

**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](http://www.utimf.com)

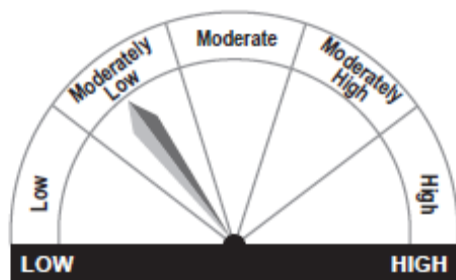
## APPLICATION FORM

### UTI – Fixed Term Income Fund Series – XXIV - XI (1098 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 understand that their principal will be at Moderately Low risk

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

**New Fund Offer Opens on:** Thursday, April 07, 2016

**New Fund Offer Closes on:** Thursday, April 21, 2016

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# 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/

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

Registrar Sr. No.

(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER) [Fields Marked with (\*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
ARN	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.
48012					E053085	

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 EUI box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. ( ☐ Please tick and sign below when EUI box is left blank) (refer instruction 'w').

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')		
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above		₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above
Existing Unit Holder information	Scheme Name:	Folio Number:

APPLICANT'S PERSONAL DETAILS <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		* Denotes Mandatory Fields
Name of First Applicant (as appearing in ID proof given for KYC)		
F I R S T	M I D D L E	
L A S T	Date of Birth	Mandatory for minors
First Applicant's Address (Do not repeat the name) Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)		
Village/Flat/Bldg./Plot*		
Street/Road/Area/Post		
City/Town*	State	Pin*
*PAN OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished in the form) AADHAR CARD NO.		
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)		

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)		
City*		
State	Country*	Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR)\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
F I R S T	M I D D L E	L A S T
\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction 'f').		

DETAILS OF OTHER APPLICANTS		
Name of 2nd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 2nd Applicant	
F I R S T	M I D D L E	L A S T
*PAN of 2nd Applicant	AADHAR CARD NO.	
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)		
Name of 3rd Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 3rd Applicant	
F I R S T	M I D D L E	L A S T
*PAN of 3rd Applicant	AADHAR CARD NO.	
Enclosed <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)		

PAYMENT DETAILS (Refer Instruction 'y')		
#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<input type="checkbox"/> Cash	Account type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE
Account No.		(please ✓) <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad
Date	Amt. of investment (i)	# Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "UTI-Fixed Term Income Fund Series - XXIV - ____ (____ days)" & crossed "A/c Payee Only"
Bank	DD Charges if any (ii)	
Branch	Net amount paid (i-ii)	
Amt. in words		
* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.		

Bank Name		Branch
Address		MICR Code <input type="text"/> (this is a 9-digit number next to your cheque number)
	City Pin*	IFS Code <input type="text"/> (this is a 11-digit number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		
Account No. <input type="text"/>		

Scheme Name:	UTI-FIXED TERM INCOME FUND SERIES – XXIV – <u>XI</u> ( <u>1098</u> DAYS)
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**OPTIONS** (Please ✓) ☐ Growth ☐ Quarterly Dividend Payout ☐ Flexi Dividend Payout  
For above Plan ☐ Annual Dividend Payout ☐ Maturity Dividend Option with payout facility (Default Growth option)

(if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

[illegible]

Enclosures : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

**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 and have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme.

(Refer instruction q)

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
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 such change.

**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
1				
2				
3				
4				
5				
6				

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

[illegible]

**STATUS:**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<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"/> FPI	<input type="checkbox"/> NRI	<input type="checkbox"/> Foreign Nationals##	<input type="checkbox"/> Listed Company	
<input type="checkbox"/> Unlisted 'Not for Profit'^^ Company		<input type="checkbox"/> Other Unlisted Company		
<input type="checkbox"/> Others (Please specify)				

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

**MODE OF HOLDING:** ☐ Single ☐ Anyone or survivor ☐ Joint

**MARITAL STATUS:** ☐ Unmarried ☐ Married ☐ Wedding Anniversary

**FOR INDIVIDUALS ONLY**

Net-worth in ₹ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

Net-worth in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (date) DD/MM/YYYY

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

**FOR NON-INDIVIDUALS ONLY**

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 / Pawnshop ☐ YES ☐ NO

(C) Any other information:

**UTI** Fixed Term  
Income Fund - Series XXIV

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



UTI-FIXED TERM INCOME FUND SERIES – XXIV – (            DAYS)

**Sr. No. 2016/**

Received from Mr / Ms / M/s

along with Cheque\$/DD\$/NEFT/RTGS  
Ref. No./Unique Serial No. (For Cash)

**Drawn on (Bank)**

for ₹ (in figures)

Stamp of UTI AMC Office/  
Authorised Collection Centre

\$ Cheques and drafts are subject to realisation.

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

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

If **Yes**, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

Please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

☐ 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.

<b>Name and Address of Nominee</b>	<b>To be furnished in case nominee is a minor</b>								
Name	Name of the guardian								
Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> (in case of nominee is a minor)	d	d	m	m	y	y	y	y	Address of guardian
d	d	m	m	y	y	y	y		
Address with pin code	Signature of Nominee / guardian (for minor)								

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

☐ I/We do not wish to nominate

**Signature of 1st Applicant / Guardian**

Signature of 2nd Applicant

Signature of 3rd Applicant

• 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 do not have any documents in support of the date of birth and relationship with minor child. (Strike out if this declaration is not applicable).

☐ Through email<sup>∞</sup>    ☐ SoA in Physical Form    ☐ At my Overseas address as mentioned above<sup>®</sup>

☐ To be dispatched to my resident relative's address in India as mentioned above®

<sup>∞</sup> Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

® Applicable to NRIs

First Applicant Details	Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel. (R)	STD CODE	<input type="text"/>	Tel. (O)	STD CODE	<input type="text"/>
	*E-mail										Alternate E-mail			

**Signature of 1st Applicant / Guardian**

Name of 1st Authorised Signatory

**Signature of 2nd Applicant**

Name of 2nd Authorised Signatory

**Signature of 3rd Applicant**

Name of 3rd Authorised Signatory

Designation

Designation

Designation

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.

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

**Sign.  
here**

**Sign.  
here**