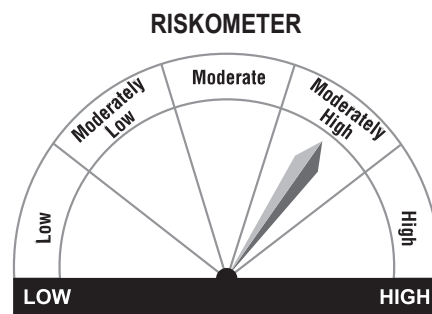


KEY INFORMATION MEMORANDUM

UTI – NIFTY NEXT 50 INDEX FUND (An open-ended scheme replicating/tracking the Nifty Next 50 Index)

The product is suitable for investors who are seeking*:

- ❖ Capital growth in tune with the index returns
- ❖ Passive investment in equity instruments comprised in Nifty Next 50 Index.



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	:	Friday, June 08, 2018
New Fund Offer Closes on	:	Friday, June 22, 2018
Scheme Reopens on	:	Wednesday, July 04, 2018

Offer of Units of ₹ 10/- per unit for cash during the New Fund Offer Period
New Fund Offer will not be kept open for more than 15 days

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 Centers or distributors or from the website 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)



Haq, ek behtar zindagi ka.

APPLICATION FORM

UTI – NIFTY NEXT 50 INDEX FUND

Sr.No. 2018/

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)

TIME STAMP

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 No.^	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.®	UTI RM No.
48012					E053085	

^ By mentioning RIA code, I/we authorised you to share with the Investment Advisor 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 Unitholder 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. Ms. * Denotes Mandatory Fields

Name of First Applicant (as appearing in Aadhaar) (refer instruction 'r')

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 in the form) AADHAAR 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 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 NO.
Enclosed PAN/PEKRN Card/ID Proof Copy Know Your Customer (KYC)* Acknowledgement Copy Please (✓)

\$ Required for MICRO Investment upto ₹ 50,000/- in year (Refer instruction 'q').

PAYMENT DETAILS

 (Please ensure that the cheque complies to the CTS 2010 standards) (Refer Instruction 'y')

#Cheque/DD/*NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE
(please ✓) NRO DD issued from abroad

Account No. One Time Mandate (OTM) if already registered (Applicable for existing investors)

Date Amt. of investment (i) # Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "UTI – Nifty Next 50 Index Fund" & crossed "A/c Payee Only"

Bank DD Charges if any (ii) * Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Branch Net amount paid (i-ii)

Amt. in words

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"/>		

INVESTMENT DETAILS (Please ✓)

Scheme Name:	UTI – NIFTY NEXT 50 INDEX FUND
Plan (please ✓)	<input checked="" type="checkbox"/> Regular Plan

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.

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

Enclosures : Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

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 (refer instruction - k) 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.

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 (✓)

<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
--------------------------------------	-----------------------------------	------------------------------------	-------------------------------------	---	-----------------------------------

[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**

<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
--------------------------------------	-----------------------------------	------------------------------------	-------------------------------------	---	-----------------------------------

[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**

<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
--------------------------------------	-----------------------------------	------------------------------------	-------------------------------------	---	-----------------------------------

[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
--------------------------------------	-----------------------------------	------------------------------------	-------------------------------------	---	-----------------------------------

[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:** _____

ACKNOWLEDGEMENT
(To be filled in by the Applicant)



UTI – NIFTY NEXT 50 INDEX FUND

Sr. No. 2018/

Received from Mr / Ms / M/s

along with Cheque[§]/DD[§]/NEFT/RTGS Ref. No./Unique Serial No. (For Cash) dated

Drawn on (Bank)

for ₹ (in figures)

Only Lumpsum / Lumpsum + SIP

Stamp of UTI AMC Office/
Authorised Collection Centre

[§] Cheques and drafts are subject to realisation.

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

(Refer instruction 'z').

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

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="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> (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).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)

Through email[∞] SoA in Physical Form At my Overseas address as mentioned above[∞]

To be despatched 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"/>	Tel. (R) STD CODE <input type="text"/>	Tel. (O) STD CODE <input type="text"/>
	*E-mail <input type="text"/>		Alternate E-mail <input type="text"/>

Signature of 1st Applicant / Guardian

Name of 1st Authorised Signatory/POA^{^^}

Signature of 2nd Applicant

Name of 2nd Authorised Signatory/POA^{^^}

Signature of 3rd Applicant

Name of 3rd Authorised Signatory/POA^{^^}

Designation _____

Designation _____

Designation _____

^{^^} Power of Attorney (POA) Registration No. _____ (if already registered) (Refer instruction 'aa')

Sign. here

Notes :

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

UMRN F o r o f f i c e u s e Date

Tick (✓) CREATE MODIFY CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize **UTI Mutual Fund** to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of Customers Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented DEBIT TYPES Fixed Amount Maximum Amount

Reference 1 Folio Number Mobile No.

Reference 2 Application Number Email ID

I agree to the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From To Or Until Cancelled

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.



ARN - 48012 UTI SMaRT SIP Form E053085

Upfront commission shall be paid directly by the investor to the AMFI / NISM certifies 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 not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fee for this transaction. (Pleases tick and sign below when EUIN box is left blank)

APPLICANT DETAILS	APPLICATION NO./ FOLIO NO.
Name Of Sole / 1st holder / Beneficiary Child	<input type="text"/>
Name Of Guardian (In case of Minor)	<input type="text"/>

Scheme Name, Plan, Option	SIP Date	Instalment Amount	Frequency	SIP Period (MM/YY)	Additional Purchase	SIP Step Up	
						Amount In Multiple of ₹ 500/-	Frequency
UTI Nifty Next 50 Index Fund	<input type="text"/>	<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹ <input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	From <input type="text"/> To <input type="text"/> OR To <input type="text"/>	Cheq. No. : _____ AMT : _____ Bank : _____	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
Plan (please ✓) <input checked="" type="checkbox"/> Regular Plan							
Amount in the mandate to bank should be equal or more than this total amount	Total		** "Applicable only for UTI ULIP Scheme."				

My Financial Goal for this SIP (choose anyone).

Retirement Corpus Child Education Child Marriage Dream Car Dream House Marriage Holiday

(In case of saving for Child, mention name of Child) Target Amount

I/ We hereby authorise UTI MUTUAL FUND and their authorised service providers and my banker, to debit my/our bank account using the Mandate form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/ We will also inform UTI Mutual Fund, above any changes in my bank account. I/ We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/ Micro SIP, I/ We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund 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 with 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/ scheme of the UTI MF. I/ We hereby request you to register me / us for availing this facility and carrying out transactions of Purchase/ SIP/ Redemption/ Switch in my/ our above mentioned folio wherever applicable. I/ We have read and understood the Terms & Conditions of the facility in which I/ We wish to subscribe as available on UTI MF website (<http://www.utif.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By signing this SIP enrolment form I/ We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

PAN DETAILS	(If not registered in the folio already)	
First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied

1st Holder / Guardian

2nd Unit Holder

3rd Unit Holder