

UTI Mutual Fund UTI Asset Management Company Limited UTI Trustee Company Private Limited

UTI Tower, Gn Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051.

Tel: (022) 6678 6666,

Email:service@uti.co.in, Website: www.utimf.com

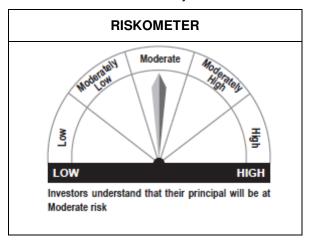
APPLICATION FORM

UTI – Fixed Term Income Fund Series – XXIV-IX (1183 days)

(A Close-ended Income Scheme)

The product is suitable for investors who are seeking*:

- Regular income for fixed term
- Investment in Debt/Money Market Instrument/Govt. Securities



^{*} Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

New Fund Offer Opens on: Monday, March 28, 2016

New Fund Offer Closes on: Monday, March 28, 2016

This page has been intentionally left blank



APPLICATION FORM

OFFER OF UNITS OF ₹ 10/- PER UNIT FOR CASH DURING THE NEW FUND OFFER PERIOD



(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2016/

(2)						IN CAPITAI				_	strar S					
,	EASE READ INSTRUCTION (only									with (*) n		Mand	atorily		nj / CA Cod	de
ARN	Name of Financial		Sub ARN			Code/		O Code		JI No.@		I RM No). [
					Bank Bra	nch Code										
48012									E05	3085						
various factors (in the confidence of the confi	sion shall be paid d including the service rm that the EUIN bo personnel concerne arged any advisory	e rendered ox is inten ed or notw fees for th	l by the d tionally le rithstandin nis transa	istribut eft blan ng the	tor. k by me/u advice of (⊡ Pleas	s as this	is an " riatene sign b	executior ss, if any elow whe	n-only" tr	ansaction	ı withor ı distrik blank)	ut any i outor pe	interac ersonn nstruc	tion or a el and t tion 'w')	advice by	y the
-							• • • • • • • • • • • • • • • • • • • •				Jigila	uie oi v	ли др	piicant		
	CHARGES TO BE PAID TIME INVESTOR IN MUTUA		STRIBUTO	R (Pleas	se tick any o		1		,	VESTOR IN	I MUTUA	L FUND	S			
₹ 150 will be dedu	cted as transaction charge	es per Subso			nd above	OR		vill be dedu	cted as trar	saction cha				10,000 a	nd above	
Existing Unit Holde	r information	Sch	neme Nam	ne:				F	olio Num	ber:						
APPLICANT'S	PERSONAL DETAIL	LS	Mr.	Ms.	Mrs.							*	Denote	es Mand	atory Fie	lds
Name of First	Applicant (as appea	aring in ID	proof give	en for k	(YC)											
						Date of B	Birth						Ma	ındatorv	for minors	s
First Applican	t's Address (Do not	repeat the	name) N	lame &	Address			tive in In	dia (for N	IRIs) (P.O	. Box N	lo. is no				
Village/Flat/Bld																
Street/Road/Are	ea/Post															
City/Town*					State						Pin	1*				
*PAN OF 1ST APF	LICANT/FATHER/MOTH	ER/GUARDI	AN (whose p	oarticulars	s are furnishe	d in the form) AADHA	R CARD NO	O.							
				Enclo	sed	PAN Card	Сору	Kno	ow Your C	ustomer (k	(YC)* A	cknowle	edgeme	ent Copy	Please	(√)
OVERSEAS A	DDRESS (Overseas a	address is	mandator	y for NI	RI / FPI ap	plicants in	additio	n to mailir	ng addres	s in India)						
01-1-						0			Cit	y*	7: /D: *					
State						Country*					Zip/Pin*					
	L OF THE FATHER	R (OR) MC	THER /	GUAR	DIAN (IN	CASE OF	MINC	R)\$ / CC	NTACT	PERSON	N FOR	INSTI	TUTIO	NAL AI	PPLICA	NTS
F																
\$ Proof of date	of birth and proof of re	elationship	with mino	r to be	attached o	r else sign	the de	claration o	on the rev	erse (Refe	er instru	ction 'f').			
DETAILS OF C	THER APPLICANTS	S														
Name of 2nd	Applicant Mr.	. Ms.	Mrs	š.			Date	of Birth of	2nd Appli	cant	d d	m	m	у у	у	у
F	I R S T															
PAN of 2nd	Applicant			Enclos	od F	AADH PAN Card C		ARD NO.	w Vour Cu	stomer (K	VC Ac	knowlo	daomoi	at Conv	Please ((1)
Name of 2nd	Annlicent Mr	Na.	NA		eu r	AN Calu C			f 3rd Appli		d d	m	m	у у	y	y
Name of 3rd	Applicant Mr.	Ms.	Mrs	s. M												
*PAN of 3rd	Applicant					AADI	HAR CA	ARD NO.								$\overline{}$
				Enclos	ed F	AN Card C	Сору	Knov	v Your Cu	stomer (K	YC)* Ac	knowled	dgemer	nt Copy	Please (√)
PAYMENT DE	TAILS (Refer Instruction	n 'y')														
#Cheque/DD/*NE / Unique Serial No	FT/*RTGS Ref. No.								Cash	Account ty	уре	Savin	igs	Current	t NR	E
Account No.	. (1 01 00311)									(please √		NRO		DD issu	ued from at	oroad
Date			Amt. o	of invest	ment (i)										ie reverse due / DD mu	
Bank			DD C	harges if	any (ii)					drawn ir	favour	of "UTI-F	ixed Te	rm Incor	ne Fund S	Series
Branch				mount pa	• ` '					– XXIV -					/c Payee O	1
Amt. in words												nount sh ough RT		2 lacs an	d above in	case

