	DD	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From MMYY	To MMYY	<input type="checkbox"/> Until cancelled <input type="checkbox"/> MMYY	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	DD	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From MMYY	To MMYY	<input type="checkbox"/> Until cancelled <input type="checkbox"/> MMYY	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Amount in the mandate to bank should be equal or more than this total amount.		Total	₹	* Note : SIP mandate shall be registered for a maximum period of upto 30 years			

My Financial Goal for this SIP (choose anyone)

- Retirement Corpus
 Child Education
 Child Marriage
 Dream Car
 Dream House
 Marriage
 Holiday
- (In case of saving for Child, mention name of Child) _____ Target Amount _____

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP. I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

1st Unit Holder / Guardian	2nd Unit Holder	3rd Unit Holder