UTI Mutual Fund
Haq, ek behtar zindagi ka.

COMMON APPLICATION FORM

(EXCEPT FOR UTI RETIREMENT FUND AND UTI CHILDREN'S FUND)

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

Sr.No. 2026/

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')

ARN/RIA Code^	Name of Financial Advisor / Distributor	Sub Broker ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.@	UTI RM No.
ARN- ARN-302492	KVK FINSERV LLP	ARN-	Specific to bank branch			

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

☐ **I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.**

Signature of 1st Applicant / Guardian **Signature of 2nd Applicant** **Signature of 3rd Applicant**

Existing Unit Holder information : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

A. Mode of Holding: ☐ Single ☐ Joint ☐ Anyone or Survivor (Default - Joint holding)

B. APPLICANT'S PERSONAL DETAILS ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **M/s** *** Denotes Mandatory Fields**

Name of First Applicant (Name as per the PAN card)

F I R S T M I D D L E L A S T

L A S T Date of Birth/ Incorporation*

Status of First/ Sole Applicant [Please tick (✓)] : ☐ **Individual** ☐ **Non-Individual**
[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction y & z)

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) $$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS
☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** **(Name as per the PAN card)**

F I R S T M I D D L E L A S T

L A S T Date of Birth*

$$ Proof of date of birth and proof of relationship with minor to be attached (Refer instruction 'f').

***PAN/PEKRN$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN** Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

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*

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

City*

State Country* Zip/Pin*

C. DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** **(Name as per the PAN card)** Date of Birth of 2nd Applicant*

F I R S T M I D D L E L A S T

***PAN/PEKRN$ OF 2ND APPLICANT** Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

Name of 3rd Applicant ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** **(Name as per the PAN card)** Date of Birth of 3rd Applicant*

F I R S T M I D D L E L A S T

***PAN/PEKRN$ OF 3RD APPLICANT** Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed ☐ Know Your Customer (KYC)* Acknowledgement Copy

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

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA) / ABRIDGED ANNUAL REPORT (AAR)∞

☐ SoA in Physical Form ☐ AAR in Physical Form

Applicable to NRIs : ☐ At my Overseas address as mentioned above ☐ To be dispatched to my resident relative's address in India as mentioned above

∞ I/We explicitly consent to receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

CONTACT DETAILS OF APPLICANT/S

First Applicant Details	***Mobile No.** +9 1	**Tel. (R)** STD CODE	**Tel. (O)** STD CODE
	International Mobile No. I S D		
	***E-mail**		
	Alternate E-mail		

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		**For Mobile Number**	
Name of the family member		Name of the family member	
*Relationship	☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent siblings ☐ Dependent parents ☐ Guardian ☐ POA	Relationship	☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent siblings ☐ Dependent parents ☐ Guardian ☐ POA
PAN		PAN	
Folio Number		Folio Number	

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor.

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

Bank Name		Branch
Address		MICR Code
	City *Pin	(this is a 9-digit number next to your cheque number)
Account type (please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE		IFS Code
Account No.		(this is a 11-digit number)

INVESTMENTS & PAYMENT DETAILS (Refer instruction for scheme details) Please ensure that the cheque complies To CTS 2010 standard

Sr. No.	Name of the Scheme	Plan	Option	Sub-Option for IDCW	Investment Amount
1.					
2.					
3.					
4.					
5.					

*Please visit our official website for latest scheme details and Plan/Option. www.utimf.com→forms→Scheme/Plan/Option

MODE OF PAYMENT ☐ RTGS/NEFT ☐ CHEQUE ☐ FUND TRANSFER ☐ CASH

#Cheque/DD/NEFT/*RTGS Ref. No./Unique Serial No. (For Cash)	Date of NEFT/RTGS/ Cheque /Fund Transfer/Cash Deposit	Amount of NEFT/RTGS/ Cheque/ Fund Trasfer/Cash Deposit	Drawn on Bank & Branch	Bank Account No. (For NEFT/RTGS/ Cheque)

Please mention the application No. on the reverse of the cheque / DD, NEFT / *RTGS advice. Cheque / DD must be drawn in favour of "**The name of the Scheme"** & crossed **"A/c Payee Only"**

* **Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.**

UNITHOLDING OPTION ☐ Physical Mode ☐ Demat 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 _____ DP ID No. Beneficiary Account No.	**Central Depository Services (India) Limited**	Depository Name _____ Target ID No.