Bank Name Branch
City Pin* IFS Code
Account Npe (please v) Savings Current NRO NRE Account No. INVESTMENT DETAILS (Please v) (* Please check the opening and closing date of the Plan before selecting your choice) Scheme Name:
Account No. INVESTMENT DETAILS (Please) (* Please check the opening and closing date of the Plan before selecting your choice) Scheme Name: UTI-FIXED TERM INCOME FUND SERIES - XXIV - IX. (.1183_DAYS) PLAN (Please </) Regular Plan OPTIONS (Please </) Growth Quarterly Dividend Payout For above Plan Annual Dividend Payout Maturity Dividend Option with payout facility (Default Growth option) Unitholding Option Demat Mode Physical Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode on of the Depository Participant. Demat Account details are compulsory if demat mode is opted above National Depository Name Depository</td
INVESTMENT DETAILS (Please (* Please check the opening and closing date of the Plan before selecting your choice) Scheme Name: UTI-FIXED TERM INCOME FUND SERIES – XXIV – IX (1183_DAYS) PLAN (Please Regular Plan OPTIONS (Please Growth Quarterly Dividend Payout Flexi Dividend Payout For above Plan Annual Dividend Payout Maturity Dividend Option with payout facility (Default Growth option) Unithoiding Option Demat Mode Physical Mode Unithoiding Option Demat Mode Physical Mode Unithoiding Option Demat Lacount Mode on Incompliant of the Depository Participant. Demat Account details are compulsory if demat mode is opted above DEMAT ACCOUNT DETAILS - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any on of the Depository Participant. Demat Account details are compulsory if demat mode is opted above National Depository Name SWITCH ON MATURITY OF THE SCHEME SWITCH: We would like to Switch All units Or Part
Scheme Name: UTI-FIXED TERM INCOME FUND SERIES - XXIV - IX. (1183_DAYS) PLAN (Please /)
PLAN (Please V)
OPTIONS (Please /) Growth Quarterly Dividend Payout Flexi Dividend Payout For above Plan Quarterly Dividend Payout Maturity Dividend Payout Maturity Dividend Payout Growth option) Unitholding Option Demat Mode Physical Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode on the Depository Participant. Demat Account details are compulsory if demat mode is opted above National Depository Name Name Depository Name Depository Name Depository Name Name Name Depository Name Name Depository Name Name Name Name Name Name Name Name
For above Plan
Unitholding Option
(if Demat account details are provided below, units will be allotted, by default, in Electronic Mode onl DEMAT ACCOUNT DETAILS - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any on of the Depository Participant. Demat Account details are compulsory if demat mode is opted above National Depository Name Depository Name Depository Name Depository Participant. Demository Services (India) Depository Participant. Depository Name Depo
(if Demat account details are provided below, units will be allotted, by default, in Electronic Mode onl DEMAT ACCOUNT DETAILS - Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any on of the Depository Participant. Demat Account details are compulsory if demat mode is opted above National Depository Name
of the Depository Participant. Demat Account details are compulsory if demat mode is opted above National Securities Depository Name
Securities Depository Limited DP ID No. Beneficiary Account No. Beneficiary Limited Depository Services (India) Limited Delivery Instruction Slip (DIS) SWITCH ON MATURITY OF THE SCHEME
Depository Limited
