

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

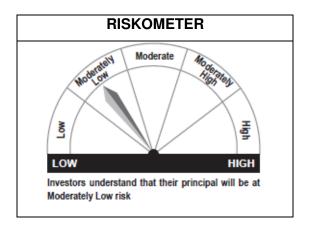
APPLICATION FORM

UTI – Fixed Term Income Fund Series – XXIV - XVII(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 should consult their financial advisers if in doubt about whether the product is suitable for them.

New Fund Offer Opens on: Tuesday, June 14, 2016

New Fund Offer Closes on: Tuesday, June 28, 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/

			P	LEASE F	ILL IN ALL	COLUMNS I	N CAPITA	L LETTERS O	NLY	Regi	strar S	r. No.			
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	FI	R S	T												
							Date of B							tory for m	inors
First Applicant		(Do not	repeat th	e name	e) Name 8	& Address	of reside	nt relative i	n India (f	or NRIs) (P.O	. Box No	o. is not	sufficien	t)	
Village/Flat/Bldg Street/Road/Are															
City/Town*	a/FUSI					State					Pin*				
*PAN OF 1ST APP	LICANT/FATH	IER/MOTHE	R/GUARD	IAN (who	se particula	s are furnished	l in the form	AADHAR CAI	RD NO.						
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										City*					
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\$ Proof of date of	of birth and	proof of re	elationship	with m	ninor to be	attached or	else sign	the declarat	ion on the	reverse (Refe	er instruc	tion 'f').			
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*PAN of 3rd A	Applicant						ΔΔΟΙ	HAR CARD	NO						
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Account No.												NRO			om abroad
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Branch				Ne	et amount p	aid (i-ii)							l be ₹2 lac	-	· · · ·
Amt. in words												ugh RTG			

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Address						IICR Coo		to your cheque number)
	City		Pin*			S Code	1-digit number)	
Account t	type (please ✓)	Savings	Current N	IRO	NRE			
Account I	No.							
INVEST	MENT DETAILS	(Please ✓) (* Please	check the opening	ig and	closing date of the	Plan be	efore selecting y	our choice)
Scheme Na	ame:	UTI-FIX	(ED TERM INC	OME	FUND SERIES – X	XIV _X	VI 1098 _D	AYS)
PLAN (Ple	ase ✓) Regul	ar Plan						
OPTIONS	(Please ✓) Growt	h 🔲 (Quarterly Dividend Pay	out	Flexi Dividend F	Payout		
For above	Plan		Annual Dividend Payou	ıt	Maturity Divider	nd Option	with payout facility (D	efault Growth option)
Unitholding	Option Dema	t Mode Physical Mode	(i	if Demat	t account details are provid	ed below,	units will be allotted,	by default, in Electronic Mode only)
		- Please ensure that the Demat Account details an	•		• •	n form m	natches with that o	f the account held with any one
National Securities	Depository Name			Central Deposito	Depository Name _			
Depository			s	ervices				
Limited	Beneficiary Account No.		1 1 1,	India) imited				
Enclosures	s: Client Maste	r List (CML) Transac	ction cum Holding Stat	tement	Delivery Instruction	n Slip (DIS	S)	
SWITC	CH ON MATURITY	OF THE SCHEME						
SWITCH: I	/We would like to Switc	h All units or Partial units	No. of Units	u	nits or ₹ (Amount in figure)			
Amount (In	words)				to	Sche	eme Name	Plan
Option	Growth	Dividend Payout	Dividend Reinvestm		On maturity of the UTI-Fixe			XXIV (Days)
I/We have	read and understood the	e terms and conditions applic ne Scheme Information Docu bjectives, investment pattern	iment (SID)/Statement	of Addit	tional Information (SAI) and			m (KIM) of the Target Scheme and
Details of Beneficia	of Beneficial Owners ary is as per the thre	hip (Please tick applicab shold limit provided belov	ele category). Owner w. Details to be prov	rship d rided fo	letails to be provided in each such beneficiary	f the Ov	vnership percentaç	ge/interest in the trust of any
	•	_	I				I <u>—</u>	(Refer instruction q)
	Category	Unlisted company	Partnership F	irm	Unincorporated Association/Body Individuals	y of	Trust	Foreign Investor \$\$\$
Ownershi	p per cent @@@	>25%	>15%		>15%		>=15%	
@@@ Owr	nership percentage of	shares/capital/profits/proper	rty of juridical person/	interest	in the Trust as on the da	ite of the	application shall be	furnished by the investor.
In case of change.	any change in the be	• •	estor will be respons	ible to	intimate UTI AMC / its F	Registrar		ndum. applicable immediately about such
Details of B	eneticial Ownership (i	Please attach a separate sh	eet with this format if	tne spa	ace provided is insufficie	ĺ	n (11 er	
Sr. No.		Name			Address	1	ails of Identity uch as PAN / Passport	% of ownership
1								
2								
3								
4								
5								
6								
Please atta	ach self attested conv	of PAN/Passport (proof of p	photo identity) along w	vith ann	lication form1			

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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)																						
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Net-worth in ₹	(B)	Please t			should r						son (F	PEP)		_		(date) ed to			M M Expo		ersor	Y 1 (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	00		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 ^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
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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