UTI Mutual Fund
Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM

(EXCEPT FOR UTI RETIREMENT FUND AND UTI CHILDREN'S FUND)

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

Sr.No. 2026/

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')

ARN/RIA Code^	Name of Financial Advisor / Distributor	Sub Broker ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.@	UTI RM No.
ARN-95070	VIPUL VIJAYKUMAR KAPADIA	ARN-	Specific to bank branch		E-101834	

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

☐ **I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.**

Signature of 1st Applicant / Guardian **Signature of 2nd Applicant** **Signature of 3rd Applicant**

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

A. Mode of Holding: ☐ Single ☐ Joint ☐ Anyone or Survivor (Default - Joint holding)

B. 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 y & z)

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 1ST 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*

C. DETAILS OF OTHER APPLICANTS

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 2ND 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 3RD 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 'o')

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

∞ I/We explicitly consent to 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.

CONTACT DETAILS OF APPLICANT/S

First Applicant Details	***Mobile No.** +9 1	**Tel. (R)** STD CODE	**Tel. (O)** STD CODE
	International Mobile No. I S D		
	***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	☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent siblings ☐ Dependent parents ☐ Guardian ☐ POA	Relationship	☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent siblings ☐ Dependent parents ☐ Guardian ☐ POA
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.

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

Bank Name		Branch
Address		MICR Code
	City *Pin	(this is a 9-digit number next to your cheque number)
Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE		IFS Code
Account No.		(this is a 11-digit number)

INVESTMENTS & PAYMENT DETAILS (Refer instruction for scheme details) Please ensure that the cheque complies To CTS 2010 standard

Sr. No.	Name of the Scheme	Plan	Option	Sub-Option for IDCW	Investment Amount
1.					
2.					
3.					
4.					
5.					

*Please visit our official website for latest scheme details and Plan/Option. www.utimf.com→forms→Scheme/Plan/Option

MODE OF PAYMENT ☐ RTGS/NEFT ☐ CHEQUE ☐ FUND TRANSFER ☐ CASH

#Cheque/DD/NEFT/*RTGS Ref. No./Unique Serial No. (For Cash)	Date of NEFT/RTGS/ Cheque /Fund Transfer/Cash Deposit	Amount of NEFT/RTGS/ Cheque/ Fund Trasfer/Cash Deposit	Drawn on Bank & Branch	Bank Account No. (For NEFT/RTGS/ Cheque)

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"**

* **Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.**

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

National Securities Depository Limited	Depository Name _____ DP ID No. Beneficiary Account No.	**Central Depository Services (India) Limited**	Depository Name _____ Target ID No.

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 'j')

Name FIRST MIDDLE LAST

Address: FIRST MIDDLE LAST

Relationship with the applicant (optional) Mobile

Email

GENERAL INFORMATION - Please (✓) wherever applicable

Tax Status

☐ Resident Individual	☐ Pension and Retirement Fund	☐ Government Body	☐ NGO
☐ Resident Minor (through Guardian)	☐ Financial Institutions	☐ Society*	☐ LLP
☐ NRI (Repatriable)	☐ Public Limited Company	☐ Trust*	☐ Unlisted 'Not for Profit'^^Company
☐ NRI (Non-Repatriable)	☐ Private Limited Company	☐ NPS Trust	☐ ##Foreign Nationals
☐ NRI– Minor (Repatriable)	☐ Body Corporate	☐ Fund of Fund	☐ PIO _____
☐ NRI – Minor (Non-Repatriable)	☐ Partnership Firm	☐ Gratuity Fund	☐ NPO* (Please specify)
☐ Sole-Proprietor	☐ FII / FPI	☐ AOP	☐ Others _____
☐ HUF	☐ Bank	☐ BOI	(Please specify)

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.
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 y & z)

Gender ☐ Male ☐ Female ☐ Other

Marital Status ☐ Unmarried ☐ Married

Spouse's Name _____

Occupation

☐ Professional	☐ Business	☐ Public Sector Service	☐ Housewife
☐ Government Service	☐ Agriculturist	☐ Student	☐ Forex Dealer
☐ Private Sector Service	☐ Retired	☐ Doctor	☐ Others (Please specify) _____

OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

1st 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) D D / M M / Y Y Y Y

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) (For definition of PEP, please refer instruction 'w').

(C) Any other information: _____

2nd 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) D D / M M / Y Y Y Y

(B) Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) Any other information: _____

3rd 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) D D / M M / Y Y Y Y

(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) D D / M M / Y Y Y Y

(B) Is the entity involved in / providing any or 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 'y')

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?