Account No. Limited Enclosures: Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS) SWITCH ON MATURITY OF THE SCHEME SWITCH: I/We would like to Switch All units or Partial units No. of Units units or ₹ (Amount in figure) Amount (In words) to Scheme Name Plan Option Growth Dividend Payout Dividend Reinvestment On maturity of the UTI-Fixed Term Income Fund Series - XXIV - (Days) I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction quality of the Unincorporated Trust Foreign
SWITCH ON MATURITY OF THE SCHEME SWITCH: I/We would like to Switch All units or Partial units No. of Units units or ₹ (Amount in figure) Amount (In words) to Scheme Name Plan Option Growth Dividend Payout Dividend Reinvestment On maturity of the UTI-Fixed Term Income Fund Series – XXIV – (Days) I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction q
SWITCH ON MATURITY OF THE SCHEME SWITCH: I/We would like to Switch All units or Partial units No. of Units units or ₹ (Amount in figure) Amount (In words) to Scheme Name Plan Option Growth Dividend Payout Dividend Reinvestment On maturity of the UTI-Fixed Term Income Fund Series – XXIV – (Days) I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction q
SWITCH: I/We would like to Switch All units ☐ or Partial units ☐ No. of Units ☐ units or ₹ (Amount in figure) ☐ to ☐ Scheme Name ☐ Plan ☐ Option ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment ☐ On maturity of the UTI-Fixed Term Income Fund Series — XXIV — ☐ ☐ Days) I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction quality of the UTI-Fixed ☐ Trust ☐ Foreign ☐ Trust ☐ Foreign ☐ Trust ☐ Foreign ☐ Category ☐ Unlisted ☐ Partnership Firm ☐ Unincorporated ☐ Trust ☐ Foreign ☐ Trust ☐ Foreign ☐ Trust ☐ Foreign ☐ Trust ☐ Foreign ☐ Trust ☐ Trust ☐ Foreign ☐ Trust ☐ Foreign ☐ Trust ☐ Trust ☐ Foreign ☐ Trust ☐ Tr
Option Growth Dividend Payout Dividend Reinvestment On maturity of the UTI-Fixed Term Income Fund Series – XXIV – (Days) I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction quality of the UTI-Fixed Term Income Fund Series – XXIV – (Days) I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the investment Scholar to the risk associated with such event. I/We have read and understood the investment Scholar to the risk associated with such event. I/We have read and understood the investment Scholar to the risk associated with such event. I/We have read and understood the investment Scholar to the risk associated with such event. I/We have read and understood the investment Scholar to the risk associated with such event. I/We have read and understood the investment Scholar
I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event. I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction quality of the Target Scheme are the trust of the Target Scheme are t
I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction quality of the Target Scheme are have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme.
Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer instruction q Category Unlisted Partnership Firm Unincorporated Trust Foreign
Individuals
Ownership per cent @@@ >25% >15% >15% >=15%
@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.
\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate UTI AMC / its Registrar / KRA as may be applicable immediately about suchange.
Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)
Sr. No. Name Address Details of Identity such as PAN / Passport % of ownership
Sr. Name Address Details of Identity such as PAN / % of ownership
Sr. No. Name Address Details of Identity such as PAN / Passport % of ownership
Sr. No. Name Address Details of Identity such as PAN / Passport % of ownership
Sr. No. Name Address Details of Identity such as PAN / Passport % of ownership 2 3
Sr. No. Name Address Details of Identity such as PAN / Passport % of ownership 2 3 4
Sr. No. Name Address Details of Identity such as PAN / Passport % of ownership 2 3

UTI MF to corresp													ate wit	111 1116	Jus a	c iiiy		. 09.0		addic	55, I	wea	autno	rize
Name F	I R	R S	Т			M		D	D	L	Е									L	А	S	Т	
Address:																								
Relationship with t	he appli	icant (optic	onal)		E	mail							Мс	bile										
GENERAL INFO	ORMAT	ION - Ple	ease (√) v	wher	ever a	nnli	cable																	
STATUS:			Individual		Minor				n	П	HUF				П	Part	nersh	ip			Tru	st		
			orietorship	_			3 3						oorate			AOF					ВО			
		FPI			NRI	٠,					-		ationals				ed Co	mnar	V		20			
			Not for Pr	ofit'A		any						•	isted (any.	LISK	Ju 00	прап	y					
						•				ш					•									
		Others (P	Please spe	ecity)																				
## OCBs are not all			•					56/2013	3).															
OCCUPATION:		Business			Stude	nt					Agric	ulture	e			Self-	emplo	oyed			Pro	fessio	nal	
		Housewife	e		Retire	d					Priva	te Ser	ctor Se	ervice	, \Box	Puhli	c Sect	or Se	vice		Gov	ernme	ent Se	ervice
		Forex Dea			Others		A250 1	enecie	w)			500	,,,,,				. 550	50			201		00	
					Outers		- Case (specii	y)															
MODE OF HOLDING:		Single			Anyon	e or	survi	vor			Joint													
MARITAL STATUS:		Unmarried	d 		Marrie	ed					Wed	ding /	Anniv	ersar	у	D	M M]						
OTHER DETAILS	(MANI	DATORY)																						
1st Applicants		Cross	\		- Datai	la Di				VIDU/	ALS C	NLY												
1 st Applicant:	(A)	Gross A	low 1 Lac	come	Detai	-	-5 lacs	•	')	[OR]	5-	10 Lad	cs		10-25	Lacs		>2	5 Lac	s - 1 (Crore		>1 C	Crore
Net-worth in ₹			(Net w	orth:	should r	not b	e olde	r than	1 ye	ar)				<u> </u> '	as on	(date)	D		M	/ Y	Y	Υ		
		Please t] P	olitica	lly Ex	pose	d Per	son (F	PEP)		Ш	Relat (For	ed to definit	a Poli ion of	tically PEP,	Expo	sed F e refe	Persor er inst	n (PEF ruction	?) າ 'x').	
2 nd Applicant:		Any oth				ls																		
	()		low 1 Lac			,	-5 lacs	S				10 Lad	cs		10-25	Lacs		>2	5 Lac	s - 1 (Crore		>1 C	rore
										[OR]										1.				
Net-worth in ₹	(B)	Please t			should r						son (F	PEP)		_		(date) ed to			M M Expo		ersor	Y (PEF	P)	
	(C)	Any oth	ner inform	natio	n:			, =/				,										. (
3 rd Applicant:	(A)	Gross A	Annual In o low 1 Lac		e Detai	-	-5 lacs			Г	7 5	10 Lad	cc		10.28	Lacs] <2	5 Lac	c 1(roro		>1 C	`roro
			OW I Lac		_	. I	-5 lac	5		[OR]		IU Lat	CS		10-20	Laus			.o Lac	5-10	JIOIE		-10	JOIE
Net-worth in ₹		Disease			should r											(date)			M M			Y		
	(C)	Please t	ier inform	natio	n:	J P									Relat	ea to		tically	Expo	sea F	ersor	1 (PEF	·)	
	(<u>A</u>)	Gross A	Annual In	com	. Dotai	le	FO	R NO	N-IN	DIVIE	DUAL	S ONI	LY											
	(~)	_	low 1 Lac		_	-	-5 lacs	S			5-	10 Lad	cs		10-25	Lacs		>2	5 Lac	s - 1 (Crore		>1 C	crore
Net-worth in ₹			(Net w							[OR] ar)					as on	(date)		<u> </u>	NA NA		V V	· V		
Net-Worth III C		Is the ent												— '	a3 011	(uaic)	D	ויעב	IVI IVI	J' [
			Exchange /			er Se	rvices					Gamino	g / Gam	nbling/l	Lottery	Service	es (e.g.	casino	s, betti	ng synd	licates)	Y	ES [NO
	(C)	Any oth	•	-				_																
									_	_				_			_							
		— →←					A 01	<i>-</i>		FD	GEN	1EN	ıT							}<-		-		
	Fixed Te Fund -	erm Series XXI	_ IV				ACP To be				ne Ap									—\$<		*	Mutua	I Fund
			ĪV	UTI	-FIXED	(T	Γo be	filled	d in	by th		plica	ant)		DAYS)		Sr. N	lo. 2		—} <		*	Mutua	l Fund
	Fund -	Series XXI	īv	UTI	-FIXED	(T	Γo be	filled	d in	by th		plica	ant)		DAYS)		Sr. N	lo. 2		}<		*	Mutua	I Fund
Income Received from Mr / I along with Cheque ^s	Fund - Ms / M/s	Series XXI		UTI	-FIXED	(T	Γo be	filled	d in	by th		plica	ant)		DAYS)		Sr. N	lo. 2		-}<		*	Mutua	I Fund
Received from Mr / I along with Cheque ^s Ref. No./Unique Ser	Fund - Ms / M/s	Series XXI		UTI	-FIXED	(T	Γo be	filled	d in	by th	S – X)	plica	ant)		DAYS)		Sr. N	lo. 2	016/			UTI		
Income Received from Mr / I along with Cheque ^s	Fund - Ms / M/s	Series XXI		UTI	-FIXED	(T	Γo be	filled	d in	by th	S – X)	plica	ant)		DAYS)		Sr. N	lo. 2	016 / Star	mp of	UTI A	*	office/	

