



## COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

PLEASE USE SEPARATE FORM FOR EACH SCHEME  
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

Sr.No. 2009/

Registrar Sr. No.

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units)					CR / CA Code	For Chief Representative	
ARN	Broker Name	Sub-Broker Code/ Bank Branch Code	M O Code	UTI RM No.		DD Amount	
<b>ARN-8490</b>	<b>Nisreen Mamaji</b>					DD Charges	
						Total	
					DD No.:	Dated:	Drawn on:

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Have you invested in UTI MF earlier.  Yes  No

If yes, please provide : Scheme Name ..... Folio ..... (Optional)

**APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters)**  Mr.  Ms.  Mrs.

**Name of First Applicant**

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

**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		
City*	State	Pin*
Tel.No.(R) STD CODE	(0) STD CODE	Mobile
e-mail		Alternate e-mail

**\*PAN OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form)**

Enclosed <input type="checkbox"/> PAN Card Copy	Please (✓)	<b>Know Your Customer (KYC)</b> KYC Mandatory for Investment of Rs.50,000 & above Copy of KYC acknowledgement enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you wish to receive the following via e-mail Please (✓)(Refer instruction k)  
 Account Statement  Annual Report  Transaction Confirmation  Communication of change of address, bank details etc.

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

State	Country*	City*
		Zip/Pin*

**NAME IN FULL OF THE FATHER/MOTHER OR GUARDIAN (IN CASE OF MINOR)/ CONTACT PERSON FOR INSTITUTIONAL APPLICANTS**  Mr.  Ms.  Mrs.

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

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT**

<input type="checkbox"/> Applicant's address / (for NRIs) At my Overseas address as mentioned above	<input type="checkbox"/> (for NRIs) To be despatched to my resident relative's address in India as given above
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**DETAILS OF OTHER APPLICANTS**

Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	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 of 2nd Applicant	Enclosed <input type="checkbox"/> PAN Card Copy	Please (✓)	<b>Know Your Customer (KYC)</b> KYC Mandatory for Investment of Rs.50,000 & above Copy of KYC acknowledgement enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	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 of 3rd Applicant	Enclosed <input type="checkbox"/> PAN Card Copy	Please (✓)	<b>Know Your Customer (KYC)</b> KYC Mandatory for Investment of Rs.50,000 & above Copy of KYC acknowledgement enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
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**PAYMENT DETAILS**

Cheque / DD* No.	Amt. of investment (i)	*Please mention the application No. on the reverse of the cheque/DD. Cheque/DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"
Date	DD Charges if any (ii)	
Bank	Net amount paid (i-ii)	
Branch	Amt in words	
Account Type Please (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad		

**ONLINE ACCESS**

I/We wish to access the account online through 'invest@uti' at www.utimf.com.  
 I/We have read and understood terms & conditions available at www.utimf.com and agree to abide by the same concerning all my/our folios.



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

Sr.No. 2009/

Received from Mr / Ms / M/s	
An application under	(scheme name)
along with Cheque / DD No.*	dated
Drawn on (Bank)	
for Rs. (in figures)	

Stamp of UTI AMC Office/Authorised Collection Centre

\* Cheques and drafts are subject to realisation.

