



Haq, ek behtar zindagi ka.

APPLICATION FORM

OFFER OF UNITS OF ₹ 10/- PER UNIT FOR CASH DURING THE NEW FUND OFFER PERIOD

Sr.No. 2017/

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

TIME STAMP

PLEASE FILL IN ALL COLUMNS IN CAPITAL LETTERS ONLY

Registrar Sr. No.

(PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING THE FORM AND USE BLOCK LETTERS ONLY)

[Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')

ARN/RIA Code*	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.*	UTI RM No.	BDA / CA Code
48012	M- 9315120004				E053085		

^ By mentioning RIA code, I/we authorise you to share with the Investment Adviser the details of my/our transactions.

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 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 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')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above OR 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 If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

APPLICANT'S PERSONAL DETAILS Mr. Ms. 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/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished above) AADHAAR CARD NO.

Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

State Country* City* Zip/Pin*

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR)\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

Mr. Ms. 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 Mr. Ms. Mrs. Date of Birth of 2nd Applicant d d m m y y y y

PAN/PEKRN \$ of 2nd Applicant AADHAAR CARD NO. Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC) Acknowledgement Copy Please (✓)

Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant d d m m y y y y

PAN /PEKRN \$ of 3rd Applicant AADHAAR CARD NO. Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC) Acknowledgement Copy Please (✓)

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE (please ✓) NRO DD issued from abroad UTI Smart Form if already registered (Applicable for existing investors) # Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "UTI-Capital Protection Oriented Scheme - Series IX - (days)" & crossed "A/c Payee Only" * Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

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"/>	

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

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

National Securities Depository Limited	Depository Name <input type="text"/> DP ID No. <input type="text"/> Beneficiary Account No. <input type="text"/>	Central Depository Services (India) Limited	Depository Name <input type="text"/> Target ID No. <input type="text"/>
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Enclosures : Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)**INVESTMENT DETAILS (Please ✓) (* Please check the opening and closing date of the Plan before selecting your choice)**

Scheme Name:

UTI-CAPITAL PROTECTION ORIENTED SCHEME – SERIES IX - III (1389DAYS)

SUB PLAN (Please ✓)

 Regular Sub Plan

OPTIONS (Please ✓)

 Growth Option Dividend Payout Option

(Default Growth option)

For above sub plan

SWITCH ON MATURITY OF THE SCHEMESWITCH: 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-Capital Protection Oriented Scheme – Series IX - _____ (____ 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 objective, 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 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				

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

FRIEND IN NEED DETAILS In case UTI MF is unable to communicate with me/us at my / our registered address, I / We authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (refer instruction - k)

Name	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
Address:															
Relationship with the applicant (optional)															
Email															
Mobile															

GENERAL INFORMATION - Please (✓) wherever applicable

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 / Club	<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"/> LLP
<input type="checkbox"/> Unlisted 'Not for Profit'^^ Company	<input type="checkbox"/> Other Unlisted Company	<input type="checkbox"/> PIO		
<input type="checkbox"/> Others (Please specify) _____				

OCBs are not allowed to invest in units of any of the schemes of UTI MF.
 ^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013).

OCCUPATION:

<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service
<input type="checkbox"/> Forex Dealer				
<input type="checkbox"/> Others (Please specify) _____				

MODE OF HOLDING: Single Anyone or survivor Joint

MARITAL STATUS: Unmarried Married Wedding Anniversary

OTHER DETAILS (MANDATORY)

FOR INDIVIDUALS ONLY

1st Applicant: (A) **Gross Annual Income Details** Please tick (✓)

Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore

[OR]

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

(B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
 (For definition of PEP, please refer instruction 'x').

(C) **Any other information:** _____

2nd Applicant: (A) **Gross Annual Income Details**

Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore

[OR]

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

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

(C) **Any other information:** _____

3rd Applicant: (A) **Gross Annual Income Details**

Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore

[OR]

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

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

(C) **Any other information:** _____

FOR NON-INDIVIDUALS ONLY

(A) **Gross Annual Income Details**

Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore

[OR]

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

(B) **Is the entity involved in / providing any of the following services**

- Foreign Exchange / Money Changer Services YES NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) YES NO

- Money Lending / Pawning YES NO

(C) **Any other information:** _____



ACKNOWLEDGEMENT
 (To be filled in by the Applicant)
 UTI-CAPITAL PROTECTION ORIENTED SCHEME –
 SERIES IX - ____ (____ DAYS)



Sr. No. 2017/

Received from Mr / Ms / M/s

along with Cheque[§]/DD[§]/NEFT/RTGS dated

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.