DETAIL		d by all Amplian	ata in the same of	aguanas of Namas as given	in this Application	
Informa	ation to be provide	d by all Applicar	its in the same se	equence of Names as given	tillo / tppiloutit	on form
Are you	a tax resident of ar	ny country other th	nan India ?			
If No , pl	lease tick here:	First Applicant	Second Ap	plicant Third Applicant		
If Yes, p	please tick here:	First Applicant	Second App	plicant Third Applicant		
Please fil	I in the Particulars in the	e prescribed Form for	FATCA/CRS and atta	ach it with this Application Form.		
☐ I/W that		ne undermentioned ttlements made to s	Nominee to receive	th to nominate) the amounts to my / our credit in signature of the Nominee acknow		
Name	and Address of Nor	ninee		To be furnished in ca	ase nominee is a n	minor
Name				Name of the guardian]	
	of Birth ddmm			Address of guardian		
	se of nominee is a mir	nor)		Signature of Nominee	/ quardian	
Addres	ss with pin code			(for minor)	: / guardiair	
l —	s who wish to nominate to do not wish to nomin	•	ons may fill in the sep	parate form prescribed for the same	e and attach it with t	this application form.
		1910				
	Signature of 1st Appli	cant / Guardian	Sia	nature of 2nd Applicant	Si	gnature of 3rd Applicant
I/We haddenda the scher documer ARN hold of various in the Follon.	RATION AND SIGN ave read and underst issued till date and ap me as on the date of in tts and procedural req der has disclosed to m s Mutual Funds from a rm to my distributor an	NATURE OF APP ood the contents of ply to the Trustee of vestment. I/We unde uirements. I/We I le/us all the commis mongst which the So d other service prov	the Scheme Information of UTI Mutual Fund as ertake to confirm that have not received no sions (in the form of cheme is being recorders of the UTI MF f	ation Document, Statement of Add indicated above. I/We agree to abit this investment has been duly author been induced by any rebate or getrail commission or any other mod mmended to me/us. • I/We hereby or the purpose of servicing, issue of	ide by the terms and horised by appropria gifts, directly or indir le), payable to him f y authorize UTI MF/ of account statemen	d conditions, rules and regulati ate authorities in terms of all re rectly in making investments. for the different competing Sch /UTI AMC to share my data furn nt/consolidated statement of ac
I/We haddenda the scher documer ARN hold for various in the Forest and control of the relection of the	RATION AND SIGN ave read and underst issued till date and ap me as on the date of in this and procedural req der has disclosed to m s Mutual Funds from a m to my distributor an cross selling of produc add through approved evant documents, if ca	ood the contents of ply to the Trustee of vestment. I/We unde uirements. • I/We lie/us all the commis mongst which the Sc d other service prov ts/schemes of the U banking channels o alled for by UTI Mutu ration is made. The	The Scheme Information of UTI Mutual Fund as ertake to confirm that have not received no sions (in the form of cheme is being recordiders of the UTI MF our NRE all Fund (Applicable date of birth stated by the confirmation of the UTI ME of the confirmation of the UTI ME of the confirmation of the confirmat	ation Document, Statement of Addindicated above. I/We agree to abit this investment has been duly author been induced by any rebate or getrail commission or any other mod mmended to me/us. If We hereby or the purpose of servicing, issue or me that we are Non-Residents of I / NRO Account. I/We undertake to to NRI's). I hereby solemnly do by me is true and correct. I do not	ide by the terms and horised by appropria jifts, directly or indir le), payable to him fy authorize UTI MF/ of account statemen ndian Nationality/O o provide further det eclare that I am the	d conditions, rules and regulati ate authorities in terms of all re rectly in making investments. for the different competing Sch/UTI AMC to share my data furnt/consolidated statement of actingin and that the funds are retails of source of funds and any father/mother/guardian of the
