

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

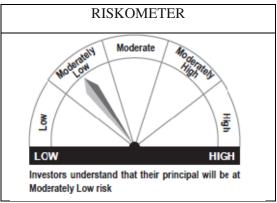
APPLICATION FORM

UTI-Capital Protection Oriented Scheme - Series VIII - IV (1996 days)

(A Close-ended Capital Protection Oriented Income Fund)

The product is suitable for investors who are seeking*:

- Capital Protection at Maturity and Capital Appreciation over medium term.
- ❖ Investment in Debt and Money Market Securities (70%-100%) and Equity and Equity related instruments (0% 30%).



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

New Fund Offer Opens on: Monday, October 24, 2016 New Fund Offer Closes on: Monday, November 07, 2016

RATED as CRISILAAA(SO) by CRISIL

CRISIL has rated this Scheme as CRISIL AAA (SO) (pronounced as triple A Structured Obligation). Instruments with this rating are considered to have the highest degree of safety regarding timely servicing of financial obligations. Such instruments carry lowest credit risk. The rating is not an opinion on the stability of the scheme's NAV before its maturity date.

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UTI Mutual Fund Haq, ek behtar zindagi ka.

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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INVESTME	ENT DETAILS	(Please ✓) (* Please	check the opening and	d closing date of	the Plan be	efore sele	cting your	choice)	
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Address:											
Relationship with th	e applicant (opt	ional)	Email				Mobile	e			
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MODE OF HOLDING:	Single	. –	Anyone or s	urvivor							
MARITAL STATUS:	Unmarrie	ed	Married			Wedding /	Anniversa	ry DD	M		
OTHER DETAILS	(MANDATORY)									
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Orawn on (Bank)									\dashv	Stamp of UTI Authorised Col	I AMC Office/
or ₹ (in figures)											ilicollori Octillic

Are you a tax resident of any country other than India? If No, please tick here: First Applicant Second Applicant Third Applicant If yes, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form. NOMINATION DETAILS (Please -/) (please sign if you do not wish to nominate)	If No , please tick here:	d by all Ap	plicants in	the sa	me sequen	ce of Names as given i	n this Applic	ation form	1
If yes, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form. NOMINATION DETAILS (Please <) (please sign if you do not wish to nominate)		ıy country o	ther than Ir	ndia ?					
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NOMINATION DETAILS (Please / (please sign if you do not wish to nominate)	If ves please fill in the Part							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 als that all payments and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid the AMC / Mutual Fund / Trustee. Name and Address of Nominee To be furnished in case nominee is a minor									
Name Date of Birth	I/We hereby nominate the that all payments and settl	undermentic lements mad	oned Nomin	ee to re	ceive the am	ounts to my / our credit in		-	
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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. We do not wish to nominate		1)				Signature of Nominee /	guardian		
DECLARATION AND SIGNATURE OF APPLICANT/s * INVe have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information addends issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. If We agree to abide by the terms and conditions, rules and the scheme as on the date of Investment. If We undertake to confirm that this investment has been duly authorised by appropriate authorities in term documents and procedural requirements. * If We have not received nor been induced by any rebate or gifts, directly or indirectly in making inves ARN holder had soliciosed to meric sail the commissions (in the form of trail commissions or you other mode), public to him for the different comport of various Mutual Funds from amongst which the Scheme is being recommended to mefus. * If We have reby authorize UTI MF/UTI AMC to share my in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated states et and cross selling of products/schemes of the UTI MF. * If We confirm that we are Non-Residents of indian Nationality/Origin and that the fund from abroad through approved banking channels or from my four NRE / NRO Account. If We undertake to provide structure details of source of fund other relevant documents, if called for by UTI Mutual Fund (Applicable to NRI's). * I hereby solemnity declare that I am the father/mother/guardic-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 direlationship with minor child. (Strike out if this declaration is not applicable). *Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through the below email ID. (If you wish to receive in physical form please tick Tel. (R)	·			6 11		,			
Signature of 1st Applicant / Guardian Signature of 2nd Applicant Signature of 3rd Applicant			persons may	y till in th	e separate for	iii prescribed for the same a	and attach it wit	ii triis applic	auon torm.
I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information addends 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 the scheme as on the date of investment. I/We undertake to confirm that this investment has been duly authorised by appropriate authorities in term documents and procedural requirements. * I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making inves ARN holder has disclosed to me/us all the commissions (in the form of trail commissions or any other mode), payable to him for the different comport 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 in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated stater 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 function of their relevant documents, if called for by UTI Mutual Fund (Applicable to NRIs). * I hereby solents of Indian Nationality/Origin and that the function relevant documents, if called for by UTI Mutual Fund (Applicable to NRIs). * I hereby solents of Indian Nationality/Origin and that the function relevant documents, if called for by UTI Mutual Fund (Applicable to NRIs). * I hereby solents of Indian Nationality/Origin and that the function related to the relevant documents, if called for by UTI Mutual Fund (Applicable to NRIs). * I hereby solents of Iran the father/mother/guardic 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 derelationship with minor child. (Strike out if this declaration is not applicable). *First Applicant **General Authorised Signatory** **Signature of 1s	I we do not wish to homiliate								
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please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority to the R	Applicant Details *E-mail Signature of 1st Applicant / Gu Name of 1st Authorised esignation Power of Attorney (POA) Regist Notes: If the application is incomp	tration No	De D	Nan esignati	on(if alre	Applicant / POA^^ thorised Signatory ady registered) (refer instruction is lial lial) the application is lial	Designation (aa') ble to be rejete of accepta	ne of 3rd Au ion cted. nce of the	application, he/

M/s. Karvy Computershare Pvt. Ltd., Unit: 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