



Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM
LIQUID, DEBT AND FUND OF FUNDS

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

Sr.No. 2024/

TIME STAMP

Registrar Sr. No.

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

Table with columns: ARN / RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/ Bank Branch Code, M O Code, EUI No., UTI RM No., BDA / CA Code

^ 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.
@ 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 inappropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

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 OR 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 / Mentally Handicapped Persons (for UTI Medium to Long Duration Fund) (Name as per the PAN card)
F I R S T M I D D L E 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 (If Minor)\$\$ / Contact Person And Designation - For Institutional Applicants / Alternate Applicant (in case of UTI Medium To Long Duration Fund)
Mr. Ms. Mrs. (Name as per the PAN card)

F I R S T M I D D L E 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*

DETAILS OF OTHER APPLICANTS

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

Name of 2nd Applicant Mr. Ms. Mrs. M/s. (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. M/s. (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 'q')

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

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

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

STATUS:

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
<input type="checkbox"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals**	<input type="checkbox"/> Listed Company	<input type="checkbox"/> LLP
<input type="checkbox"/> Unlisted 'Not for Profit'^^ Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
<input type="checkbox"/> Others (Please specify) _____				

** OCBs are not allowed to invest in units of any of the schemes of UTI MF.

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

NOTE FOR NON-INDIVIDUAL INVESTORS: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory) (Refer Instruction z & aa)

OCCUPATION:

<input type="checkbox"/> Business	<input type="checkbox"/> Student	<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) _____			

MARITAL STATUS:

<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	<input type="checkbox"/> Wedding Anniversary	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
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OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

1st Applicant: (A) **Gross Annual Income Details** Please tick (✓)

<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
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[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:** _____

2nd Applicant: (A) **Gross Annual Income Details**

<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
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[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:** _____

3rd Applicant: (A) **Gross Annual Income Details**

<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
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[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**

<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
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[OR]

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

(B) **Is the entity involved in / providing any or the following services**

- Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	- Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates)	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> 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.



Haq, ek behtar zindagi ka

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2024/

Received from Mr / Ms / M/s _____

An application under _____ (scheme name)

along with Cheque[§]/DD[§]/NEFT/RTGS _____ dated _____

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

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) Not Applicable in case of Investment from Minors

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account 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.

	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	<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)			

*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) in my / our mutual funds Folio/ demat account 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 / information for claiming of assets held in my / our mutual funds Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual funds Folio / demat account.

Sign. here
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Sign. here
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Sign. here
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Sign. here
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Sign. here
↓

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. 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.

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.

CONTACT DETAILS OF APPLICANT/S

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
↓

Sign. here
↓

Sign. here
↓

Signature of 1st Applicant / Guardian / POA^{^^}
Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^{^^}
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^{^^}
Name of 3rd Authorised Signatory

Designation _____

Designation _____

Designation _____

^{^^} Power of Attorney (POA) Registration No. _____ (if already registered) (Refer instruction 'aa')

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- 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.**
- 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

<p>NATIONAL PAYMENTS CORPORATION OF INDIA</p>	UMRN											Date	D	D	M	M	Y	Y	Y	Y																				
	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	D	D	M	M	Y	Y	Y	Y	Maximum period of validity of this mandate is 40 years only																															
To	D	D	M	M	Y	Y	Y	Y																																
Maximum period of validity of this mandate is 40 years only																																								
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.
ARN-146822					

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		
<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)		

SIP DETAILS							
Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period*		SIP Step Up	
				(MM/YY)		Amount In Multiple of ₹ 500/-	Frequency
	D D	<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	M M Y Y		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	D D	<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	To	M M Y Y		
	D D	<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	M M Y Y		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
	D D	<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	To	M M Y Y		
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)

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

Unit Holding Option : Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS-(Please ensure that the sequence of name 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 below. (Investor client ID should be printed in proof.)

