

Amt. in words

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)

Investment amount shall be ₹2 lacs and above

in case of payments through RTGS.

Registrar Sr. No.

Sr.No. 2023/

DISTRIBUTOR II	NFORMATION (only empanelled D	istributors/Broke	rs will be permitted to	distribute Units)	(ref	er instruction 'h')	BDA / CA Code
ARN / RIA Code^	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.@	UTI RM No.	
ARN-106392	BLUECHIP STOCKS				E-107715		
^ By mentioning RI	A code, I/we authorise you to share v	with the Investmen	t Adviser the details of	f my/our transaction	ns.		

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 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 $oldsymbol{1}$ LAM AN EXISTING INVESTOR IN MUTUAL FUNDS ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above ₹ 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. * Denotes Mandatory Fields Name of First Applicant / Mentally Handicapped Persons (for UTI Medium to Long Duration Fund) Date of Birth Mandatory for minors Date of birth will be taken as per the KYC record (Not applicable for minor child) Status of First/ Sole Applicant [Please tick (🗸)]: 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. \$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (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 Zip/Pin* Country* **DETAILS OF OTHER APPLICANTS** Mode of Holding: Joint Anyone or Survivor (Default - Joint holding) Ms. Mrs. Date of Birth of 2nd Applicant Name of 2nd Applicant PAN/PEKRN CARD/ID PROOF COPY *PAN/PEKRN\$ OF 2ND APPLICANT Enclosed Enclosed Know Your Customer (KYC)* Acknowledgement Copy Date of Birth of 3rd Applicant Name of 3rd Applicant *PAN/PEKRN\$ OF 3[®] APPLICANT PAN/PEKRN CARD/ID PROOF COPY 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. Savings Current Account type / Unique Serial No. (For Cash) (please √) NRO DD issued from abroad Account No. JTI Smart Form if already registered Date Amt. of investment (i) (Applicable for existing investors) # Please mention the application No. on the reverse Bank DD Charges if any (ii) of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of Branch Net amount paid (i-ii) the Scheme" & crossed "A/c Payee Only

	TICULARS	OF 1ST APPLICA	ANT (Mandatory	as per SEBI Guidelir	ies)		
Bank Name						Branch	
Address						MICR Code	
	City			*Pin		(this is a 9-digit number next	to your cheque number)
Account type (μ	please ✔) [Savings Curr	ent NRO	 		IFS Code (this is a 11-digit number)	
INVESTMENT	Γ DETAILS (FOR "DIRECT PLAN	I" PLEASE TICK H	IERE & TICK SCHEN	IE, PLAN/OPTIO	ON / SUB-OPTION GIVEN BELOW	V) (Refer Instruction 'j')
_		FORM FOR EACH	_	_			
UTI OVER	NIGHT FUN	D Growth	ODaily IDCW	(Reinvestment) (Periodic IDC\	W (Payout) Periodic ID0	CW (Reinvestment) (Default-Growth Option)
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		Quarterly IDCV	<i>I</i> (Payout)	OMonthly IDCW (Pay Quarterly IDCW (Rei)Monthly IDCW (Reinvestment))Half Yearly IDCW (Payout)	
		OHalf Yearly IDC	·	Annual IDCW (Payor Flexi IDCW (Reinve	_	Annual IDCW (Reinvestment) (Def	Fault-Growth Option/Sub Option
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_		Growth		Quarterly IDCW (Pa	ayout)	Quarterly IDCW (Reinvestment)	
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		OGrowth OWeekly IDCW (Reinvestment) ^{&&&}	Opaily IDCW (Reinve)Fortnightly IDCW (Reinvestment)&	&&
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UTI CRISI	L SDL MATI	JRITY APRIL 2033 I	NDEX FUND	🗖 иті с	RISIL SDL MAT	TURITY JUNE 2027 INDEX FUND	
		JRITY APRIL 2033 I				TURITY JUNE 2027 INDEX FUND S AAA PSU BOND APR 2026 75:2	25 INDEX FUND
UTI NIFTY	SDL PLUS	AAA PSU BOND AI	PR 2028 75:25 IND				25 INDEX FUND (Default-Growth Option)
UTI NIFTY	SDL PLUS	AAA PSU BOND AI Growth m capital withdrawal c	PR 2028 75:25 IND		IFTY SDL PLUS	S AAA PSU BOND APR 2026 75:2	
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GENERAL INFO	RMATION - Pleas	se (√) whereve	applicable			
STATUS:	Resident Indi	_	nor through guardian	HUF	Partnersh	· <u>=</u>
	☐ Sole Propriete	orsnip 🔲 So	ciety / Club RI	☐ Body Corporate☐ Foreign Nationa		☐ BOI Impany ☐ LLP
		for Profit'^^ Compa	•	Other Unlisted C	Company 🔲 PIO	
## OCBs are not a		se specify) units of any of th	e schemes of UTI MF.			
^^ 'Not for Profit'	Company as define	ed under Compar	ies Act (Act of 1956/20	013). Please attach N	•	(NPO) Declaration Form. ndatory) (Refer Instruction z & aa)
OCCUPATION:	Business	□ s	udent	Agriculture	☐ Self-em	· · · =
	☐ Housewife☐ Forex Dealer	=	etired thers (Please specify	Private Sector S	Service	ctor Service Government Service
MARITAL STATUS:	Unmarried	☐ Ma	arried	☐ Wedding Anniv	ersary DDM	М
OTHER DETAILS	(MANDATORY)					
				DIVIDUALS ONLY		
1 st Applicant:	` ' —		ails Please tick (✓)		-	-
	∟ Below	/ 1 Lac	1-5 lacs	5-10 Lacs [OR]	10-25 Lacs	>25 Lacs - 1 Crore >1 Crore
Net-worth in ₹		(Net worth shoul	d not be older than 1 ye		as on (date)	
	(B) Please tic	k if applicable:	Politically Expose	d Boroon (BED)	Related to a Po	plitically Exposed Person (PEP)
	(C) Any other		Politically Expose	a Person (PEP)	(For definition of	of PEP, please refer instruction 'x').
2 nd Applicant:		nual Income Det	ails			
	☐ Below	/ 1 Lac	☐ 1-5 lacs	5-10 Lacs	10-25 Lacs	□ >25 Lacs - 1 Crore □ >1 Crore
				[OR]		
Net-worth in ₹			d not be older than 1 ye —	ar)	as on (date) □	D/MM/YYYY
	. ,	k if applicable:	Politically Expose	d Person (PEP)	Related to a Po	olitically Exposed Person (PEP)
3 rd Applicant:	(C) Any other	nual Income Det	ails			
• търношни	`	/ 1 Lac	1-5 lacs	5-10 Lacs	☐ 10-25 Lacs	□ >25 Lacs - 1 Crore □ >1 Crore
				[OR]		
Net-worth in ₹		(Net worth shoul	d not be older than 1 ye	ar)	as on (date)	D/MM/YYYY
	` '		Politically Expose	d Person (PEP)	Related to a Po	olitically Exposed Person (PEP)
	(C) Any other	information:	FOR NON-	INDIVIDUALS ONLY		
	(A) Gross An	nual Income Det				
	☐ Below	/1 Lac	1-5 lacs	☐ 5-10 Lacs	☐ 10-25 Lacs	□ >25 Lacs - 1 Crore □ >1 Crore
				[OR]	_	
Net-worth in ₹	(R) Is the entity	,	d not be older than 1 ye		as on (date) D	
	. ,	•			ambling/Lottery Services (e.	g. casinos, betting syndicates) 🔲 YES 🔲 NO
			nger Services YES YES	■ NO		g
	(C) Any other	information:				
	•		NCE ACT) AND CRS (,	(Refer Instruction 'z')
	•	• •	•	f Names as given i	in this Application f	orm
Are you a tax resident of No, please tick he			Second Applicant	Third A	pplicant	
=		_			his Application Form.	
* [1]			ACKNO	WLEDGEMEN	т	
UTI Mutual Fund Hag, ek behtar zindagi	ka.		_	in by the Applica	•	No. 2023/
Received from Mr /	Г					
An application und	ler				(scheme name)	
along with Cheque ^{\$} /I Ref. No./Unique Seria				dated		
Drawn on (Bank)	ai NO. (FOI CASII)					Ctown of LITE ANAC CONT.
for ₹ (in figures)	ſ					Stamp of UTI AMC Office/ Authorised Collection Centre
s Cheques and drafts	ı are subject to rea	lisation.				