● I/We haddenda the scher documer ARN hold of various in the Forest Arm abrother relection of the relection	RATION AND SIGN ave read and underst issued till date and ap me as on the date of in this and procedural req der has disclosed to m s Mutual Funds from a rm to my distributor an rm to my distributor so selling of produce read through approved and through approved	NATURE OF APP ood the contents of ply to the Trustee of vestment. I/We unde uirements. • I/We l vestments which the So d other service prov ts/schemes of the U banking channels o ulled for by UTI Mutu action is made. The Strike out if this decl OF STATEMENT in Physical Form relative's address in India	the Scheme Informate UTI Mutual Fund as ertake to confirm that have not received no sions (in the form of cheme is being recorders of the UTI MF INTI MF. • I/We confirm from my / our NRE tall Fund (Applicable date of birth stated be laration is not applicated. OF ACCOUNT (S. At my Overseas add as as mentioned above.)	ation Document, Statement of Addindicated above. I/We agree to abit this investment has been duly author been induced by any rebate or getrail commission or any other mod mmended to me/us. I/We hereby or the purpose of servicing, issue rm that we are Non-Residents of I/NRO Account. I/We undertake to NRI's). I hereby solemnly do y me is true and correct. I do not able).	ide by the terms and horised by appropria jifts, directly or indir le), payable to him fy authorize UTI MF/of account statemen ndian Nationality/O provide further det eclare that I am the have any documen	d conditions, rules and regulati ate authorities in terms of all recetly in making investments. for the different competing Scr/UTI AMC to share my data furnt/consolidated statement of a drigin and that the funds are retails of source of funds and any father/mother/guardian of the its in support of the date of birt
● I/We haddenda the scher documer ARN hold of various in the Forest Arm abrother relection of the relection	RATION AND SIGION AND	NATURE OF APP ood the contents of ply to the Trustee of vestment. I/We unde uirements. • I/We l vestments which the So d other service prov ts/schemes of the U banking channels o ulled for by UTI Mutu action is made. The Strike out if this decl OF STATEMENT in Physical Form relative's address in India	the Scheme Informate UTI Mutual Fund as ertake to confirm that have not received no sions (in the form of cheme is being recorders of the UTI MF INTI MF. • I/We confirm from my / our NRE tall Fund (Applicable date of birth stated be laration is not applicated. OF ACCOUNT (S. At my Overseas add as as mentioned above.)	ation Document, Statement of Addindicated above. I/We agree to abit this investment has been duly author been induced by any rebate or grail commission or any other mod nmended to me/us. I/We hereby or the purpose of servicing, issue or m that we are Non-Residents of I / NRO Account. I/We undertake to to NRI's). I hereby solemnly do by me is true and correct. I do not able).	ide by the terms and horised by appropria jifts, directly or indir le), payable to him fy authorize UTI MF/ of account statemen ndian Nationality/O provide further detectare that I am the have any documen change of bank details etchange of bank d	d conditions, rules and regulati ate authorities in terms of all recetly in making investments. for the different competing Scr/UTI AMC to share my data furnt/consolidated statement of a drigin and that the funds are retails of source of funds and any father/mother/guardian of the its in support of the date of birt
● I/We haddenda the scher documer ARN hold of various in the Forest and of from abrother relations! ■ Throw Throw To be Please ® Applicate the scheme of t	RATION AND SIGNATE AND SIGNATION AND SIGNATE AND SIGNATION AND SIGNATE AND SIGNATION AND SIGNATE AND SIGNATE AND SIGNATE AND SIGNATE AND SIGNATION AND SIG	NATURE OF APP ood the contents of ply to the Trustee of vestment. I/We unde uirements. • I/We l vestments which the So d other service prov ts/schemes of the U banking channels o ulled for by UTI Mutu action is made. The Strike out if this decl OF STATEMENT in Physical Form relative's address in India	the Scheme Informate UTI Mutual Fund as ertake to confirm that have not received no sions (in the form of cheme is being recorders of the UTI MF INTI MF. • I/We confirm from my / our NRE tall Fund (Applicable date of birth stated be laration is not applicated. OF ACCOUNT (S. At my Overseas add as as mentioned above.)	