



COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

Sr. No. 2006 /

PLEASE USE SEPARATE FORM FOR EACH SCHEME
(PLEASE READ INSTRUCTIONS CAREFULLY TO HELP US SERVE YOU BETTER)

DISTRIBUTOR / AGENT INFORMATION

Distributor / ARN South Indian Bank ARN 3845	Sub-Broker Code/Bank Branch Code	MO Code	CR/CA Code
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1. APPLICANT INFORMATION (Please fill in Block Letters)

Personal Details of First Applicant / Title (Please ✓) Mr Ms M/s Others
Mentally Handicapped Person (for US 2002)

Name

Date of Birth PAN (Ref. instruction j) Not applicable to NRI

Contact Person and Designation (in case of Institutional Investors) / Name of Guardian (in case of Minor)
Mr / Ms

Name of Second Applicant
Mr / Ms / M/s

PAN (Ref. instruction j)

Name of Third Applicant
Mr / Ms / M/s

PAN (Ref. instruction j)

Mode of Holding (Please ✓) Single Joint Anyone or Survivor

Mailing Address of Sole / First Applicant (P.O. Box Address is not sufficient)

City Pin Code

State (Furnishing of Pin Code details is mandatory)

Status of First Applicant
(please ✓)

Resident Individual
 Partnership
 Company
 HUF FII
 NRI Trust
 Society AOP
 BOI
 Body Corporate
 On behalf of Minor
 Others

Occupation
(please ✓)

Service
 Professional
 Business
 Housewife
 Retired
 Student
 Others

Contact details of First / Sole Applicant

Phone / Mobile e-mail

Overseas Address in case of NRIs / FIIs

City State

Country Postal Code

2. OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT IN CASE OF NRIs

To be despatched to my Foreign Address. To be despatched to my Relative's Address in India.

3. PAYMENT DETAILS

Cheque / DD No. <input type="text"/>	Amt. of Cheque/DD (i) <input type="text"/>	Account Type (please ✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings
Date <input type="text"/>	DD Charges if any (ii) <input type="text"/>	<input type="checkbox"/> NRE <input type="checkbox"/> NRO
Bank <input type="text"/>	Amt. of investment (i+ii) <input type="text"/>	<input type="checkbox"/> DD issued from Abroad
Branch <input type="text"/>	Amt. In words <input type="text"/>	

Instruction: Please mention the application no. on the reverse of the Cheque/DD. Cheque/DD must be drawn in favour of 'The Name of the Scheme' and crossed 'A/c payee only'.

4. E-MAIL COMMUNICATION (refer instruction k)

I/We wish to receive the following via e-mail (Please ✓)

Account Statement Annual Report Transaction Confirmation Communication of change of address, bank details, etc.

(Application form continued on the reverse)



ACKNOWLEDGEMENT (To be filled in by the Applicant)

Sr.No. 2006/ _____

Received from Mr / Ms / M/s

An application under (Scheme Name)

along with Cheque / DD No.* dated

Drawn on (Bank)

for Rs. (in figures)

Stamp of UTI AMC Office/Authorised Collection Center

* Cheques and drafts are subject to realisation.

