

COMMON APPLICATION FORM FOR INCOME SCHEMES



PLEASE USE SEPARATE FORM FOR EACH SCHEME

Sr. No. 2008/

(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)			
ARN	Name	Sub-Broker Code / Bank Branch Code	M O Code
UTI RM No.			

RECEIVING ENTITY INFORMATION		
CR / CA Code	Bank Branch	Bank Sr. No.

Have you invested in UTI MF earlier, Yes No

If yes, please provide: Scheme Name: _____ Folio/Investor ID _____ (Optional)

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

Name of First Applicant / Other Mentally Handicapped Persons (for UBP / MIS) and Adult Female Persons (For MUS) (Mr. / Ms. / Mrs. / M/s.)

Guardian Name (Mr. / Ms. / Mrs. / M/s.) (if Minor) / Contact Person and Designation - for institutional applicants) / Alternate applicant (in case of UBF / MIS / MUS)

PAN [refer instruction (j)] _____ Enclosed PAN Card Copy Date of Birth

d	d	m	m	y	y	y	y
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Address for correspondence (P.O. box address is not sufficient) (* Furnishing Pin Code is mandatory) _____ Compulsory field in case of Minor

City _____ State _____ Pin* _____

Tel. No. (R) _____ (O) _____ Mobile _____

Fax _____ e-mail _____

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 _____ Pin _____

Status Resident Individual Minor through guardian HUF Partnership Trust
 Company Sole Proprietorship Society Body Corporate AOP
 BOI FII NRI Others (specify) _____

Mode of Holding Single Anyone or Survivor Joint First holder or Survivor (For UTI MUS)

Occupation Business Student Agriculture Self employed Professional
 Housewife Retired Service Others (specify) _____

DETAILS OF OTHER APPLICANTS

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

PAN [refer instruction (j)] _____ Enclosed PAN Card Copy

Name of 3rd Applicant (Mr. / Ms. / Mrs. / M/s.)

PAN [refer instruction (j)] _____ Enclosed PAN Card Copy

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT IN CASE OF NRIs

To be Despatched to my Foreign Address. To be Despatched to my Relative's Address in India.

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

Bank Name				Branch	
Address	City	Pin	Furnishing of PIN Code is mandatory	MICR Code	
	(this is a 9-digit number next to your cheque number)				
Account type (please <input checked="" type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE				IFSC Code	
Account No.					

PAYMENT DETAILS

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

* 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)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Received from Mr./Ms./M/s. _____
 An application under _____ Scheme Name _____
 alongwith Cheque / DD No.* _____ Dated _____
 Drawn on (Bank) _____
 for Rs. (in figures) _____

* Cheque and drafts are subject to realisation

Stamp of UTI AMC Office / Authorised Collection Centre