First Applicant ☐ Yes ☐ No Second Applicant ☐ Yes ☐ No Third Applicant ☐ Yes ☐ No

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

UTI Mutual Fund
Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

Sr. No. 2026/

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 2025]

Received from Mr / Ms / M/s _____

An application under _____ (scheme name)

along with Cheque$/DD$/NEFT/RTGS Ref. No./Unique Serial No. (For Cash) _____ dated DD/MM/YYYY

Drawn on (Bank) _____

for ₹ (in figures) _____

Stamp of UTI AMC Office/ Authorised Collection Centre

$ Cheques and drafts are subject to realisation.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate)

☐ 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.
*The nominee(s) mentioned herein are also authorized to exercise my Data Principal Rights in the event of my death or incapacity.

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
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	☐ PAN ☐ Driving Licence ☐ Aadhaar ☐ Passport number in case of NRI/OCI/PIO	☐ PAN ☐ Driving Licence ☐ Aadhaar ☐ Passport number in case of NRI/OCI/PIO	☐ PAN ☐ Driving Licence ☐ Aadhaar ☐ Passport number in case of NRI/OCI/PIO
Identification Number#			
Mobile Number			
Email Id			
Address			
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 want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

While it is recommended to submit a nomination, if you choose not to do so, please provide the declaration below.

☐ 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.

SIGNATURE OF HOLDER(S)

Name(s) of holder(s)	Signature(s) holders / Guardian / Thumb Impression
Sole / First Holders (Mr./Ms.) _____	X Signature
Second Holders (Mr./Ms.) _____	Signature
Third Holders (Mr./Ms.) _____	Signature

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Witness Name _____ Wtiness Signature

Witness Address _____

Witness Name _____ Wtiness Signature

Witness Address _____

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. The amount invested in the Scheme(s)is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. ● I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● 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. ● 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 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 for NRIs) ● 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. ● I/We consent to the sharing of my data with distributors and service providers solely for servicing and account maintenance. ● I/We explicitly consent to the use of my data for cross-selling of other products/schemes of UTI MF ● I hereby solemnly declare that I am the father/mother/guardian of the minor child. I provide verifiable consent for the processing of the minor's personal data for the purpose of this investment.

CONSENT FOR PROCESSING PERSONAL DATA:

I/We hereby accord my/our free, specific, informed, unconditional, and unambiguous consent to UTI MF/UTI AMC to collect, use, store, and share my/our Personal Data as detailed in the Privacy Notice. I/We authorize the disclosure of this data to third parties acting under a lawful contract for the sole purpose of servicing my account and fulfilling regulatory mandate.
I/We specifically acknowledge that: * Right to Withdraw: I/We have the right to withdraw this consent at any time through the registered online portal or via email to service@utico.in. * Grievance Redressal: Any data-related queries can be directed to the Data Grievance Officer. * Minors: For investments in the name of a minor, I confirm I am the parent/lawful guardian and provide verifiable consent for their data processing. * Data Retention: UTI MF/UTI AMC may retain my data for a period of 8 years or as required by law.

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. I/We am/are aware of my/our right to withdraw consent for non-essential data processing at any time. I/We understand that I/We may exercise my Data Principal Rights (Access, Correction, Erasure) or raise grievances regarding my data by contacting the Data Grievance Officer at service@uti.co.in If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Sign. here ➥

X		
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 'aa')

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 (e-CAS) will be sent within 12 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

GENERAL INSTRUCTIONS FOR FILLING THE APPLICATION FORM

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

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

[Before Filling up the Form, Please read the Factsheet Carefully to know the Risk Profile of the Scheme(s) you are Investing in]

(a) Please read the terms of the Key Information Memorandum, Scheme Information Documents and Statement of Additional Information carefully before filling the Application Form. Investors should also apprise themselves of the prevailing Load structure on the date of submitting the Application Form.
Investors are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form and tendering payment.

(b) Before submission of application form at UTI Financial Centres and other authorised collection centres investors may please ensure that the form has been filled in completely and signed by all the applicants properly as incomplete application is liable to be rejected.

(c) NRI applicants should preferably submit the application at NRI Branch, Mumbai, Dubai Representative Office or any Financial Centre of UTI AMC along with NR(E)/ NR(O) cheque or a rupee draft payable at the place where the application is submitted.

