

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'g')

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: ☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust
☐ Sole Proprietorship ☐ Society / Club ☐ Body Corporate ☐ AOP ☐ BOI
☐ FPI ☐ NRI ☐ Foreign Nationals^{##} ☐ Listed Company ☐ LLP
☐ Unlisted 'Not for Profit'^{^^} Company ☐ Other Unlisted Company ☐ PIO
☐ Others (Please specify) _____

^{^^} 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

^{##} Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

Note for Non-Individual Investors: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)

(Refer Instruction z & aa)

OCCUPATION: ☐ Business ☐ Student ☐ Agriculture ☐ Self-employed ☐ Professional
☐ Housewife ☐ Retired ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service
☐ Forex Dealer ☐ Others (Please specify) _____

MARITAL STATUS: ☐ Unmarried ☐ Married ☐ Wedding Anniversary

OTHER DETAILS (MANDATORY)**FOR INDIVIDUALS ONLY**

1st Applicant: (A) **Gross Annual Income Details** Please tick (✓)
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)
(For definition of PEP, please refer instruction 'x').

(C) **Any other information:** _____

2nd Applicant: (A) **Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

3rd Applicant: (A) **Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Please tick if applicable:** ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(C) **Any other information:** _____

FOR NON-INDIVIDUALS ONLY

(A) **Gross Annual Income Details**
☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date)

(B) **Is the entity involved in / providing any or the following services**

– Foreign Exchange / Money Changer Services ☐ YES ☐ NO – Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO
– Money Lending / Pawning ☐ YES ☐ NO

(C) **Any other information:** _____

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer Instruction 'z')

Information to be provided by all Applicants in the same sequence of Names as given in this Application form

Are you a tax resident of any country other than India ?

If **No**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If **Yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.



Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

Sr. No. 2024/

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 1961]

Received from Mr / Ms / M/s

An application under

along with Cheque/DD[§]/NEFT/RTGS

Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

	(scheme name)
	dated

Stamp of UTI AMC Office/
Authorised Collection Centre

[§] Cheques and drafts are subject to realisation.

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors

☐ 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 of Nominee	Nominee 1	Nominee 2	Nominee 3
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	☐ PAN ☐ Aadhaar ☐ Others _____	☐ PAN ☐ Aadhaar ☐ Others _____	☐ PAN ☐ Aadhaar ☐ Others _____
Identification Number#			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) *If the proof of identity is Aadhaar, provide last 4 digits only

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/s

● I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information 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. ● The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. ● I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● I/We confirm that we are Non-Residents of 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). ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. ● I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)∞

☐ SoA in Physical Form

☐ AAR in Physical Form

Applicable to NRIs : ☐ At my Overseas address as mentioned above ☐ To be dispatched to my resident relative's address in India as mentioned above

∞ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No.	Tel. (R) STD CODE	Tel. (O) STD CODE
	*E-mail		
	Alternate E-mail		

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member		Name of the family member	
Relationship		Relationship	
PAN		PAN	
Folio Number		Folio Number	

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Signature of 1st Applicant / Guardian / POA^^
Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^^
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^^
Name of 3rd Authorised Signatory

Designation _____ Designation _____ Designation _____

^^Power of Attorney (POA) Registration No. _____ (if already registered) (refer instruction 'ab')

Notes :

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
- Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.
- All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

M/s Kfin Technologies Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India Board: 040-6716 2222, Fax no: 040-6716 1888, Email: uti@kfintech.com

		UMRN													Date	DD MM YY YY									
Utility Code														☒ Create ☐ Modify ☐ Cancel											
Sponsor Bank Code														I/We authorize UTI MUTUAL FUND											
To debit (tick ✓)		SB / CA / CC / SB-NRE / SB-NRO / OTHER				Bank a/c number																			
with Bank														IFSC / MICR											
an amount of Rupees														₹											
Debit Type		☐ Fixed Amount ☒ Maximum Amount Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented																							
Reference 1														Reference 2											
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.																									
From		DD MM YY YY				Maximum period of validity of this mandate is 40 years only																			
To		DD MM YY YY																							
Maximum period of validity of this mandate is 40 years only		Signature Primary Account holder												Signature of Account holder				Signature of Account holder							
Phone No.														1. Name as in Bank records				2. Name as in Bank records				3. Name as in Bank records			