ation Document, Statement of Addindicated above. I/We agree to abit this investment has been duly author been induced by any rebate or getrail commission or any other modimmended to me/us. I/We hereby or the purpose of servicing, issue or me that we are Non-Residents of I/NRO Account. I/We undertake to to NRI's). I hereby solemnly do yo me is true and correct. I do not able). SoA) dress as mentioned above® on, communication of change of address, on the communication of change of address, or the communication of change of address.	ide by the terms and horised by appropria jifts, directly or indir le), payable to him fy authorize UTI MF/ of account statemen ndian Nationality/O provide further detectare that I am the have any documen change of bank details etchange of bank d	d conditions, rules and regulati ate authorities in terms of all recetly in making investments. for the different competing Schull and the competing Schull and the consolidated statement of achieves and the funds are retails of source of funds and any father/mother/guardian of the its in support of the date of bird etc. through email only at the below emails of the consolidated statement of the date of bird experience.
PECLA I/We haddenda the scher documer ARN hold of various in the Forest Are do etc and content and content relected in the Forest Are do etc and content relected in the Forest Application of the relected in the Forest Application of the relected in the Forest Application of the scheme and the scheme and the scheme and the scheme are determined in the scheme and the scheme are the scheme and the scheme are the scheme and the scheme are	RATION AND SIGNATE AND SIGNATION AND SIGNATE AND SIGNATION AND SIGNATE AND SIGNATE AND SIGNATE AND SIGNATION AND	NATURE OF APP ood the contents of ply to the Trustee of vestment. I/We unde uirements. • I/We l vestments which the So d other service prov ts/schemes of the U banking channels o ulled for by UTI Mutu action is made. The Strike out if this decl OF STATEMENT in Physical Form relative's address in India	the Scheme Informate UTI Mutual Fund as ertake to confirm that have not received no sions (in the form of cheme is being recorders of the UTI MF INTI MF. • I/We confirm from my / our NRE tall Fund (Applicable date of birth stated be laration is not applicated. OF ACCOUNT (S. At my Overseas add as as mentioned above.)	ation Document, Statement of Addindicated above. I/We agree to abit this investment has been duly author been induced by any rebate or grail commission or any other mod nmended to me/us. I/We hereby or the purpose of servicing, issue or mt that we are Non-Residents of I / NRO Account. I/We undertake to to NRI's). I hereby solemnly do by me is true and correct. I do not able). SoA) dress as mentioned above® on, communication of change of address, of the communication of change of address, of the communication of change of address, or the communication of change of address.	ide by the terms and horised by appropria jifts, directly or indir le), payable to him fy authorize UTI MF/ of account statemen ndian Nationality/O provide further detectare that I am the have any documen change of bank details etchange of bank d	d conditions, rules and regulati ate authorities in terms of all recetly in making investments. for the different competing Schull and the competing Schull and the consolidated statement of achieves and the funds are retails of source of funds and any father/mother/guardian of the its in support of the date of bird etc. through email only at the below emails of the consolidated statement of the date of bird experience.