(d) **Please write the application serial Number on the reverse of the cheque / draft.**

(e) Please fill in the names of the applicant(s) / beneficiary / alternate child (if any) / institution / parent or lawful guardian / minor / alternate applicant / nominee etc. at the appropriate places in the application form. PIN code no. must be given with address to avoid delay / loss in transit.

(f) Attach any one of the documents as proof of date of birth and relationship with minor viz., birth certificate, School leaving certificate/mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., Passport of the minor or any other suitable proof evidencing the date of birth and relationship with the minor.

(g) It is mandatory for an applicant to furnish full and correct particulars of bank account such as nature and number of the account, name and address of the bank, name of the branch, MICR code of the branch (where applicable) etc. at the appropriate place in the application form. Application without such bank particulars is liable to be rejected. If the credit of Income distribution is delayed or not effected at all for reason of incomplete or incorrect information furnished by the applicant, UTI AMC cannot be held responsible.

(h) If you have invested through a distributor, kindly specify the Name and ARN Code, Sub ARN Code of the distributor, else for Direct Investment, please mention "Direct" in the Column "Name & Broker Code/ARN / Sub ARN Code". In case nothing is specified or details are invalid, then by default, the Broker Code will be treated as Direct and the application form will be treated as Direct Application.

(i) **Direct Plan**
Direct Plan is for all category of eligible investors (whether existing or new Unitholders) who purchase/subscribe Units directly with the Fund and is not available for investors who route their investments through a Distributor.
The Direct Plan will be a separate plan under the Fund/Scheme and shall have a lower expense ratio excluding distribution expenses, commission etc and will have a separate NAV. No commission shall be paid from Direct Plan. Portfolio of the scheme under the Regular Plan and Direct Plan will be common.
For further details refer to SID.

(j) **'Friend In Need'** details will be used by UTI MF only for ascertaining the present address of the unit holder (without disclosing investment details of the investor) if no response is received from the unit holder on sending communication in any form to his/her registered address or e-mail ID, if available, atleast for two occasions. For further details, please refer to SAI.

(k) SEBI has made it mandatory for all applicants, irrespective of amount of investment, to furnish Income Tax PAN (PAN not applicable to Micro SIP). An application without PAN will be rejected.
Investors are required to provide the photocopy (self attested by the investor) of the PAN card along with the application form. If the investment is in the name of minor the PAN of the minor or his father / mother / guardian whose particulars are provided in the application form is to be provided.

Investment & Payment Details

(l) **The cheque/draft accompanying an application should be made payable in favour of "the name of the scheme".**
In the case of 'Direct Plan', the cheque/draft shall be payable in favour of "the name of the scheme - Direct Plan".

(m) Outstation cheques are not accepted. In case the payment is made by demand draft, the draft commission will have to be borne by the applicants.
However for investment made from areas where there are no UTI Financial Centres or authorised collection centres (where local cheques are accepted), UTI AMC may, if it so decides, bear draft charges to the extent of ₹ 250/- per application or the actual as is prescribed by banks, whichever is lower or such amount as may be decided by UTI AMC from time to time. The investors have to attach proof of the DD charges paid to a bank (i.e. acknowledgement issued by the bank where DD is purchased). The reimbursement/adjustment of DD charges is solely at the discretion of UTI AMC and in case if it is found that such charges are unreasonably higher than normal market rates, such charges may not be admissible. For further details, refer to SAI/SID of the respective scheme.

(n) UTI AMC/MF shall not accept application for subscription of units accompanied with Third Party Payment except in certain exceptional cases as may be permitted. For details please refer to SID/ SAI.

Payment Modes

(o) **No money orders, outstation cheques, post-dated cheques [except through Systematic Investment Plan (SIP) / Micro SIP] and postal orders will be accepted.**
However, cash payment to the extent of ₹ 50,000/- per investor, per Mutual Fund, per financial year through designated branches of Axis Bank will be accepted subject to the following procedure:-

i. Investors who desire to invest upto ₹ 50,000/- per financial year shall contact any of our UTI UFCs and obtain a Form for Deposit of Cash and fill-up the same.
ii. Investors shall then approach the designated branch of Axis Bank along with the duly filled-in Form for Deposit of Cash and deposit the cash.
iii. Axis Bank will provide an Acknowledgement slip containing the details of Date & Time of deposit, Unique serial number, Scheme Name, Name of the Investor and Cash amount deposited. The Investors shall attach the Acknowledgement slip with the duly filled-in application form and submit them at the UFCs for time stamping.
iv. Applicability of NAV will be based on depositing of cash at the designated bank branch before the cut-off time and time-stamping of the valid application together with the acknowledgment slip at the UTI Financial Centre (UFC)/Official Point of Acceptance (OPA).

