



Haq, ek behtar zindagi ka.

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

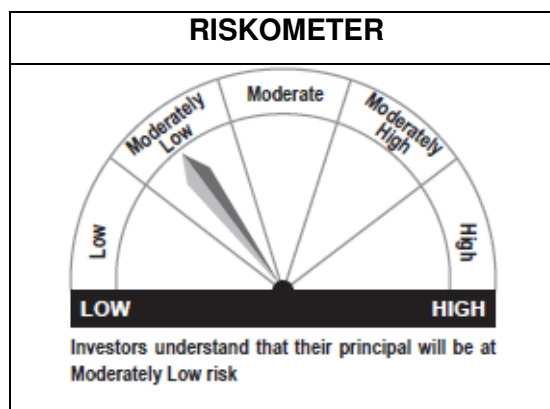
APPLICATION FORM

UTI – Fixed Term Income Fund Series – XXIV - XV(1099 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, May 30, 2016

New Fund Offer Closes on: Monday, June 13, 2016

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(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 EUIN 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 inappropriateness, 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 EUIN 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 ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS ₹ 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	d	d	m	m	y	y	y	y		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 (✓)							

[illegible]

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

PAYMENT DETAILS (Refer Instruction 'y')									
#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Cash	Account type (please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> NRO	<input type="checkbox"/> Current <input type="checkbox"/> DD issued from abroad	<input type="checkbox"/> NRE			
Account No.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								
Date	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Amt. of investment (i)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
Bank	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	DD Charges if any (ii)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
Branch	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Net amount paid (i-ii)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
Amt. in words	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								

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"**

♦ 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 – XV (1099 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)

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 one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above

[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.

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 g)

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 SA/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: ☐ Resident Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Trust
☐ Sole Proprietorship ☐ Society ☐ Body Corporate ☐ AOP ☐ BOI
☐ FPI ☐ NRI ☐ Foreign Nationals## ☐ Listed Company
☐ Unlisted 'Not for Profit'^^ Company ☐ Other Unlisted Company
☐ 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)

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

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

(C) Any other information: _____



UTI Mutual Fund

Received from Mr / Ms / M/s		
along with Cheque ^s /DD ^s /NEFT/RTGS		
Ref. No./Unique Serial No. (For Cash)		dated
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.

Name and Address of Nominee	To be furnished in case nominee is a minor								
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[®] ☐ SoA in Physical Form ☐ At my Overseas address as mentioned above[®]

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

[∞] 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**