

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 INF	`				,			
Distributor / ARN		Sub-Bro	ker Code/Bank Branch Code	MO C	ode	CR/CA Code		
South Indian Bar ARN 3845	ık							
1. APPLICANT INFORMATION (Please fill in Block Letters)								
Personal Details of First Applic Mentally Handicapped Person (e (Please 🗸)	Mr Ms M	/s Others	Status of First Applicant		
Name						(please ✓)		
Date of Birth			PAN (Ref. instruction j)	Not a	pplicable to NRI	Resident Individual		
a a/m m/y y								
Contact Person and Designation	on (in case o	f Institutio	nal Investors) / Name of G	uardian (in case of M	inor)	Company		
Name of Second Applicant								
Mr / Ms / M/s								
	(Ref. instruct					ВОІ		
Name of Third Applicant	PAN (Ref. instruction j) Name of Third Applicant Body Corporate							
Mr / Ms / M/s						On behalf of Minor		
PAN	(Ref. instruct	tion j)				Others		
Mode of Holding (Please \checkmark)) [Single	Joint	Anyone	or Survivor	Occupation (please√)		
Mailing Address of Sole / First	Applicant (P	O. Box Ac	ddress is not sufficient)		-	Service		
						Professional		
						Business		
						Retired		
City				Pin Code		Student		
State				(Furnishing of Pin Code deta	ils is mandatory)	Others		
Contact details of First / Sol	e Applicant							
Phone / Mobile			e-mail					
Overseas Address in case of	NRIs / FIIs							
		City		State				
Country				Postal Code				
2. OPTION FOR DESPATCH C	F STATEME	NT OF A	CCOUNT IN CASE OF NI					
To be despatched to my Fo	reign Address.		To be despatched	I to my Relative's Address	s in India.			
3. PAYMENT DETAILS								
Cheque / DD No.		Am	it. of Cheque/DD (i)		Accou	nt Type (please 🗸)		
Date						ent Savings		
Bank			Charges if any (ii)			NRO		
Branch	Amt. of investment (i+ii) DD issued from Abroad							
	Amt. In words							
nstruction: 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 I/We wish to receive the following	•							
Account Statement	Annual Repo		Transaction Confirmation	Communication	of change of addres	ss, bank details, etc.		
					-	orm 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)			L		Ctown of LIT! At	10 Office/Authorized		
for Rs. (in figures) Stamp of UTI AMC Office/Authorised Collection Center								
* Cheques and drafts are subject to	realisation.							

5. BANK ACCOUNT DETAILS (Mandatory as per SEBI guidelines)								
Please provide the following det	ails relating to the Sole / First H	older for Redemption / D	Dividend Warrants.					
Name of the Bank			Branch					
Branch Address			City					
Pin Code	Account Ty	rpe (please 🗸) 🗌 Curr	ent Savings NRE NRO					
Account Number								
6. ELECTRONIC CLEARING SERVICE (ECS) (Please √)								
I/We authorise UTI Mutual Fund to credit Dividend amount through ECS. (The 9 digit code appears on your The 9 digit MICR Code number of my/our Bank and Branch is : cheque next to the Cheque Number)								
7. INVESTMENT DETAILS (please	√)							
UTI-Balanced Fund	UTI-MNC Fund		UTI – Banking Sector Fund					
UTI-Unit Scheme 2002	UTI-Growth Sector Fun	d – Petro	UTI – PSU Fund					
UTI-Master Index Fund		d – Pharma & Healthcare	UTI Growth & Value Fund					
UTI-Nifty Index Fund	UTI-Growth Sector Fun		UTI India Advantage Equity Fund					
UTI-Index Select Fund	UTI-Growth Sector Fun		UTI Dynamic Equity Fund					
UTI-Mastershare Unit Scheme	UTI-Growth Sector Fun	d - Software						
UTI-Master Value Fund	UTI- Large Cap Fund		UTI-Dividend Yield Fund					
UTI-Equity Fund	UTI – Mid Cap Fund	nd	UTI-Opportunities Fund					
UTI-Master Plus Unit Scheme	UTI – Auto Sector Fun							
			ad Taken annual Dividend					
OPTION Growth Dividend *Annual Dividend *Semi Annual Dividend (If no option is indicated. It will be deemed to be under Growth Option.) *Applicable only for UTI-Growth and Value Fund Under Dividend Pay-out Dividend Re-Investment (Defualt is Divident Pay-out)								
I wish to Opt for Systematic Investment Plan (SIP).								
(Investor opting for Systematic Investment Plan (SIP) & / or Automatic Trigger Facility may fill in separate form/s prescribed for the same & attach herewith.								
8. NOMINATION DETAILS (optional	al)							
			ent of my / our death. I/We also understand that all payments					
Name and Address of Nomine	and settlements made to such Nominee and signature of the Nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Truste							
			ished in case Nominee is a Minor					
Name		Name of Guardian						
Address		Address of Guardian						
Data of Diath (in order Namine	·	Signature of Guardian						
Date of Birth (in case Nominee	is a minor)	(Optional)						
9. DECLARATION AND SIGNATURES OF APPLICANT/s								
I/We have read and understood the contents of the offer document 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.								
*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 funds from my/our NRE/NRO/FCNR Account.I/We undertake to provide further details of source of funds and any such other relevant document, if called for by								
UTI Mutual Fund.	Account.i/ we undertake to provid		* Applicable to NRIs					
Signature of the 1st Applicant/ Alternate/ Name of the 1st Authorise	5	e of the 2nd Applicant/ 2nd Authorised Signatory	Signature of the 3rd Applicant/ Name of the 3rd Authorised Signatory					
Designation	ç		Designation					
		FICE USE ONLY						
	WARD NO.							
Notes:								
 If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected. In case the applicant does not receive the Statement of Account within 30 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.								
3. All communication relating to issue of Statement of Account, Nomination, change in Name, Address or Bank Particulars, Redemption, Death Claims, etc., may please be addressed to the Registrar :								
(a) For Masterplus & Equity Fund :								
M/s. Datamatics Financial Software Services Ltd., Plot A-16 & 17, Part B Cross Lane, Behind MIDC Police Station, MIDC, Marol, Andheri (E), Mumbai - 400 093. Tel: 28213383-88.								
 (b) For UTI-Growth & Value Fund, UTI-India Advantage Equity Fund & UTI-Dynamic Equity Fund : M/s Karvy Computershare Pvt. Ltd., 21, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034. Tel: 23312454/23320751 								
M/s Karvy Computershare (c) For UTI-Leadership Equity Fu		1, Banjara Hills, Hyderaba	a - 500 034. Tel: 23312454/23320751					
Computer Age Management Services Pvt. Ltd. (CAMS): 5th Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002. Tel: 28559903								
(d) For other Schemes.:								

UTITechnology Services Ltd.: Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010