

# COMMON APPLICATION FORM FOR INCOME SCHEMES



PLEASE USE SEPARATE FORM FOR EACH SCHEME

Sr. No. 2008/

(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)			
ARN	Name	Sub-Broker Code / Bank Branch Code	M O Code
0032	RR INVESTORS CAPITAL SERVICES PVT. LTD.		
UTI RM No.			

RECEIVING ENTITY INFORMATION		
CR / CA Code	Bank Branch	Bank Sr. No.

Have you invested in UTI MF earlier,  Yes  No

If yes, please provide: Scheme Name: \_\_\_\_\_ Folio/Investor ID \_\_\_\_\_ (Optional)

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

Name of First Applicant / Other Mentally Handicapped Persons (for UBP / MIS) and Adult Female Persons (For MUS) (Mr. / Ms. / Mrs. / M/s.)

Guardian Name (Mr. / Ms. / Mrs. / M/s.) (if Minor) / Contact Person and Designation - for institutional applicants) / Alternate applicant (in case of UBF / MIS / MUS)

PAN [refer instruction (j)] \_\_\_\_\_ Enclosed  PAN Card Copy Date of Birth d d m m y y y y

Address for correspondence (P.O. box address is not sufficient) (\* Furnishing Pin Code is mandatory) \_\_\_\_\_ Compulsory field in case of Minor

City \_\_\_\_\_ State \_\_\_\_\_ Pin\* \_\_\_\_\_

Tel. No. (R) \_\_\_\_\_ (O) \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ e-mail \_\_\_\_\_

If you wish to receive the following via e-mail Please (✓) [Refer Instruction (k)]

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

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

State \_\_\_\_\_ Country \_\_\_\_\_ City \_\_\_\_\_ Pin \_\_\_\_\_

Status  Resident Individual  Minor through guardian  HUF  Partnership  Trust  
 Company  Sole Proprietorship  Society  Body Corporate  AOP  
 BOI  FII  NRI  Others (specify) \_\_\_\_\_  
 Mode of Holding  Single  Anyone or Survivor  Joint  First holder or Survivor (For UTI MUS)  
 Occupation  Business  Student  Agriculture  Self employed  Professional  
 Housewife  Retired  Service  Others (specify) \_\_\_\_\_

### DETAILS OF OTHER APPLICANTS

Name of 2nd Applicant (Mr. / Ms. / Mrs. / M/s.)

PAN [refer instruction (j)] \_\_\_\_\_ Enclosed  PAN Card Copy

Name of 3rd Applicant (Mr. / Ms. / Mrs. / M/s.)

PAN [refer instruction (j)] \_\_\_\_\_ Enclosed  PAN Card Copy

### 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.

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

Bank Name				Branch
Address	City	Pin	Furnishing of PIN Code is mandatory	MICR Code _____ (this is a 9-digit number next to your cheque number)
	Account type (please ✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE			IFS Code _____
Account No.				

### PAYMENT DETAILS

Cheque / DD\* No. \_\_\_\_\_ Amt. of investment (i) \_\_\_\_\_ Account type (please ✓)  Current  Savings  NRE  
 Date \_\_\_\_\_ DD Charges if any (ii) \_\_\_\_\_  NRO  DD issued from abroad  
 Bank \_\_\_\_\_ Net amount paid (i-ii) \_\_\_\_\_  
 Branch \_\_\_\_\_ Amt. in words \_\_\_\_\_

\* 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 SLIP (To be filled in by the Applicant)



Received from Mr./Ms./M/s. \_\_\_\_\_  
 An application under \_\_\_\_\_ Scheme Name \_\_\_\_\_  
 alongwith Cheque / DD No.\* \_\_\_\_\_ Dated \_\_\_\_\_  
 Drawn on (Bank) \_\_\_\_\_  
 for Rs. (in figures) \_\_\_\_\_

\* Cheque and drafts are subject to realisation

Stamp of UTI AMC Office /  
 Authorised Collection Centre



# SYSTEMATIC INVESTMENT PLAN (SIP)

## MANDATE FORM FOR AUTO DEBIT

(PLEASE READ INSTRUCTIONS)



### UTI Mutual Fund, Mumbai 51.

I / We hereby apply for making payment to SIP through Auto Debit [RBI's ECS (Debit Clearing)/ Direct Debit] for the following Scheme/Plan.

0032

AGENT's Name and ARN  
RR INVESTORS CAPITAL  
SERVICES PVT. LTD.

### INVESTOR AND SIP DETAILS

#### Sole / First Investor / Account Holder's Name

PAN [refer instruction (j) on page 22] \_\_\_\_\_ Enclosed  PAN Card Copy

Application No. / Existing Folio No. \_\_\_\_\_

Scheme / Plan \_\_\_\_\_

Each SIP Amount (Rs.) \_\_\_\_\_ Frequency :  Monthly  Quarterly SIP Date :  1st  7th  15th  25th

SIP Period : Start From Mth \_\_\_\_\_ Year \_\_\_\_\_ End on Mth \_\_\_\_\_ Year \_\_\_\_\_

I / We hereby, authorise UTI Mutual Fund and their authorised service providers, to debit my/our following bank account by Direct Debit/ECS Debit for collection of SIP Payments.

Name of 2nd applicant (Mr./Ms./Mrs.) \_\_\_\_\_

PAN [refer instruction (j) on page 22] \_\_\_\_\_ Enclosed  PAN Card Copy

Name of 3rd applicant (Mr./Ms./Mrs.) \_\_\_\_\_

PAN [refer instruction (j) on page 22] \_\_\_\_\_ Enclosed  PAN Card Copy

### PARTICULARS OF BANK ACCOUNT

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_

Account Number \_\_\_\_\_ Account type (please  Current  Savings  NRE  NRO

9 Digit MICR Code \_\_\_\_\_ IFS Code \_\_\_\_\_

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected. MICR code starting or ending with 000 are not valid for ECS.

Account holder Name as in Bank Account \_\_\_\_\_

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold the user institution responsible. I / We will also inform UTI Mutual Fund, about any changes in my bank account. I / We have read and agreed to the terms and conditions mentioned overleaf.

I have attached cancelled blank cheque or its Photocopy.

First Account Holder's  
Signature  
(As in Bank Records)

Second Account Holder's  
Signature  
(As in Bank Records)

Third Account Holder's  
Signature  
(As in Bank Records)

Investor's Signature

Date

### Banker's Attestation (For bank use only)

Certified that the signature of the account holder and the details of Bank account are correct as per our records.

Signature of Authorised Official from Bank with Stamp and Date

### Authorisation of the Bank Account Holder (to be signed by the Investor) (To be retained by the Bank)

To,  
The Branch Manager

PIN \_\_\_\_\_

This is to inform that I/We hereby register for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit and that my/our payment towards my investment in UTI Mutual Fund shall be made from my / our below mentioned bank account with your bank. I authorise you to honour such payments. I / We also authorise the representative carrying this Direct/ECS Debit Mandate Form to get it verified & executed, if necessary. The verification charges, if any, may be debited to my/our account.

First Account Holder's  
Signature  
(As in Bank Records)

Second Account Holder's  
Signature  
(As in Bank Records)

Third Account Holder's  
Signature  
(As in Bank Records)

Bank Account Number