Central Depository Securities Limited	Depository participant Name _____ Target ID _____	National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Target ID _____
<input type="checkbox"/> Proof enclosed (Any one) <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)			



UTI SMaRT SIP Form TM

For Post Dated Cheque (Only CTS - 2010 compliant cheques are allowed)

- Registration of SIP
- Renewal of SIP
- Micro SIP
- Salary Saving SIP
- Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.
ARN-146822					

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) _____

DETAILS OF SIP (For "DIRECT PLAN" please tick here & write the Scheme Name, Plan/Option below)

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)	Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)		
SIP / Micro SIP Date (Please tick)	01 07 15 25	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Post Dtd. Chq. Amt. (₹)
SIP / Micro SIP Period : Start from	M M Y Y	End On	M M Y Y
Cheque Nos. From	To	No. of Cheques	
Account No.	Drawn on		
Branch	PIN Code		

Mandatory Enclosure (if 1st instalment is not by cheque) Bank cancelled cheque Copy of cheque

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

SIP by cheque/s (only CTS – 2010 compliant cheques)

Not available under daily/weekly frequency

1. The submission of cheques could be as under :

Investor Type	Monthly Option	Quarterly Option
New investor	Cheque of initial investment + 5 cheques (Min)	Cheque of initial investment + 3 cheques (Min)
Existing investor	6 cheques (Min)	4 cheques (Min)

Note: if a unit holder desires to submit 12 cheques under the monthly option, the same will be accepted. No up country cheques (UCC) shall be accepted. Only local country cheques (LCC) i.e. from location where Axis Bank branch is present shall be accepted as a mode of payment under PDC w.e.f. 17th July 2012, CTS 2010 standard complied cheques shall be accepted w.e.f. 1st January 2013.

2. All instalment cheques under Monthly SIP (MSIP) and Quarterly SIP (QSIP) should be of uniform amount. For example; if an investor enrolls under MSIP say under UTI Flexi Cap Fund for the period May 2019 to April 2020, the first cheque can be of any amount drawn on any date of May 2019. The remaining cheques should be of uniform date. SIP date chosen by investor for uniform amount i.e. ₹ 2000/-. Similarly for quarterly option the first cheque could be of any amount and of any date of May 2019 and subsequent cheques should be of uniform date and amount.
3. Please draw your cheques in the name of the Scheme/Plan in which the amount is invested.
4. Returned cheques, if any will not be presented again.

SIP is available under the Regular Plan and Direct Plan of the below mentioned schemes

SI No.	Equity Schemes	SI No.	Overnight, Debt & Fund of Funds	SI No.	Hybrid & Solution Schemes
1	UTI Banking and Financial Services Fund	1	UTI Overnight Fund	1	UTI Arbitrage Fund
2	UTI Dividend Yield Fund	2	UTI Banking & PSU Fund	2	UTI Aggressive Hybrid Fund
3	UTI ELSS Tax Saver Fund	3	UTI Corporate Bond Fund	3	UTI Balanced Advantage Fund
4	UTI Flexi Cap Fund	4	UTI Credit Risk Fund	4	UTI Conservative Hybrid Fund
5	UTI Focused Fund	5	UTI Dynamic Bond Fund	5	UTI Equity Savings Fund
6	UTI Healthcare Fund	6	UTI Floater Fund	6	UTI Multi Asset Allocation Fund
7	UTI India Consumer Fund	7	UTI Gilt Fund	7	UTI Children's Equity Fund
8	UTI Infrastructure Fund	8	UTI Gilt Fund with 10 year Constant Duration	8	UTI Children's Hybrid Fund
9	UTI Innovation Fund	9	UTI Long Duration Fund	9	UTI Retirement Fund
10	UTI Large Cap Fund	10	UTI Low Duration Fund		
11	UTI Large & Mid Cap Fund	11	UTI Medium Duration Fund		
12	UTI Mid Cap Fund	12	UTI Medium to Long Duration Fund		
13	UTI MNC Fund	13	UTI Money Market Fund		
14	UTI Small Cap Fund	14	UTI Short Duration Fund		
15	UTI Transportation and Logistics Fund	15	UTI Ultra Short Duration Fund		
16	UTI Value Fund	16	UTI Gold ETF Fund of Fund		
		17	UTI Silver ETF Fund of Fund		

