



Let's plan to get rich

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

Sr.No. 2007/

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

Registrar Sr. No

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units)				RECEIVING ENTITY INFORMATION		
ARN	Name	Sub-Broker Code	M O Code	CR / CA Code	Bank Branch	Bank Sr. No.
69253						

### APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters)

Name of first applicant (Mr/Ms/Mrs) \_\_\_\_\_  
 Address for correspondence (PO box address is not sufficient) \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_  
 State \_\_\_\_\_ Furnishing PIN code is mandatory

Date of Birth \_\_\_\_\_ Compulsory field in case of Minor

Guardian name (if minor) (Contact person - for institutional applicants) \_\_\_\_\_

Telephone Number Res \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Off \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

If you wish to receive the following via e-mail Please (✓)

Account Statement  Annual Report  Transaction Confirmation  Communication of change of address, bank details, etc.

Overseas address \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
 Country \_\_\_\_\_ Pin \_\_\_\_\_

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

PAN of 1st applicant \* (Not applicable to NRI) refer instruction (j)

Name of 2nd applicant (Mr/Ms/Mrs) \_\_\_\_\_

PAN of 2nd applicant \* refer instruction (j)

Name of 3rd applicant (Mr/Ms/Mrs) \_\_\_\_\_

PAN of 3rd applicant \* refer instruction (j)

\* if investment amount is for Rs. 50,000 or more.

### BANK PARTICULARS [for dividend / redemption / refund / direct credit (Mandatory as per SEBI guidelines)]

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
 Address \_\_\_\_\_ MICR Code \_\_\_\_\_  
 City \_\_\_\_\_ PIN \_\_\_\_\_ (this is a 9-digit number next to your cheque number)

Furnishing of PIN Code is mandatory

Account type: Current  Savings  NRO  NRE  Account No.: \_\_\_\_\_

### PAYMENT DETAILS

Cheque / DD\* No. \_\_\_\_\_ Amt. of investment (i) \_\_\_\_\_ Account Type Please (✓)  
 Date \_\_\_\_\_ DD Charges if any (ii) \_\_\_\_\_  Current  Savings  
 Bank \_\_\_\_\_ Net amount paid (i-ii) \_\_\_\_\_  NRE  NRO  
 Branch \_\_\_\_\_ Amt in words \_\_\_\_\_  DD issued from abroad

\*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"

(Application form continued on the reverse)



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

Sr.No. 2007/ \_\_\_\_\_

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.

**INVESTMENT DETAILS (Please ✓)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> UTI-Auto Sector Fund              | <input type="checkbox"/> UTI-Balanced Fund  | <input type="checkbox"/> UTI-Banking Sector Fund           |
| <input type="checkbox"/> UTI-Contra Fund                   | <input type="checkbox"/> UTI-Dividend Yield Fund  | <input type="checkbox"/> UTI-Equity Fund                   |
| <input type="checkbox"/> UTI-Growth Sector Fund - Petro    | <input type="checkbox"/> UTI-Growth Sector Fund - Pharma & Healthcare                   | <input type="checkbox"/> UTI-Growth Sector Fund - Services |
| <input type="checkbox"/> UTI-Growth Sector Fund – Software | <input type="checkbox"/> UTI-Index Select Fund  | <input type="checkbox"/> UTI-Infrastructure Fund           |
| <input type="checkbox"/> UTI-Leadership Equity Fund        | <input type="checkbox"/> UTI-Master Growth Unit Scheme                                  | <input type="checkbox"/> UTI-Master Index Fund             |
| <input type="checkbox"/> UTI-Master Plus Unit Scheme       | <input type="checkbox"/> UTI-Mastershare Unit Scheme                                    | <input type="checkbox"/> UTI-Master Value Fund             |
| <input type="checkbox"/> UTI-Mid Cap Fund                  | <input type="checkbox"/> UTI-MNC Fund   | <input type="checkbox"/> UTI-Nifty Index Fund              |
| <input type="checkbox"/> UTI-Opportunities Fund            | <input type="checkbox"/> S&P CNX NIFTY UTI Notional Depository Receipts Scheme (SUNDER) |  |

- OPTION  Growth  Dividend (default is growth option)  
 Under  Dividend Pay-out  Dividend Re-Investment (Default is Dividend Pay-out)

- I wish Opt for Systematic Investment Plan (SIP).  I wish to Opt for Automatic Trigger Facility.

(Investor opting for Systematic Investment Plan (SIP) & / or Automatic Trigger Facility may fill in separate form/s prescribed for the same & attach herewith.

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

<b>Status</b>	Resident Individual <input type="checkbox"/>	Minor through guardian <input type="checkbox"/>	HUF <input type="checkbox"/>
	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>	Company <input type="checkbox"/>
	Sole Proprietorship <input type="checkbox"/>	Society <input type="checkbox"/>	Body Corporate <input type="checkbox"/>
	AOP <input type="checkbox"/>	BOI <input type="checkbox"/>	FII <input type="checkbox"/>
	NRI <input type="checkbox"/>	Others <input type="checkbox"/>	
<b>Mode of Holding</b>	Single <input type="checkbox"/>	Anyone or survivor <input type="checkbox"/>	Joint <input type="checkbox"/>
<b>Occupation</b>	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"/>	Service <input type="checkbox"/>	Others <input type="checkbox"/>

**NOMINATION DETAILS**

I/We hereby nominate the undermentioned Nominee to receive the amounts to my / our credit in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name and address of Nominee		To be furnished in case nominee is a minor
Name		Name of the guardian:
Date of Birth (in case nominee is a minor)		Address of guardian
Address		Signature of guardian (Mandatory)

**DECLARATION AND SIGNATURES OF APPLICANT/s**

I/We have read and understood the contents of the Offer Document and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I/We agree to abide by the terms and conditions, rules and regulations of the scheme as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in terms of all relevant documents and procedural requirements.

I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments.

\*I/We confirm that we are Non-Residents or Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO Account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund.

\* Applicable to NRI's

**Signature of 1st Applicant / Guardian**  
Name of the 1st Authorised Signatory

Designation \_\_\_\_\_

**Signature of 2nd Applicant**  
Name of the 2nd Authorised Signatory

Designation \_\_\_\_\_

**Signature of 3rd Applicant**  
Name of the 3rd Authorised Signatory

Designation \_\_\_\_\_

**Notes:**

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority.
- All communications relating to issue of Statement of Account, Nomination, change in Name, Address or Bank Particulars, Redemption, Death Claims, etc., may please be addressed to the Registrar :
  - For Masterplus & Equity Fund :**  
M/s. Datamatics Financial Software Services Ltd., Plot A-16 & 17, Part B Cross Lane, Behind MIDC Police Station, MIDC, Marol, Andheri (E), Mumbai - 400 093. Tel: 28213383-88.
  - For UTI-Dividend Yield Fund and UTI-Mid Cap Fund**  
M/s Karvy Computershare Pvt. Ltd., 21, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034. Tel: 23312454/23320751
  - For UTI-Leadership Equity Fund :**  
Computer Age Management Services Pvt. Ltd. (CAMS) : 5<sup>th</sup> Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002. Tel: 28559903
  - For other Schemes :**  
UTI Technology Services Ltd. : UTI Bhavan, Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010