PECLA I/We haddenda the scher documer ARN hold of various in the Forest Arn abroad the scheric and control of the relection	RATION AND SIGNATE AND SIGNATION AND SIGNATE AND SIGNATION AND SIGNATE AND SIGNATE AND SIGNATE AND SIGNATION AND	ood the contents of ply to the Trustee of vestment. I/We unde uirements. • I/We lurely sall the commis mongst which the Sc d other service prov ts/schemes of the U banking channels o alled for by UTI Mutuation is made. The Strike out if this decl OF STATEMENT in Physical Form Indiant, Abridged Annual Repo	the Scheme Information of UTI Mutual Fund as ertake to confirm that have not received no sions (in the form of cheme is being recorders of the UTI MF. It IMF. If IMF. IMF. IMF. IMF. IMF. IMF. IMF. IMF.	ation Document, Statement of Addindicated above. I/We agree to abit this investment has been duly author been induced by any rebate or grail commission or any other mod nmended to me/us. I/We hereby or the purpose of servicing, issue or mt that we are Non-Residents of I / NRO Account. I/We undertake to to NRI's). I hereby solemnly do by me is true and correct. I do not able). SoA) dress as mentioned above® on, communication of change of address, of the communication of change of address, of the communication of change of address, or the communication of change of address.	ide by the terms and horised by appropria jifts, directly or indir le), payable to him fy authorize UTI MF/ of account statemen ndian Nationality(O) provide further detectare that I am the have any documen Tel. (O)	d conditions, rules and regulati ate authorities in terms of all recetly in making investments. for the different competing Schull and the competing Schull and the consolidated statement of achieves and the funds are retails of source of funds and any father/mother/guardian of the its in support of the date of bird etc. through email only at the below emails of the consolidated statement of the date of bird experience.
PECLA I/We haddenda the scher documer ARN hold of various in the Forest Are detected by the following of the relected had been detected by the following of the relected had been detected by the following of the relected had been detected by the following of the following been detected by the following by the following been detected by the following by the following been detected by the following by the fo	RATION AND SIGNATE	ood the contents of ply to the Trustee of vestment. I/We unde uirements. • I/We levus all the commiss mongst which the Sc d other service prov ts/schemes of the U banking channels o alled for by UTI Mutuation is made. The Strike out if this decl OF STATEMENT in Physical Form relative's address in Indiant, Abridged Annual Repo	the Scheme Information of UTI Mutual Fund as ertake to confirm that have not received not sions (in the form of cheme is being recorders of the UTI MF full INTI MF. • I/We confirm of from my / our NRE that Fund (Applicable date of birth stated belaration is not applicated as a mentioned above out, Transaction confirmation, Trans	ation Document, Statement of Addindicated above. I/We agree to abit this investment has been duly author been induced by any rebate or grail commission or any other mod nmended to me/us. I/We hereby or the purpose of servicing, issue or m that we are Non-Residents of I / NRO Account. I/We undertake to to NRI's). I hereby solemnly do by me is true and correct. I do not able). SoA) dress as mentioned above® on, communication of change of address, of the communication of change of address.	ide by the terms and horised by appropria jifts, directly or indirie), payable to him fy authorize UTI MF/of account statemen ndian Nationality/O provide further detectare that I am the have any documen Tel. (0) Sign	d conditions, rules and regulati ate authorities in terms of all recetly in making investments. for the different competing Schull and the funds are restricted by the funds and any father/mother/guardian of the funds in support of the date of birth and the funds are restricted by t

- 2. In case the applicant does not receive the Statement of Account within 10 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 to the Registrar.
- 3. Please ensure that all PAN details / copy of KYC Acknowledgement provided by service provider are given, failing which your application will be rejected.
- 4. 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. Karvy Computershare Private Limited, UTIMF, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad – 500 032, Board No: 040 - 6716 2222, Fax no : 040- 6716 1888, Email:uti@karvy.com