SI No.	Index Schemes
1	UTI BSE Sensex Index Fund
2	UTI Nifty 50 Index Fund
3	UTI Nifty 50 Equal Weight Index Fund
4	UTI Nifty Next 50 Index Fund
5	UTI Nifty 500 Value 50 Index Fund
6	UTI Nifty 200 Momentum 30 Index Fund
7	UTI BSE Low Volatility Index Fund
8	UTI Nifty Midcap 150 Quality 50 Index Fund
9	UTI BSE Housing Index Fund
10	UTI CRISIL SDL Maturity June 2027 Index Fund
11	UTI CRISIL SDL Maturity April 2033 Index Fund
12	UTI Nifty SDL Plus AAA PSU Bond Apr 2028 75:25 Index Fund
13	UTI Nifty SDL Plus AAA PSU Bond Apr 2026 75:25 Index Fund

Schemes available in Demat Mode

SI No.	Equity Schemes	SI No.	Overnight, Debt & Fund of Funds	SI No.	Hybrid & Solution Schemes
1	UTI Banking and Financial Services Fund	1	UTI Overnight Fund	1	UTI Arbitrage Fund
2	UTI Dividend Yield Fund	2	UTI Banking & PSU Fund	2	UTI Aggressive Hybrid Fund
3	UTI ELSS Tax Saver Fund	3	UTI Corporate Bond Fund	3	UTI Balanced Advantage Fund
4	UTI Flexi Cap Fund	4	UTI Credit Risk Fund	4	UTI Conservative Hybrid Fund
5	UTI Focused Fund	5	UTI Dynamic Bond Fund	5	UTI Equity Savings Fund
6	UTI Healthcare Fund	6	UTI Floater Fund	6	UTI Multi Asset Allocation Fund
7	UTI India Consumer Fund	7	UTI Gilt Fund		
8	UTI Infrastructure Fund	8	UTI Gilt Fund with 10 year Constant Duration		
9	UTI Innovation Fund	9	UTI Long Duration Fund		
10	UTI Large Cap Fund	10	UTI Low Duration Fund		
11	UTI Large & Mid Cap Fund	11	UTI Medium Duration Fund		
12	UTI Mid Cap Fund	12	UTI Medium to Long Duration Fund		
13	UTI MNC Fund	13	UTI Money Market Fund		
14	UTI Small Cap Fund	14	UTI Short Duration Fund		
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"Note: Please refer Scheme Information Document (SID) for the applicable load structure of the above Listed Scheme."