Name of Non	ninee		140	minee 1			No	minee 2		+	N	ominee	9 3
Name of the													
(in case Nomi		-											
Percentage of	vith Nominee												
Date of Birth		_											
(Mandatory if	Nominee is Minor)												
Proof of Iden		□ PAN	■ Aadhaar	Others		_ PAN	□Aadhaar	Others		_ PAN	☐ Aadhaa	ar 🔲	Others
	Nominee/ Guardian case of Minor Nominee	5)											
*Mandatory if n	nore than one Nominee reby confirm that I / We ee(s) and further are aw nt authority, based on th	and its aggre do not wish to vare that in ca	o appoint an ase of death	y nominee(s of all the ac	s) for my mu count holder	tual fund uni	its held in my i	our mutual fur	nd folio a	nd understa	nd the issue:		
\													
Sign	ature of 1st Applica	ant / Guard	ian		Signat	ure of 2nd	l Applicant			Signa	ature of 3r	d App	licant
of the UTI MF. Mutual Funds t abroad through for by UTI Muti by me is true a	or and other service provential of the ARN holder has a from amongst which the paproved banking chard all Fund. (Applicable for nd correct. I/We wish R DESPATCH OF STAT	disclosed to m Scheme is be nnels or from NRIs) ● I he to receive E-n	ne/us all the eing recomm my / our NRI reby solemnl nail and SMS	commission ended to me E / NRO Acc y declare th communica	s (in the form e/us. ● I/ v count. I / We at I am the f ation from U	n of trail con We confirm t undertake t ather/mothe II AMC/ UTI	nmission or an hat we are No o provide furth r/guardian of th MF.	y other mode), n-Residents of er details of so	, payable f Indian N ource of f	to him for th ationality / C unds and an	ie different c Origin and tha v such other	ompetin at the fu relevar	ig Schemi inds are r nt docume
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	email-id investors shall receive		inual report or a	n abridged sun	nmary thereof/ a	account stateme	ents/ transaction o	onfirmation, comm	nunication o	change of add	aress, change o	bank de	aus etc. thro
CONTACT DE	TAILS OF APPLICANT	/S											
*N	labila Na		1 1 1										
First	lobile No.				Tel. (R)	STD CODE			1	el. (O) STD (ODE		
First Applicant Details	E-mail				Tel. (R)	STD CODE			1	el. (O)	CODE		
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Applicant Details	E-mail			/ member			details of the	a family mem	nber.				
Applicant Details *If the Mobil	Internate E-mail	ID belongs For E-mail		member		in below o		•	nber.	el. (0) STD C			
Applicant Details *If the Mobil	E-mail			/ member		in below o	me of the fami	•	nber.				
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Applicant Details *If the Mobi	Internate E-mail			/ member		-in below o	me of the fami lationship N	•	nber.				
Applicant Details A *If the Mobi Name of the Relationship	Liternate E-mail le Number or Email family member			/ member		-in below o	me of the fami	•	nber.				
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