



# COMMON APPLICATION FORM FOR EQUITY, INDEX (EQUITY) AND HYBRID SCHEMES

Sr.No. 2024/

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (\*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')							BDA / CA Code
ARN/RIA Code <sup>A</sup>	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. <sup>@</sup>	UTI RM No.	

<sup>A</sup> By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

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.

<sup>@</sup> 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 distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. (  Please tick and sign below when EUIN box is left blank) (refer instruction 'w').

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

### TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS  I AM AN EXISTING INVESTOR IN MUTUAL FUNDS  
 ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above OR  ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

Existing Unit Holder information : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. : \_\_\_\_\_

### APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s \* Denotes Mandatory Fields

Name of First Applicant (Name as per the PAN card)

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T				
L	A	S	T	Date of Birth/ Incorporation*							D	D	M	M	Y	Y	Y	Y

Status of First/ Sole Applicant [Please tick (✓)]:  Individual  Non-Individual  
[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction z & aa)

### NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

Mr.  Ms.  Mrs. (Name as per the PAN card)

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T				
L	A	S	T	Date of Birth*							D	D	M	M	Y	Y	Y	Y

\$\$ Proof of date of birth and proof of relationship with minor to be attached (Refer instruction 'f').

\*PAN/PEKRN\$ OF 1<sup>ST</sup> APPLICANT/FATHER/MOTHER/GUARDIAN Enclosed  PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed  Know Your Customer (KYC)\* Acknowledgement Copy

### 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/Post \_\_\_\_\_  
 City/Town\* \_\_\_\_\_ State \_\_\_\_\_ Pin\* \_\_\_\_\_

### OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

\_\_\_\_\_ City\* \_\_\_\_\_  
 State \_\_\_\_\_ Country\* \_\_\_\_\_ Zip/Pin\* \_\_\_\_\_

### DETAILS OF OTHER APPLICANTS

Mode of Holding:  Joint  Anyone or Survivor (Default - Joint holding)

Name of 2nd Applicant  Mr.  Ms.  Mrs. (Name as per the PAN card) Date of Birth of 2nd Applicant\* 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

\*PAN/PEKRN\$ OF 2<sup>ND</sup> APPLICANT Enclosed  PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed  Know Your Customer (KYC)\* Acknowledgement Copy

Name of 3rd Applicant  Mr.  Ms.  Mrs. (Name as per the PAN card) Date of Birth of 3rd Applicant\* 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

\*PAN/PEKRN\$ OF 3<sup>RD</sup> APPLICANT Enclosed  PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed  Know Your Customer (KYC)\* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

**PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)**

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

Account No.   UTI Smart Form if already registered (Applicable for existing investors)

Date  Amt. of investment (i)  # 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"

Bank  DD Charges if any (ii)  \* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Branch  Net amount paid (i-ii)

Amt. in words

**BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)**

Bank Name	<input type="text"/>	Branch	<input type="text"/>
Address	<input type="text"/>	MICR Code	<input type="text"/>
	City <input type="text"/> *Pin <input type="text"/>	(this is a 9-digit number next to your cheque number)	
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE	<input type="text"/>	IFS Code	<input type="text"/>
Account No. <input type="text"/>	<input type="text"/>	(this is a 11-digit number)	

**INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)**

**Equity Schemes:**

<input type="checkbox"/> UTI Large Cap Fund	<input type="checkbox"/> UTI Infrastructure Fund	<input type="checkbox"/> UTI Nifty 500 Value 50 Index Fund
<input type="checkbox"/> UTI Large & Mid Cap Fund	<input type="checkbox"/> UTI Innovation Fund	<input type="checkbox"/> UTI Nifty 200 Momentum 30 Index Fund
<input type="checkbox"/> UTI Flexi Cap Fund	<input type="checkbox"/> UTI MNC Fund	<input type="checkbox"/> UTI S&P BSE Low Volatility Index Fund
<input type="checkbox"/> UTI Focused Fund	<input type="checkbox"/> UTI Banking and Financial Services Fund	<input type="checkbox"/> UTI Nifty Midcap 150 Quality 50 Index Fund
<input type="checkbox"/> UTI Mid Cap Fund	<input type="checkbox"/> UTI Healthcare Fund	<input type="checkbox"/> UTI S&P BSE Housing Index Fund
<input type="checkbox"/> UTI Small Cap Fund	<input type="checkbox"/> UTI Transportation and Logistics Fund	
<input type="checkbox"/> UTI Value Fund	<b>Index (Equity) Schemes:</b>	<b>Hybrid Schemes:</b>
<input type="checkbox"/> UTI Dividend Yield Fund	<input type="checkbox"/> UTI S&P BSE Sensex Index Fund	<input type="checkbox"/> UTI Arbitrage Fund
<input type="checkbox"/> UTI ELSS Tax Saver Fund	<input type="checkbox"/> UTI Nifty 50 Index Fund	<input type="checkbox"/> UTI Conservative Hybrid Fund
<input type="checkbox"/> UTI India Consumer Fund	<input type="checkbox"/> UTI Nifty 50 Equal Weight Index Fund	<input type="checkbox"/> UTI Equity Savings Fund
	<input type="checkbox"/> UTI Nifty Next 50 Index Fund	<input type="checkbox"/> UTI Balanced Advantage Fund
		<input type="checkbox"/> UTI Multi Asset Allocation Fund
		<input type="checkbox"/> UTI Aggressive Hybrid Fund