Instructions Cum Terms and Conditions For SIP & Micro SIP

1. Please refer the SID, SAI, Key Information Memorandum, all instructions, Addenda issued from time to time and our website www.UTIMF.Com for instructions, terms and conditions, applicable NAV, risk factors, load and other information, various requirements of the respective schemes / plan before investing. It is deemed that the investor has agreed to all the terms and conditions as prevailing on the date of the application / investment. SIP / Micro SIP is offered with Daily, Weekly, Monthly and Quarterly Frequency for all schemes except UTI-ULIP. UTI-ULIP is offered with the frequencies of Monthly, Quarterly, Half Yearly and Annual.
2. Investor understands and agrees that mobile number and email ID registered / updated in the folio will be used by UTI MF to send alerts with regard to transactions including SIP renewals. Investor authorizes UTI MF to act on the instructions on SIP sent by him through the registered mobile number/ email id.
3. Any Day SIP: Investor may choose any date between 1st to 31st of the month as their SIP date. In case the SIP date chosen by the investor does not occur in any month, the SIP installment will be processed for last business day of the month. In daily SIP frequency transaction will be processed on Business days only. In case the chosen date falls on a Non-Business Day in any month, the SIP will be processed on the immediate next scheduled Business day. The investor will not hold AMC/Bank liable for processing such transactions the next day.
4. In case of incomplete mandate form, AMC may initiate remediation process to obtain incomplete details. This process may exceed 30 days and in such case it may also impact the registration of the SIP facility and subsequent instalments. The investor agrees to abide by the terms and conditions of NACH facilities of Reserve Bank of India (RBI). Pursuant to the AMFI Best Practice Guidelines circular on 'Risk mitigation process against Third-Party Cheques in mutual fund subscriptions' read with compliance with 'Know your Customer (KYC)' norms under Prevention of Money Laundering Act, 2002 (PMLA), UTI Asset Management Company Ltd shall not accept applications for SIP accompanied with Mandates from Third Parties.
5. Default Values: In case the SIP date is left blank by the investor the SIP will be registered with a default date of 7th of every month. In case the "SIP From date" is left blank, then by default the SIP will be registered from the next month of the month in which the SIP application is submitted. If the Frequency is not ticked, then by default the SIP will be registered with Monthly frequency. If End date is not mentioned by the investor, SIP will be registered as Perpetual SIP. If the SIP / Micro SIP amount is left blank by the investor, then by default SIP will be registered for Rs. 500 for Daily, Weekly and Monthly frequencies and Rs. 1500 for Quarterly frequencies. Investors are required to submit the SIP forms at least 21 days prior to the first SIP date opted.
6. New Fund Offer of Open Ended Schemes: If the SIP is allowed as per the Scheme Information Document, during the NFO, the investor may submit the SIP form during the NFO period. However, the SIP start date shall be post the date on which the Scheme reopens for subscriptions, subject to the 21 days gap between date of submission and SIP start date as described in point no. 5.
7. Minimum Amount: Please refer the Scheme Information Document and the Addenda issued from time to time.
8. SIP in folio of a Minor: Name of Guardian must be mentioned if investments are being made on behalf of a minor. Date of birth is mandatory in case of minor. The minor shall be the first and the soleholder in the account (folio). Minor's name must one of the holders in Bank Account on which the mandate is being submitted alongwith the SIP Form. This conditions shall not apply to SIP under UTI CCF - Scholarship option.
9. Unit Allotment: Unit allotment will be as per the NAV applicable for the date of realization of the investment amount.
10. The applications will be received at all Official Points of Acceptance of UTI Asset Management Company. In case of SIP with post dated cheques, only CTS cheques will be accepted. No outstation cheques will be accepted.
11. Account Statement: An account statement will be sent to the Unit Holders through Email wherever email id is registered. The physical statement would be despatched to the investors once in 6 months.
12. Investors can choose to discontinue the SIP by submitting a request at least 10 days in advance to UTI AMC / Registrar for the schemes. In case of 3 consecutive SIP instalment failures for Daily, Weekly and Monthly Frequencies and 2 consecutive failures for Quarterly Frequency, the SIP will be terminated automatically without any written request from the investor.
13. It will be sole responsibility of the investor's bank and / or branch to ensure proper registration of the debit mandate and confirm the registration. Investor will not hold UTIMF or its service providers responsible if the transaction is delayed or declined or not effected or the investor's bank account is debited in advance or after the specific SIP due date to various clearing cycles of local holidays. Investors will not hold UTIMF or its service providers responsible for non allotment of Units of SIP / Micro SIP if the payment is not received from the Unit Holder's bank for any reason.
14. UTIMF reserves the right to reject the SIP / Micro SIP / Debit Mandate without assigning any reasons therefor.
