

COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

Sr.No. 2008/

PLEASE USE SEPARATE FORM FOR EACH SCHEME
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER) Registrar Sr. No

DISTRIBUTOR INFORMATION (only empowered Distributors/Brokers will be permitted to distribute Units)

ARN	Name	Sub-Broker Code	M O Code
RM Code			

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 (Mr/Ms/Mrs) _____
 Address for correspondence (PO box address is not sufficient) _____
 City _____ Pin _____
 State _____ Furnishing PIN code is mandatory

Date of Birth | d | d | m | m | y | y | y | y | 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 (3) (Refer instruction k)

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)

Name of 2nd applicant (Mr/Ms/Mrs) _____

Name of 3rd applicant (Mr/Ms/Mrs) _____

PAN * Enclosed (Please 3)
 PAN Card Copy Sole / 1st Applicant PAN Card Copy 2nd Applicant PAN Card Copy 3rd Applicant
 * All PAN details are mandatory (Refer Instruction (j))

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 IFS Code _____
 Account type: Current Savings NRO NRE Account No.: _____

PAYMENT DETAILS

Cheque / DD* No. _____ Amt. of investment (i) _____ Account Type Please (3)
 Date _____ DD Charges if any (ii) _____ Current Savings NRE
 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
(To be filled in by the Applicant)

Sr.No. 2008/ _____

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 3)

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

Plan available only under UTI-Banking Sector Fund

 Retail Plan Institutional Plan (Minimum is Rs.5 crore) (Default is Regular Plan. However, if the application is for amounts of Rs.5 crore and above the default Plan is the Institutional Plan.)

OPTION (for all schemes) Growth Dividend Payout Dividend Reinvestment (Default is growth option)
 I wish to 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 (3) wherever applicable

Status	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"/>		
Mode of Holding	Single	<input type="checkbox"/>	Anyone or survivor	<input type="checkbox"/>	Joint	<input type="checkbox"/>
	Occupation					
	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)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach herewith.

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.
- Please ensure that all PAN details are given, failing which your application will be rejected.**
- 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 :

M/s. Karvy Computershare Private Limited,

Karvy Registry Building, Road No.1, Banjara Hills, Hyderabad – 500 034.

Tel. 040-23312454 / 23320751 • Fax: 23311968 • e-mail: customercare@karvy.com