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

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 'j')

Name FIRST MIDDLE LAST

Address: FIRST MIDDLE LAST

Relationship with the applicant (optional) Mobile

Email

GENERAL INFORMATION - Please (✓) wherever applicable

Tax Status

☐ Resident Individual	☐ Pension and Retirement Fund	☐ Government Body	☐ NGO
☐ Resident Minor (through Guardian)	☐ Financial Institutions	☐ Society*	☐ LLP
☐ NRI (Repatriable)	☐ Public Limited Company	☐ Trust*	☐ Unlisted 'Not for Profit'^^Company
☐ NRI (Non-Repatriable)	☐ Private Limited Company	☐ NPS Trust	☐ ##Foreign Nationals
☐ NRI– Minor (Repatriable)	☐ Body Corporate	☐ Fund of Fund	☐ PIO _____ (Please specify)
☐ NRI – Minor (Non-Repatriable)	☐ Partnership Firm	☐ Gratuity Fund	☐ NPO*
☐ Sole-Proprietor	☐ FII / FPI	☐ AOP	☐ Others _____ (Please specify)
☐ HUF	☐ Bank	☐ BOI	

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.
Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF
Note for Non-Individual Investors: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory) (Refer Instruction y & z)

Gender ☐ Male ☐ Female ☐ Other

Marital Status ☐ Unmarried ☐ Married

Spouse's Name _____

Occupation

☐ Professional	☐ Business	☐ Public Sector Service	☐ Housewife
☐ Government Service	☐ Agriculturist	☐ Student	☐ Forex Dealer
☐ Private Sector Service	☐ Retired	☐ Doctor	☐ Others (Please specify) _____

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 'w').

(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 or 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: _____

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD) (Refer Instruction 'y')

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?

First Applicant ☐ Yes ☐ No Second Applicant ☐ Yes ☐ No Third Applicant ☐ Yes ☐ No

If **Yes**, please fill in the Particulars in the prescribed Form of FATCA/CRS for each applicant and attach it with this Application Form.

UTI Mutual Fund
Haq, ek behtar zindagi ka.

ACKNOWLEDGEMENT

(To be filled in by the Applicant)

Sr. No. 2026/

[Investment in UTI ELSS Tax Saver Fund is eligible for deduction under section 80C of the Income Tax Act, 1961]

Received from Mr / Ms / M/s _____

An application under _____ (scheme name)

along with Cheque$/DD$/NEFT/RTGS Ref. No./Unique Serial No. (For Cash) _____ dated DD/MM/YYYY

Drawn on (Bank) _____

for ₹ (in figures) _____

Stamp of UTI AMC Office/ Authorised Collection Centre

$ Cheques and drafts are subject to realisation.

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.

*The nominee(s) mentioned herein are also authorized to exercise my Data Principal Rights in the event of my death or incapacity.

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	☐PAN ☐Driving Licence ☐Aadhaar ☐Passport number in case of NRI/OCI/PIO	☐PAN ☐Driving Licence ☐Aadhaar ☐Passport number in case of NRI/OCI/PIO	☐PAN ☐Driving Licence ☐Aadhaar ☐Passport number in case of NRI/OCI/PIO
Identification Number#			
Mobile Number			
Email Id			
Address			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

Sign. here ➥

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) #If the proof of identity is Aadhaar, provide last 4 digits only

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

While it is recommended to submit a nomination, if you choose not to do so, please provide the declaration below.

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

SIGNATURE OF HOLDER(S)

Name(s) of holder(s)	Signature(s) holders / Guardian / Thumb Impression
Sole / First Holders (Mr./Ms.) _____	Signature
Second Holders (Mr./Ms.) _____	Signature
Third Holders (Mr./Ms.) _____	Signature

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Witness Name _____

Witness Address _____

Wtiness Signature

Witness Name _____

Witness Address _____

Wtiness Signature

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. The amount invested in the Scheme(s)is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. ● I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● 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. ● 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 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 for NRIs) ● 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/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF. ● I/We consent to the sharing of my data with distributors and service providers solely for servicing and account maintenance. ● I/We explicitly consent to the use of my data for cross-selling of other products/schemes of UTI MF ● I hereby solemnly declare that I am the father/mother/guardian of the minor child. I provide verifiable consent for the processing of the minor's personal data for the purpose of this investment.

CONSENT FOR PROCESSING PERSONAL DATA:

I/We hereby accord my/our free, specific, informed, unconditional, and unambiguous consent to UTI MF/UTI AMC to collect, use, store, and share my/our Personal Data as detailed in the Privacy Notice. I/We authorize the disclosure of this data to third parties acting under a lawful contract for the sole purpose of servicing my account and fulfilling regulatory mandate.
I/We specifically acknowledge that: * Right to Withdraw: I/We have the right to withdraw this consent at any time through the registered online portal or via email to service@utico.in. * Grievance Redressal: Any data-related queries can be directed to the Data Grievance Officer. * Minors: For investments in the name of a minor, I confirm I am the parent/lawful guardian and provide verifiable consent for their data processing. * Data Retention: UTI MF/UTI AMC may retain my data for a period of 8 years or as required by law.

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. I/We am/are aware of my/our right to withdraw consent for non-essential data processing at any time. I/We understand that I/We may exercise my Data Principal Rights (Access, Correction, Erasure) or raise grievances regarding my data by contacting the Data Grievance Officer at service@uti.co.in If you DO NOT wish to receive communication on WhatsApp, tick the box ☐

Sign. here ➥

Signature of 1st Applicant / Guardian / POA^^	**Signature of 2nd Applicant / POA^^**	**Signature of 3rd Applicant / POA^^**
Name of 1st Authorised Signatory	Name of 2nd Authorised Signatory	Name of 3rd Authorised Signatory
Designation _____	Designation _____	Designation _____

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

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 (e-CAS) will be sent within 12 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 Kfin Technologies Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no**: 040-6716 1888, **Email:** uti@kfintech.com