



Let's plan to get rich

COMMON APPLICATION FORM FOR OPEN-END EQUITY AND BALANCED SCHEMES

Sr.No. 2007/

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

Registrar Sr. No

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units)				RECEIVING ENTITY INFORMATION		
ARN	Name	Sub-Broker Code	M O Code	CR / CA Code	Bank Branch	Bank Sr. No.

APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters)

Name of first applicant (Mr/Ms/Mrs)

Address for correspondence (PO box address is not sufficient)

City Pin

State Furnishing PIN code is mandatory

Date of Birth Compulsory field in case of Minor

Guardian name (if minor) (Contact person - for institutional applicants)

Telephone Number Res Mobile No.

Off Fax

e-mail

If you wish to receive the following via e-mail Please (✓)

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

Overseas address

City State

Country Pin

(Overseas address is mandatory for NRI/FII applicants in addition to mailing address in India)

PAN of 1st applicant * (Not applicable to NRI) refer instruction (j)

Name of 2nd applicant (Mr/Ms/Mrs)

PAN of 2nd applicant * refer instruction (j)

Name of 3rd applicant (Mr/Ms/Mrs)

PAN of 3rd applicant * refer instruction (j)

* if investment amount is for Rs. 50,000 or more.

BANK PARTICULARS [for dividend / redemption / refund / direct credit (Mandatory as per SEBI guidelines)]

Bank Name Branch

Address MICR Code

City PIN (this is a 9-digit number next to your cheque number)

Furnishing of PIN Code is mandatory

Account type: Current Savings NRO NRE Account No.:

PAYMENT DETAILS

Cheque / DD* No. Amt. of investment (i) Account Type Please (✓)

Date DD Charges if any (ii) Current Savings

Bank Net amount paid (i-ii) NRE NRO

Branch Amt in words DD issued from abroad

*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" & crossed "A/c Payee Only"

(Application form continued on the reverse)

ACKNOWLEDGEMENT (To be filled in by the Applicant)

Received from Mr / Ms / M/s

An application under (scheme name)

along with Cheque / DD No.* dated

Drawn on (Bank)

for Rs. (in figures)

Sr.No. 2007/ _____

Stamp of UTI AMC Office/Authorised Collection Centre

* Cheques and drafts are subject to realisation.

INVESTMENT DETAILS (Please ✓)

- | | | |
|--|---|--|
| <input type="checkbox"/> UTI-Auto Sector Fund | <input type="checkbox"/> UTI-Balanced Fund | <input type="checkbox"/> UTI-Banking Sector Fund |
| <input type="checkbox"/> UTI-Contra Fund | <input type="checkbox"/> UTI-Dividend Yield Fund | <input type="checkbox"/> UTI-Equity Fund |
| <input type="checkbox"/> UTI-Growth Sector Fund - Petro | <input type="checkbox"/> UTI-Growth Sector Fund - Pharma & Healthcare | <input type="checkbox"/> UTI-Growth Sector Fund - Services |
| <input type="checkbox"/> UTI-Growth Sector Fund – Software | <input type="checkbox"/> UTI-Index Select Fund | <input type="checkbox"/> UTI-Infrastructure Fund |
| <input type="checkbox"/> UTI-Leadership Equity Fund | <input type="checkbox"/> UTI-Master Growth Unit Scheme | <input type="checkbox"/> UTI-Master Index Fund |
| <input type="checkbox"/> UTI-Master Plus Unit Scheme | <input type="checkbox"/> UTI-Mastershare Unit Scheme | <input type="checkbox"/> UTI-Master Value Fund |
| <input type="checkbox"/> UTI-Mid Cap Fund | <input type="checkbox"/> UTI-MNC Fund | <input type="checkbox"/> UTI-Nifty Index Fund |
| <input type="checkbox"/> UTI-Opportunities Fund | <input type="checkbox"/> S&P CNX NIFTY UTI Notional Depository Receipts Scheme (SUNDER) | |

- | | | |
|--------|---|---|
| OPTION | <input type="checkbox"/> Growth | <input type="checkbox"/> Dividend (default is growth option) |
| Under | <input type="checkbox"/> Dividend Pay-out | <input type="checkbox"/> Dividend Re-Investment (Default is Dividend Pay-out) |

- I wish Opt for Systematic Investment Plan (SIP). I wish to Opt for Automatic Trigger Facility.

(Investor opting for Systematic Investment Plan (SIP) & / or Automatic Trigger Facility may fill in separate form/s prescribed for the same & attach herewith.

GENERAL INFORMATION - Please (✓) wherever applicable

Status	Resident Individual	<input type="checkbox"/>	Minor through guardian	<input type="checkbox"/>	HUF	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Company	<input type="checkbox"/>
	Sole Proprietorship	<input type="checkbox"/>	Society	<input type="checkbox"/>	Body Corporate	<input type="checkbox"/>
	AOP	<input type="checkbox"/>	BOI	<input type="checkbox"/>	FII	<input type="checkbox"/>
	NRI	<input type="checkbox"/>	Others	<input type="checkbox"/>		
Mode of Holding	Single	<input type="checkbox"/>	Anyone or survivor	<input type="checkbox"/>	Joint	<input type="checkbox"/>
Occupation	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"/>	Service	<input type="checkbox"/>	Others	<input type="checkbox"/>

NOMINATION DETAILS

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 (in case nominee is a minor)		Address of guardian
Address		Signature of guardian (Mandatory)

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 or 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

Signature of 1st Applicant / Guardian
Name of the 1st Authorised Signatory

Designation _____

Signature of 2nd Applicant
Name of the 2nd Authorised Signatory

Designation _____

Signature of 3rd Applicant
Name of the 3rd Authorised Signatory

Designation _____

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.
- All communications 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:
 - 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.
 - For UTI-Dividend Yield Fund and UTI-Mid Cap Fund**
M/s Karvy Computershare Pvt. Ltd., 21, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034. Tel: 23312454/23320751
 - For UTI-Leadership Equity Fund:**
Computer Age Management Services Pvt. Ltd. (CAMS): 5th Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002. Tel: 28559903
 - For other Schemes.:**
UTI Technology Services Ltd.: UTI Bhavan, Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010