PLAN (For All Schemes)  Regular Plan  Direct Plan (refer instruction 'j')

**OPTION**

- For All Schemes** (except UTI Conservative Hybrid Fund and UTI Equity Savings Fund)
  - Growth  IDCW (Payout)  IDCW (Reinvestment) [not available under UTI ELSS Tax Saver Fund, UTI Small Cap Fund, UTI Focused Fund, UTI Innovation Fund and UTI Balanced Advantage Fund]
  - All Index funds has only Growth option expect UTI Nifty 50 Index Fund
- For UTI Conservative Hybrid Fund**
  - Growth  Monthly IDCW (Payout)  Monthly IDCW (Reinvestment)
  - Flexi IDCW (Payout)  Flexi IDCW (Reinvestment)  Monthly Payment (Default-Growth)
- For UTI Equity Savings Fund**
  - Growth  IDCW (Payout)  IDCW (Reinvestment)  Monthly IDCW (Payout)
  - Monthly IDCW (Reinvestment)  Quarterly IDCW (Payout)  Quarterly IDCW (Reinvestment) (Default-Growth)

Unitholding Option  Physical Mode  Demat Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

**DEMAT ACCOUNT DETAILS** - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

<b>National Securities Depository Limited</b>	Depository Name <input type="text"/>	<b>Central Depository Services (India) Limited</b>	Depository Name <input type="text"/>
	DP ID No. <input type="text"/>		Target ID No. <input type="text"/>
	Beneficiary Account No. <input type="text"/>		

Enclosures :  Client Master List (CML)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**Friend in need details** In case UTI MF is unable to communicate with me/us at my / our registered address, I / we 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

**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:**  Resident Individual  Minor through guardian  HUF  Partnership  Trust  
 Sole Proprietorship  Society / Club  Body Corporate  AOP  BOI  
 FPI  NRI  Foreign Nationals<sup>##</sup>  Listed Company  LLP  
 Unlisted 'Not for Profit'<sup>^^</sup> Company  Other Unlisted Company  PIO  
 Others (Please specify) \_\_\_\_\_

<sup>^^</sup> 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.  
<sup>##</sup> Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

**Note for Non-Individual Investors:** Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory) (Refer Instruction z & aa)

**OCCUPATION:**  Business  Student  Agriculture  Self-employed  Professional  
 Housewife  Retired  Private Sector Service  Public Sector Service  Government Service  
 Forex Dealer  Others (Please specify) \_\_\_\_\_

**MARITAL STATUS:**  Unmarried  Married  Wedding Anniversary

**OTHER DETAILS (MANDATORY)**

**FOR INDIVIDUALS ONLY**

**1<sup>st</sup> Applicant:** (A) **Gross Annual Income Details** Please tick (✓)  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**

Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
(For definition of PEP, please refer instruction 'x').  
(C) **Any other information:** \_\_\_\_\_

**2<sup>nd</sup> Applicant:** (A) **Gross Annual Income Details**  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**

Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
(C) **Any other information:** \_\_\_\_\_

**3<sup>rd</sup> Applicant:** (A) **Gross Annual Income Details**  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**

Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:**  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
(C) **Any other information:** \_\_\_\_\_

**FOR NON-INDIVIDUALS ONLY**

(A) **Gross Annual Income Details**  
 Below 1 Lac  1-5 lacs  5-10 Lacs  10-25 Lacs  >25 Lacs - 1 Crore  >1 Crore  
**[OR]**

Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date)

(B) **Is the entity involved in / providing any of the following services**  
- Foreign Exchange / Money Changer Services  YES  NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates)  YES  NO  
- Money Lending / Pawning  YES  NO

(C) **Any other information:** \_\_\_\_\_

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

(Refer Instruction 'z')

**Information to be provided by all Applicants in the same sequence of Names as given in this Application form**

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

If **No**, please tick here:  First Applicant  Second Applicant  Third Applicant

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



**ACKNOWLEDGEMENT**  
(To be filled in by the Applicant)

Sr. No. 2024/

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 1961]

Received from Mr / Ms / M/s

\_\_\_\_\_ (scheme name)

An application under

\_\_\_\_\_ (scheme name)

along with Cheque<sup>§</sup>/DD<sup>§</sup>/NEFT/RTGS

\_\_\_\_\_ dated \_\_\_\_\_

Ref. No./Unique Serial No. (For Cash)

\_\_\_\_\_

Drawn on (Bank)

\_\_\_\_\_

for ₹ (in figures)

\_\_\_\_\_

Stamp of UTI AMC Office/  
Authorised Collection Centre

<sup>§</sup> Cheques and drafts are subject to realisation.

**NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors**

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 of Nominee	Nominee 1	Nominee 2	Nominee 3
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number#			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

Sign. here

\*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) \*If the proof of identity is Aadhaar, provide last 4 digits only  
 I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Sign. here

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

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

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

**DECLARATION AND SIGNATURE OF APPLICANT/s**

● I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information 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 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 NRI's). ● I hereby solemnly declare that I am the father/mother/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)∞**

SoA in Physical Form  AAR in Physical Form

Applicable to NRIs :  At my Overseas address as mentioned above  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.	Tel. (R) STD CODE	Tel. (O) STD CODE
	*E-mail		
	Alternate E-mail		

\*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		Name of the family member	
Relationship		Relationship	
PAN		PAN	
Folio Number		Folio Number	

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

Sign. here

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

\_\_\_\_\_  
Signature of 2nd Applicant / POA^^

\_\_\_\_\_  
Signature of 3rd Applicant / POA^^

Name of 1st Authorised Signatory

Name of 2nd Authorised Signatory

Name of 3rd Authorised Signatory

Designation \_\_\_\_\_ Designation \_\_\_\_\_ Designation \_\_\_\_\_

^^Power of Attorney (POA) Registration No. \_\_\_\_\_ (if already registered) (refer instruction 'ab')

**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 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 <input type="text"/>	Date <input type="text"/>
Utility Code <input type="text"/>		<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel	
Sponsor Bank Code <input type="text"/>	I/We authorize <b>UTI MUTUAL FUND</b>		
To debit (tick <input checked="" type="checkbox"/> )	SB / CA / CC / SB-NRE / SB-NRO / OTHER	Bank a/c number <input type="text"/>	
with Bank <input type="text"/>	IFSC / MICR <input type="text"/>		
an amount of Rupees <input type="text"/>		₹ <input type="text"/>	
<b>Debit Type</b> <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount <b>Frequency</b> <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 <input type="text"/>	Reference 2 <input type="text"/>		
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 <input type="text"/>	Maximum period of validity of this mandate is 40 years only		
To <input type="text"/>			
Maximum period of validity of this mandate is 40 years only			
Phone No. <input type="text"/>	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

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.

<b>UTI SMaRT SIP Form™</b>						<input type="checkbox"/> Registration of New SIP <input type="checkbox"/> Renewal of Existing SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Existing Bank Details
ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.	

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.

<b>APPLICANT DETAILS</b>		<b>APPLICATION NO./FOLIO NO.</b> <input type="text"/>					
Name of Sole / 1st Holder / Beneficiary Child		<input type="text"/>					
Name of Guardian (in case of Minor)		<input type="text"/>					
<b>PAN DETAILS</b>		(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)			

<b>SIP DETAILS</b>							
Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period*		SIP Step Up	
				(MM/YY)		Amount In Multiple of ₹ 500/-	Frequency
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/>		
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/>	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/>	To <input type="text"/>		
Amount in the mandate to bank should be equal or more than this total amount.		<b>Total</b>	₹ <input type="text"/>	* Note : SIP mandate shall be registered for a maximum period of upto 40 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