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

UTI SMaRT SIP Form™

- ☐ Registration of New SIP
☐ Renewal of Existing SIP
☐ Micro SIP
☐ Change in Existing Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

☐ 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 distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS		APPLICATION NO./FOLIO NO.											
Name of Sole / 1st Holder / Beneficiary Child													
Name of Guardian (in case of Minor)													
PAN DETAILS		(If not registered in the folio already)											
First Applicant/Guardian		Second Applicant				Third Applicant							
Mandatory Enclosure		Mandatory Enclosure				Mandatory Enclosure							
☐ PAN Proof ☐ KYC Complied		☐ PAN Proof ☐ KYC Complied				☐ PAN Proof ☐ KYC Complied							
PAN Exempt KYC Ref no. (PEKRN for Micro investments)		PAN Exempt KYC Ref no. (PEKRN for Micro investments)				PAN Exempt KYC Ref no. (PEKRN for Micro investments)							

SIP DETAILS							
Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period*	SIP Step Up		
				(MM/YY)	Amount In Multiple of ₹ 500/-	Frequency	
	DD DD	☐ 5000 ☐ 10000 ☐ 25000 OR ₹	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	From MM YY YY To ☐ Until cancelled MM YY YY		☐ Half Yearly ☐ Yearly	
	DD DD	☐ 5000 ☐ 10000 ☐ 25000 OR ₹	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	From MM YY YY To ☐ Until cancelled MM YY YY		☐ Half Yearly ☐ Yearly	
	DD DD	☐ 5000 ☐ 10000 ☐ 25000 OR ₹	☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly	From MM YY YY To ☐ Until cancelled MM YY YY		☐ Half Yearly ☐ Yearly	
Amount in the mandate to bank should be equal or more than this total amount.		Total	₹	* Note : SIP mandate shall be registered for a maximum period of upto 40 years			

My Financial Goal for this SIP (choose anyone)

- ☐ Retirement Corpus
 ☐ Child Education
 ☐ Child Marriage
 ☐ Dream Car
 ☐ Dream House
 ☐ Marriage
 ☐ Holiday
- (In case of saving for Child, mention name of Child)
- Target Amount

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/We would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP. I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

1st Unit Holder / Guardian	2nd Unit Holder	3rd Unit Holder

Unit Holding Option : ☐ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS:- (Please ensure that the sequence of name to mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted below. (Investor client ID should be printed in proof.)

Central Depository Securities Limited	Depository participant Name _____ Target ID _____	National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Target ID _____
Proof enclosed (Any one) ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS) ☐			



Haq, ek behtar zindagi ka.

UTI SmaRT SIP FormTM

For Post Dated Cheque (Only CTS - 2010 compliant cheques are allowed)

- ☐ Registration of SIP
☐ Renewal of SIP
☐ Micro SIP
☐ Salary Saving SIP
☐ Change in Bank Details

ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.

☐ 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 distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS		APPLICATION NO./FOLIO NO.	
Name of Sole / 1st Holder / Beneficiary Child			
Name of Guardian (in case of Minor)			

PAN DETAILS	(If not registered in the folio already)	
First Applicant/Guardian	Second Applicant	Third Applicant
Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure
☐ PAN Proof ☐ KYC Complied	☐ PAN Proof ☐ KYC Complied	☐ PAN Proof ☐ KYC Complied
PAN Exempt KYC Ref no (PEKRN for Micro investments) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) _____

DETAILS OF SIP (For "DIRECT PLAN" please tick here ☐ & write the Scheme Name, Plan/Option below)

Scheme	UTI	PLAN	OPTION
Initial Investment Amount (₹)		Each SIP/Micro SIP Amount (₹) # (Default amount is ₹ 500)	
SIP / Micro SIP Date (Please tick)	01 07 15 25	Frequency : ☐ Monthly ☐ Quarterly	Post Dtd. Chq. Amt. (₹)
SIP / Micro SIP Period : Start from	M M Y Y	End On	M M Y Y
Cheque Nos. From		To	
Account No.		Drawn on	
Branch		PIN Code	
Mandatory Enclosure (if 1 st instalment is not by cheque) I/We have attached PAN card/Document copies of all applicants.		☐ Bank cancelled cheque	☐ Copy of cheque

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder