

## 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

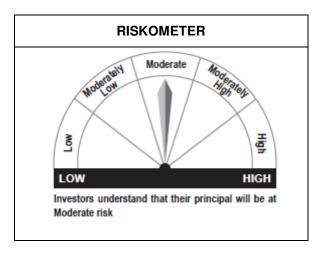
## **APPLICATION FORM**

UTI – Fixed Term Income Fund Series – XXIV - XIV(1831 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



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

New Fund Offer Opens on: Thursday, May 26, 2016

New Fund Offer Closes on: Wednesday, June 01, 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/

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					Bank Bra	nch Code										
48012									E05	3085						
•	sion shall be paid					NISM cert	tified U	TI MF reg	gistered I	Distribut	ors ba	sed on t	the inv	estors'	assessmer	nt of
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Signa	ture of 1st Applica	ınt / Guardiaı	n		Signa	ture of 2nd	d Applic	ant			Sign	ature of	3rd A	pplicant		
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Existing Unit Holde	rinformation	Sch	neme Nam	e:				F	olio Num	ber:						
APPLICANT'S	PERSONAL DET	AILS	Mr. N	/Is.	Mrs.							*	Deno	tes Man	datory Fiel	lds
Name of First	Applicant (as app	earing in ID	proof give	n for k	(YC)											
						Date of B	Birth						N	landatory	for minors	
First Applican	t's Address (Do n	ot repeat the	e name) <b>N</b>	ame &	Address	of reside	nt relat	ive in In	dia (for N	NRIs) (P.	О. Вох	No. is r	not suf	ficient)		
Village/Flat/Bld	g./Plot*															
Street/Road/Are	a/Post				04-4-							\:*				
City/Town*	LICANT/FATHER/MO		•••		State						F	Pin*				_
				Enclo	sed	PAN Card	Сору	Kno	w Your C		` ′	Acknow	ledgen	nent Cop	y Please	( <b>√</b> )
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F																
\$ Proof of date	of birth and proof of	f relationship	with minor	to be	attached o	r else sign	the dec	claration o	on the rev	erse (Re	fer inst	ruction 'f	f').			
DETAILS OF C	THER APPLICAN	ITS														
Name of 2nd	Applicant N	۸r. Ms.	Mrs				Date	of Birth of	2nd Appl	icant	d	d m	m	у	уу	у
*PAN of 2nd A	R   S   Applicant					D L	IAD CA	RD NO.								_
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Name of 3rd	Applicant N	۸r. Ms.	Mrs				Date	of Birth of	f 3rd Appl	icant						у
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Bank			DD Ch	arges if	f any (ii)					drawn	in favou	ır of "UTI	-Fixed	Term Inco	me Fund Se	eries
Branch			Net an	nount pa	aid (i-ii)						(_ stment				A/c Payee Or nd above in	1
Amt. in words												hrough R		. = Iau3 d	above III	Juse

BANK P	ARTICULARS O	F 1ST APPLICANT (N	Mandatory as per S	SEBI G	Guidelines)			
Bank Nan					,	Branch		
Address						MICR Cod		to your cheque number)
	City		Pin*			IFS Code (this is a 1	1-digit number)	
Account ty	ype (please ✓)	Savings	Current NI	RO	NRE			
Account N	No.							
INVEST	MENT DETAILS	(Please ✓) (* Please	check the opening	g and	closing date of the	e Plan be	efore selecting y	our choice)
Scheme Na	ame:	UTI-FIX	(ED TERM INCO	ME F	UND SERIES -	XXIV <b>–</b>	( <u>IV(1831</u> D)	AYS)
PLAN (Plea	ase ✓) <b>Regul</b>	ar Plan						
OPTIONS (	(Please ✓) ☐ Growth	h	Quarterly Dividend Payo	out	Flexi Dividend	l Payout		
For above f	Plan		Annual Dividend Payout	t	Maturity Divid	end Option	with payout facility (D	efault Growth option)
Unitholding	Option Demai	t Mode Physical Mode	(if	: Demat	account details are prov	ided helow	units will be allotted	by default, in Electronic Mode only)
		- Please ensure that the Demat Account details ar	sequence of names	as men	tioned in the applicat	<u> </u>	<u> </u>	f the account held with any one
National	Depository Name			entral	Depository Name			
Securities Depository	DP ID No.			epositor ervices	y Target ID No.			
Limited	Beneficiary Account No.		1 1 1,	ndia) mited	Isangeria isan			
Enclosures	: Client Maste	r List (CML) Transac	tion cum Holding State	ement	Delivery Instructi	on Slip (DI	S)	
SWITC	H ON MATURITY	OF THE SCHEME						
SWITCH: 1/	We would like to Switch	h All units  or Partial units	No. of Units	un	its or ₹ (Amount in figur	e)		
Amount (In			7		to		eme Name	
Option  I/We have r	Growth	Dividend Payout e terms and conditions applic	Dividend Reinvestme					XXIV ( Days)
I/We have	read and understood th		ment (SID)/Statement of	of Addition	onal Information (SAI) a			m (KIM) of the Target Scheme and
Details o Beneficia	f Beneficial Owners	hip (Please tick applicab shold limit provided belov	ele category). Owner w. Details to be provi	ship de	etails to be provided each such beneficia	if the Ov	vnership percentaç	ge/interest in the trust of any
		T		Т			Г	(Refer instruction q)
	Category	Unlisted company	Partnership Fi	irm	Unincorporated Association/Bo Individuals		Trust	Foreign Investor \$\$\$
Ownership	p per cent @@@	>25%	>15%		>15%		>=15%	
@@@ Own	ership percentage of	shares/capital/profits/proper	rty of juridical person/i	nterest i	in the Trust as on the o	date of the	application shall be	furnished by the investor.
	· ·	ors, the beneficial ownershing the investigation ownership, the investigation of the investig	•	•	· ·			ndum. applicable immediately about such
Details of Bo	eneficial Ownership (F	Please attach a separate sh	eet with this format if	the spa	ce provided is insuffic	ient)		
Sr. No.		Name			Address	1	ails of Identity uch as PAN / Passport	% of ownership
1								
2								
3								
4								
5								
6								
[Please atta	ch self attested conv	of PAN/Passport (proof of p	hoto identity) along wi	ith annli	cation forml			

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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																	
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		Others (P	Please spe	ecity)																				
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		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 <sup>st</sup> Applicant:	(A)	Gross A	low 1 Lac	come	Detai	-	-5 lacs	•	<b>'</b> )	[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		
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2 <sup>nd</sup> Applicant:		Any oth				ls																		
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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 <sup>rd</sup> Applicant:	(A)	Gross A	<b>Annual In</b> 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
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Net-worth in ₹		Disease			should r											(date)			M M			Y		
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Received from Mr / I along with Cheque <sup>s</sup> 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 <sup>s</sup>	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	<b>016</b> / 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 <b>No</b> , 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	
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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
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- 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