15. If the investor is investing through an Financial / Investment Advisor, the investor must clearly mention the ARN / RIA code and the name of the Advisor, Sub ARN Code and EUIN in the application. In case nothing is mentioned, the application will be processed in the Direct Plan of the Scheme.
16. Direct Plan: Investors subscribing under direct plan of a Scheme will have to indicate "Direct Plan" against the Scheme Name in the application form for Example "UTI Dividend Yield Fund - Direct Plan. Investors are advised to write "Direct" in the distributor column when subscribing units in Direct Plan of a scheme. However, even if an Advisor code is mentioned on the application where the scheme name is mentioned with Direct Plan, the Advisor code shall be ignored and application shall be processed in Direct Plan only.
17. The Unit Holder(s) agree that, UTIMF / its Registrar and their agents shall not be held liable for any unsuccessful registration and / or transaction due to any action / inaction of the unit holder's bank including but not limited to the reasons mentioned below and agree to indemnify UTIMF / UTIAMC / RTA for all liabilities, losses, damages and expenses which they may consequently incur or sustain either directly or indirectly.
 - a. Non acceptance or rejection of debit mandate for whatsoever reason by the unit holder's bank/ branch with or without any reason assigned by the unit holder's bank.
 - b. Loss of debit mandate form in transaction from RTA to the unit holder(s) bank / branch.
 - c. Non-registration of the debit mandate by the unit holder(s) bank/ branch.
 - d. Deemed registration due to Non confirmation of registration or rejection by the bank and any subsequent rejection of the debit of bank account for funds.
 - e. Non availability of funds in the bank account of Unit Holder at the time of debit.
 - f. Rejection of registration or transaction debit for any reason or without assigning any reason whatsoever.
18. SIP Step Up: By opting for this facility investor can choose to increase the SIP amount (SIP / Micro SIP) by a predefined amount at a predefined interval of time (Half Yearly or Yearly). For availing this facility the investor has to, a) provide the details of the SIP step up in the SIP enrolment form, b) SIP Mandate to bank with Debit Type as Maximum Amount, c) Bank Debit amount sufficient to accommodate the maximum stepped amount. In case the amount mentioned in the amount column of bank mandate falls short of the stepped amount, the Step Up will be terminated and the normal SIP or latest stepped amount shall continue to be debited. d) the minimum step amount is Rs. 500/- in multiples of Rs. 500/-, e) if Step Up frequency is not mentioned, the default frequency will be taken as Yearly. f) in case request for cancellation of step up is received from the investor, the last stepped up amount will continue for the rest of the period of the SIP unless modified by the investor.
19. SIP Pause: Pause facility is available for all eligible schemes except UTI-ULIP scheme. This facility can be availed for a period of 6 months. SIP Pause can be exercised by the investor 2 times during the tenure of the SIP. Investor can pause his SIP for a minimum of 1 month and a maximum of 6 months under daily, weekly and Monthly frequencies and a minimum of 1 Quarter and a maximum of 2 Quarters under Quarterly frequency. In case the investor's KYC is not complied as per the SEBI guidelines at the time of processing the SIP installment the SIP shall be paused automatically and installment shall be presented to investor's bank till investor complies with KYC guidelines. Upon subsequent compliance with KYC guidelines, the SIP installment falling due post compliance will be presented to the investor's bank. The installments that have fallen due prior to KYC Compliance shall not be presented for debit.
20. Transaction Charges: For applications received in Regular Plan through mutual fund distributors who have opted in for the transactions charges where subscription amount of Rs. 10,000 or more transaction charges of Rs. 150/- (for first time mutual fund investors) and Rs. 100 (for existing mutual fund investors) would be deducted from the subscription amount and paid to the distributors. Units will be issued against the balance amount invested.
21. Multi SIP: Investor can start an SIP in multiple schemes (3 schemes) using one form with all the parameters suiting his requirement. In case investor wants to register SIP in more than 3 schemes he may use an additional SIP enrollment form.
22. Change of Bank: Investor can change the bank from where the debits of SIP installments are happening by submitting the SIP enrolment form by ticking the change of bank option in the SIP enrolment form. Since the mandate is to be registered on his new bank, the form must be submitted atleast 21 days prior to the next installment.
23. Pause facility is available for all eligible schemes except UTI ULIP. Can be opted only after payment of 6 installments and twice in entire life span of SIP tenure. SIP can be paused for minimum of 1 installment and maximum of 6 installments (Monthly Frequency) and minimum of 1 quarterly installment and maximum of 2 quarterly installments (Quarterly Frequency).



Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT UTI SmART SIP Form™

UTI Mutual Fund, UTI Tower, 'Gn' Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051

Received from Mr./Ms./Mrs.

Date

Folio No./Investor Id/Application No.

SIP/Micro SIP Application for Scheme/Plan/Option

Scheme	Plan	Option
Scheme	Plan	Option
Scheme	Plan	Option

Unit Holding Option	Payment Mechanism
<input type="checkbox"/> Physical Mode	<input type="checkbox"/> Electronic
<input type="checkbox"/> Demat Mode	<input type="checkbox"/> Cheque

TIME STAMP

Note: All purchases are subject to realisation of Cheque/receipt of funds