For further details please refer to SAI.

(p) **Know Your Customer (KYC) Norms:**
Investors desiring to invest / transact in mutual fund schemes are required to comply with the KYC norms applicable from time to time.

A. For Individual Investors

I Central KYC Norms for Individual Investors new to KYC system with effect from 1st February 2017
Government of India, vide Gazette notification dated November 26, 2015, had authorized the Central Registry of Securitization and Asset Reconstruction and Security Interest of India (CERSAI), to act and perform the functions of Central KYC Records Registry (CKYCR) including receiving, storing, safeguarding and retrieving the Know Your Client (KYC) records of an investor in digital form.
In terms of the above, the following Norms are applicable with effect from 1st February 2017 in case of an Individual investor who is new to the KYC Registration system:-

1. An Individual Investor who is new to KYC Registration system and whose KYC is not registered or verified with any of the Agencies for KYC Registration (KRA), shall use the CKYC form to register their KYC.
2. In case an Individual Investor uses old KRA KYC form, such investor should either fill the new CKYC form or provide additional / missing information in the Supplementary CKYC form.
3. An Individual Investor who has already completed CKYC and has a KYC Identification Number (KIN) from CKYCR, can invest in the Schemes of UTI Mutual Fund by quoting their KIN.
4. In case PAN of an investor is not updated in CKYCR system, the investor shall be required to submit a self certified copy of PAN card at the time of investment
5. The KYC requirements shall be governed by SEBI Circulars / notifications and AMFI Guidelines issued from time to time.

For further details refer to SAI and SEBI Circulars No. CIR/MIRSD/66/2016 dated July 21, 2016 and CIR/MIRSD/120/2016 dated November 10, 2016.

II Existing investors who are KYC compliant before 1st January 2012 will have to complete the new KYC requirements and get the IPV done if they wish to deal with any other SEBI registered intermediary other than a Mutual Fund.

III PAN-Exemption for micro financial products
Only individual Investors (including NRIs, Minors & Sole proprietary firms) who do not have a PAN, and who wish to invest upto ₹ 50000/- in a financial year under any Scheme including investments, if any, under SIPs shall be exempted from the requirement of PAN on submission of duly filled in purchase application forms with payment along with KYC application form with other prescribed documents towards proof of identity as specified by SEBI. For all other categories of investors, this exemption is not applicable

B. For Non-Individual Investors
Investors have to fill up and sign the KYC application form available on the UTI Mutual Fund's website, www.utimf.com or the website of the KYC Registration Agencies (KRAs)M/sCVL,www.cvlkra.com;M/sNDML,www.ndml.in;M/sDotEx,www.nseindia.com/supra_global/content/dotex/about_dotex.htm; M/s CAMS Investor Services Private Limited and M/s Karvy Data Management Services Ltd. Further details on filling up / submission of KYC Application form are available in SEBI Circular no. MIRSD/SE/Cir-21/2011 dated October 5, 2011.

C. For both Individual and Non-Individual Investors

1. Existing investors in mutual funds who have already complied with the KYC requirement are exempt from following the new KYC procedure effective January 01, 2012 but only for the purpose of making additional investment in the Scheme(s) / Plan(s) of any Mutual Fund registered with SEBI
2. For 'KYC-On-Hold' cases, investor need to submit missing information or update pending KYC related information so as to enable AMC to process purchase transaction (whether fresh or additional) and switches
3. In terms of AMFI guidelines, with effect from January 1, 2016,
   (a) to make additional subscription (including switches), it shall be mandatory for all existing investors to provide additional KYC information such as Income details, Occupation, association with politically exposed person, net worth etc. where such information was not provided to KRAs earlier.
   (b) However, SIP and STP already registered till December 31, 2015 in such existing folios are exempted from the above stipulations.
4. **Non-Applicability of KYC guidelines**
   The new KYC guidelines shall not be applicable to the following categories / transactions:

- The investors falling under the category of Micro Pension (as per the arrangement between UTI AMC with the respective organization/s), who are exempt from the requirement of PAN.
- Investments received from Government bodies/authorities/Departments in favour of beneficiaries identified by them.
- Income distribution cum capital withdrawal (Reinvestment)

For further details on KYC requirements to be complied with by the Investors, please refer to SAI.

