

## APPLICATION FORM

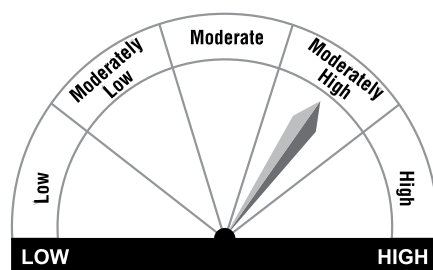
### UTI FOCUSED EQUITY FUND – SERIES IV (1104 DAYS)

(A Close-ended Equity Scheme)

This product is suitable for investors who are seeking\*:

- Long term capital growth
- A close ended scheme that aims to provide capital appreciation by investing in equity and equity related securities

#### RISKOMETER



Investors understand that their principal will be at Moderately High risk

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

**New Fund Offer Opens on : Wednesday, September 13, 2017**

**New Fund Offer Closes on : Monday, September 25, 2017**

**New Fund Offer will not be kept open for more than 15 days**

**Being a close ended scheme, the Scheme will not re-open for subscriptions. The Scheme is proposed to be listed on NSE Limited. Offer of Units of ₹ 10/- each for cash during the New Fund Offer**

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, Investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document (SID) and Statement of Additional Information (SAI) available free of cost at any of the UTI Financial Centres or distributors or from the website [www.utimf.com](http://www.utimf.com).

The scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

#### SPONSORS

State Bank of India, Punjab National Bank, Bank of Baroda and Life Insurance Corporation of India (Liability of sponsors limited to ₹ 10,000/-)

#### TRUSTEE

UTI Trustee Co. (P) Ltd.  
(Incorporated under the Companies Act, 1956)

#### INVESTMENT MANAGER

UTI Asset Management Co. Ltd.  
(Incorporated under the Companies Act, 1956)

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Sr.No. 2017/

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')						BDA / CA Code
ARN/RIA Code <sup>^</sup>	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. <sup>@</sup>	UTI RM No.
ARN-48012					E053085	

<sup>^</sup> By mentioning RIA code, I/we authorize 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.  
<sup>@</sup> I/we confirm that the EUI No. 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 EUI No. box is left blank) (refer instruction 'w').

Signature of 1 <sup>st</sup> Applicant / Guardian	Signature of 2 <sup>nd</sup> Applicant	Signature of 3 <sup>rd</sup> Applicant
<b>TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR</b> (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** If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

<b>APPLICANT'S PERSONAL DETAILS</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <span style="float:right">* Denotes Mandatory Fields</span>																							
Name of First Applicant (as appearing in ID proof given for KYC)																							
<table border="1"> <tr> <td>F</td><td>I</td><td>R</td><td>S</td><td>T</td> <td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td> </tr> <tr> <td>L</td><td>A</td><td>S</td><td>T</td> <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>	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	d	d	m	m	y	y	y	y
F	I	R	S	T	M	I	D	D	L	E													
L	A	S	T	d	d	m	m	y	y	y	y												
Date of Birth <span style="float:right">Mandatory for minors</span>																							
<b>First Applicant's Address</b> (Do not repeat the name) / <b>Name &amp; Address of resident relative in India</b> (for NRIs) (P.O. Box No. is not sufficient)																							
Village/Flat/Bldg./Plot*																							
Street/Road/Area/Post																							
City/Town* <span style="float:right">State <span style="float:right">Pin*</span></span>																							
*PAN/PEKRN \$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN (whose particulars are furnished above) AADHAAR CARD NO.																							
Enclosed <input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)																							

<b>OVERSEAS ADDRESS</b> (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)
City*
State <span style="float:right">Country* <span style="float:right">Zip/Pin*</span></span>

<b>NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR)\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.															
<table border="1"> <tr> <td>F</td><td>I</td><td>R</td><td>S</td><td>T</td> <td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td> <td>L</td><td>A</td><td>S</td><td>T</td> </tr> </table>	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
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').															