(q) **Disclaimer of WhatsApp Service:**
The user is subscribing to the transaction updates, promotional alerts and/or any other relevant details from UTI Mutual Fund through WhatsApp. The user can unsubscribe to the medium/channel at any time by sending an email to us at uti@kfintech.com. Please note this medium/channel cannot be used for grievance redressal or reporting fraud, UTI Mutual Fund will have no liability whatsoever if any such incidents are reported on this medium/channel. It is advisable for users who have subscribed to this service to delete WhatsApp when changing their device. These terms and conditions may be withdrawn/ superseded/ modified at any time whatsoever, by UTI Mutual Fund without any prior notice. Users shall not submit or transmit any content through this service that is:

(i) Obscene, Vulgar, Pornographic, Political, Religious, Libellous, Defamatory, Abusive, Threatening, Tortuous, Offensive, Hateful, or Racially, Ethnically or otherwise Objectionable etc.
(ii) Encourages the commission of a crime or violation of any law.
(iii) Violates any State or Central law or any other applicable law in India and/or any other jurisdiction.
(iv) Infringes the intellectual property rights of UTI AMC/ UTI MF or of a third party.
(v) Violates any right of any individual or a third party.

The user consents to storage and usage of the information by UTI Mutual Fund/UTI AMC shared by/with UTI Mutual Fund /UTI AMC including for records, regulatory and business purposes. UTI Mutual Fund /UTI AMC. Further, under no circumstances shall UTI Mutual Fund and/or UTI AMC or their agents, affiliates, officers, directors, employees, representatives and contractors be liable for any direct, indirect, punitive, incidental, special, or consequential damages that result from the use of, or inability to use, this service or for receipt of any answer provided by the program running at the back-end. The user understands that using WhatsApp application may carry extra risks and may not be secured. Further any message and information exchanged is subject to the risk of being read, interrupted, intercepted, or defrauded by a third party or otherwise subject to manipulation by a third party or involve delay in transmission. UTI Mutual Fund and/or UTI AMC or their agents, affiliates, officers, directors, employees, representatives and contractors shall not be responsible or liable to the user or any third party for the consequences arising out of or in connection with using of this service. The user is responsible for keeping security and safeguard of his WhatsApp account linked to the registered mobile number. UTI Mutual Fund and/or UTI AMC has the right to retract the service anytime it deems fit. The user agrees that the user shall not have any claim against UTI

UTI-SiP

UTI SMaRT Form™

UTI Mutual Fund
Haq, ek behtar zindagi ka.

NPCI भारतीय राष्ट्रीय भुगतान निगम NATIONAL PAYMENTS CORPORATION OF INDIA

UMRN | Date D D M M Y Y Y Y

Utility Code | ☑ Create ☒ ~~Modify~~ ☒ ~~Cancel~~

Sponsor Bank Code | I/We authorize UTI MUTUAL FUND

To debit (tick ✓) SB / CA/CC / SB-NRE / SB-NRO / OTHER | Bank a/c number

with Bank | IFSC / MICR

an amount of Rupees | ₹

Debit Type ☒ Fixed Amount ☑ Maximum Amount

Frequency ☒ Daily ☒ Weekly ☒ Bi - Monthly ☒ Monthly ☒ Quaterly ☒ Half-Yearly ☒ Annually ☑ As and When presented

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 & mode 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. 4. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

Mobile 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/amendement requst to the User entity/ corporate or the bank where I have authorized the debit.

Please (✓) as applicable:

☐ OTM Debit Mandate is already registered in the folio.* [No need to submit again]

☐ OTM Debit Mandate is given above and to be registered in the folio.

UTI Mutual Fund
Haq, ek behtar zindagi ka.

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.
ARN- 95070	E-101834	ARN-			

☐ 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)	

Existing Mandate Details :-

Parent IH No. / UMRN No. _____ Bank Name _____ Bank A/C No _____

SIP DETAILS

Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period* (MM/YY)	SIP Step Up: Amount In Multiple of ₹ 500/-	SIP Step Up: Frequency
	D D	☐ 5000 ☐ 10000 ☐ 25000 OR ₹_____	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	From M M Y Y To ☐ Until cancelled ☐ M M Y Y		☐ Half Yearly ☐ Yearly
	D D	☐ 5000 ☐ 10000 ☐ 25000 OR ₹_____	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	From M M Y Y To ☐ Until cancelled ☐ M M Y Y		☐ Half Yearly ☐ Yearly
	D D	☐ 5000 ☐ 10000 ☐ 25000 OR ₹_____	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	From M M Y Y To ☐ Until cancelled ☐ M M Y Y		☐ Half Yearly ☐ 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 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)

X _____ _____ _____

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