<b>DETAILS OF OTHER APPLICANTS</b>																
Name of 2 <sup>nd</sup> Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 2 <sup>nd</sup> Applicant															
<table border="1"> <tr> <td>F</td><td>I</td><td>R</td><td>S</td><td>T</td> <td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td> <td>L</td><td>A</td><td>S</td><td>T</td> </tr> </table>	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	d d m m y y y y
F	I	R	S	T	M	I	D	D	L	E	L	A	S	T		
*PAN/PEKRN \$ of 2 <sup>nd</sup> Applicant	AADHAAR CARD NO.															
Enclosed <input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)																
Name of 3 <sup>rd</sup> Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Date of Birth of 3 <sup>rd</sup> Applicant															
<table border="1"> <tr> <td>F</td><td>I</td><td>R</td><td>S</td><td>T</td> <td>M</td><td>I</td><td>D</td><td>D</td><td>L</td><td>E</td> <td>L</td><td>A</td><td>S</td><td>T</td> </tr> </table>	F	I	R	S	T	M	I	D	D	L	E	L	A	S	T	d d m m y y y y
F	I	R	S	T	M	I	D	D	L	E	L	A	S	T		
*PAN /PEKRN \$ of 3 <sup>rd</sup> Applicant	AADHAAR CARD NO.															
Enclosed <input type="checkbox"/> PAN/PEKRN Card/ID Proof Copy <input type="checkbox"/> Know Your Customer (KYC)* Acknowledgement Copy Please (✓)																

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

<b>PAYMENT DETAILS</b> (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)	<input type="checkbox"/> Cash Account type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE (please ✓) <input type="checkbox"/> NRO <input type="checkbox"/> DD issued from abroad
Account No.	<input type="checkbox"/> UTI Smart Form, if already registered (Applicable for existing investors)
Date	Amt. of investment (i)
Bank	DD Charges if any (ii)
Branch	Net amount paid (i-ii)
Amt. in words	# Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "UTI Focused Equity Fund – Series IV (1104 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* <input type="text"/> IFS Code <input type="text"/> (this is a 11-digit number)

Account type (please ✓)  Savings  Current  NRO  NRE

Account No.

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 _____	Central Depository Services (India) Limited	Depository Name _____
	DP ID No. <input type="text"/>		Target ID No. <input type="text"/>
	Beneficiary Account No. <input type="text"/>		

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 FOCUSED EQUITY FUND – SERIES IV (1104 DAYS)**

PLAN (Please ✓)  Regular Plan

OPTIONS (Please ✓)  Growth Option  Dividend Payout Option (Default Growth option)  
For above plan

**SWITCH ON MATURITY OF THE SCHEME**

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 – Focused Equity Fund – Series – IV (1104 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**

**1<sup>st</sup> Applicant:** (A) **Gross Annual Income Details** Please tick (✓)

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[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:** \_\_\_\_\_

**2<sup>nd</sup> Applicant:** (A) **Gross Annual Income Details**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[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:** \_\_\_\_\_

**3<sup>rd</sup> Applicant:** (A) **Gross Annual Income Details**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[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**

<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
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[OR]

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

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

- Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	- Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates)	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO		

(C) **Any other information:** \_\_\_\_\_

**UTI FOCUSED EQUITY FUND**

**ACKNOWLEDGEMENT**  
(To be filled in by the Applicant)



UTI FOCUSED EQUITY FUND – SERIES IV (1104 DAYS)

Sr. No. 2017/

Received from Mr / Ms / M/s \_\_\_\_\_

along with Cheque<sup>s</sup>/DD<sup>s</sup>/NEFT/RTGS \_\_\_\_\_ dated \_\_\_\_\_

Ref. No./Unique Serial No. (For Cash) \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_

for ₹ (in figures) \_\_\_\_\_

Stamp of UTI AMC Office/  
Authorised Collection Centre

<sup>s</sup> 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**

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)**

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 <input type="text" value="ddmmYYYY"/> (in case of nominee is a minor)	Address of guardian
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

Sign. here

**DECLARATION AND SIGNATURE OF APPLICANT/S**

• 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). • I/we wish to receive email and SMS communication from UTI Mutual Fund. (Strike out if this declaration is not applicable).

**OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)**

Through email<sup>∞</sup>  SoA in Physical Form  At my Overseas address as mentioned above<sup>∞</sup>  To be dispatched to my resident relative's address in India as mentioned above<sup>∞</sup>

<sup>∞</sup> 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.

<sup>®</sup> Applicable to NRIs

First Applicant Details	Mobile No. <input type="text"/>	Tel. (R) <input type="text" value="STD CODE"/> <input type="text"/>	Tel. (O) <input type="text" value="STD CODE"/> <input type="text"/>
	*E-mail <input type="text"/> Alternate E-mail <input type="text"/>		

Sign. here

Signature of 1st Applicant / Guardian / POA<sup>^^</sup>

Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA<sup>^^</sup>

Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA<sup>^^</sup>

Name of 3rd Authorised Signatory

Designation \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

<sup>^^</sup>Power of Attorney (POA) Registration No. \_\_\_\_\_ (if already registered) (refer instruction 'ab')

**Notes :**

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
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 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