



COMMON APPLICATION FORM FOR EQUITY, INDEX (EQUITY) AND HYBRID SCHEMES

Sr.No. 2024/

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

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]

Table with distributor information including ARN/RIA Code, Name of Financial Advisor, Sub ARN Code, Sub Code/Bank Branch Code, M O Code, EUI No., and UTI RM No.

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

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

Form with checkboxes for 'I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS' and 'I AM AN EXISTING INVESTOR IN MUTUAL FUNDS' with associated charges.

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

APPLICANT'S PERSONAL DETAILS (Mr., Ms., Mrs., M/s) \* Denotes Mandatory Fields

Name of First Applicant (Name as per the PAN card) with first, middle, and last name fields and 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 z & aa)

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

Name of contact person (Mr., Ms., Mrs.) with first, middle, and last name fields and 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)

Address fields including Village/Flat/Bldg./Plot\*, Street/Road/Area/Post, City/Town\*, State, and Pin\*.

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

Overseas address fields including State, Country\*, and Zip/Pin\*.

DETAILS OF OTHER APPLICANTS

Mode of Holding: Joint Anyone or Survivor (Default - Joint holding)

Name of 2nd Applicant (Mr., Ms., Mrs.) and Date of Birth of 2nd Applicant\*.

\*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.) and Date of Birth of 3rd Applicant\*.

\*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 'q')

**PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)**

#Cheque/DD/NEFT/\*RTGS Ref. No. / Unique Serial No. (For Cash)  Cash Account type (please ✓)  Savings  Current  NRE  NRO  DD

Account No.

Date  Amt. of investment (i)  # 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"

Bank  DD Charges if any (ii)  \* Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Branch  Net amount paid (i-ii)

Amt. in words

UTI Smart Form if already registered (Applicable for existing investors)

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

|   |   |   |
|---|---|---|
| Bank Name   |   | Branch  |
| Address   |   | MICR Code <input type="text"/>                        |
|   | City <input type="text"/> *Pin <input type="text"/> | (this is a 9-digit number next to your cheque number) |
| Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE |   | IFS Code <input type="text"/>                         |
| Account No. <input type="text"/>  |   | (this is a 11-digit number)                           |

**INVESTMENT DETAILS (PLEASE USE SEPARATE FORM FOR EACH SCHEME)**

**Equity Schemes:**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> UTI Large Cap Fund       | <input type="checkbox"/> UTI Infrastructure Fund                 | <input type="checkbox"/> UTI Nifty 500 Value 50 Index Fund          |
| <input type="checkbox"/> UTI Large & Mid Cap Fund | <input type="checkbox"/> UTI Innovation Fund                     | <input type="checkbox"/> UTI Nifty 200 Momentum 30 Index Fund       |
| <input type="checkbox"/> UTI Flexi Cap Fund       | <input type="checkbox"/> UTI MNC Fund                            | <input type="checkbox"/> UTI S&P BSE Low Volatility Index Fund      |
| <input type="checkbox"/> UTI Focused Fund         | <input type="checkbox"/> UTI Banking and Financial Services Fund | <input type="checkbox"/> UTI Nifty Midcap 150 Quality 50 Index Fund |
| <input type="checkbox"/> UTI Mid Cap Fund         | <input type="checkbox"/> UTI Healthcare Fund                     | <input type="checkbox"/> UTI S&P BSE Housing Index Fund             |
| <input type="checkbox"/> UTI Small Cap Fund       | <input type="checkbox"/> UTI Transportation and Logistics Fund   |   |
| <input type="checkbox"/> UTI Value Fund           | <b>Index (Equity) Schemes:</b>                                   | <b>Hybrid Schemes:</b>  |
| <input type="checkbox"/> UTI Dividend Yield Fund  | <input type="checkbox"/> UTI S&P BSE Sensex Index Fund           | <input type="checkbox"/> UTI Arbitrage Fund                         |
| <input type="checkbox"/> UTI ELSS Tax Saver Fund  | <input type="checkbox"/> UTI Nifty 50 Index Fund                 | <input type="checkbox"/> UTI Conservative Hybrid Fund               |
| <input type="checkbox"/> UTI India Consumer Fund  | <input type="checkbox"/> UTI Nifty 50 Equal Weight Index Fund    | <input type="checkbox"/> UTI Equity Savings Fund                    |
|   | <input type="checkbox"/> UTI Nifty Next 50 Index Fund            | <input type="checkbox"/> UTI Balanced Advantage Fund                |
|   |  | <input type="checkbox"/> UTI Multi Asset Allocation Fund            |
|   |  | <input type="checkbox"/> UTI Aggressive Hybrid Fund                 |

PLAN (For All Schemes)  Regular Plan  Direct Plan (refer instruction 'j')

**OPTION**

- For All Schemes** (except UTI Conservative Hybrid Fund and UTI Equity Savings Fund)
  - Growth  IDCW (Payout)  IDCW (Reinvestment) [not available under UTI ELSS Tax Saver Fund, UTI Small Cap Fund, UTI Focused Fund, UTI Innovation Fund and UTI Balanced Advantage Fund]
  - All Index funds has only Growth option expect UTI Nifty 50 Index Fund
- For UTI Conservative Hybrid Fund**
  - Growth  Monthly IDCW (Payout)  Monthly IDCW (Reinvestment)
  - Flexi IDCW (Payout)  Flexi IDCW (Reinvestment)  Monthly Payment (Default-Growth)
- For UTI Equity Savings Fund**
  - Growth  IDCW (Payout)  IDCW (Reinvestment)  Monthly IDCW (Payout)
  - Monthly IDCW (Reinvestment)  Quarterly IDCW (Payout)  Quarterly IDCW (Reinvestment) (Default-Growth)

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

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>National Securities Depository Limited</b> | Depository Name <input type="text"/>         | <b>Central Depository Services (India) Limited</b> | Depository Name <input type="text"/> |
|   | DP ID No. <input type="text"/>               |  | Target ID No. <input type="text"/>   |
|   | Beneficiary Account No. <input type="text"/> |  |                                      |

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 'k')

Name

Address:

Relationship with the applicant (optional)  Mobile

Email

**GENERAL INFORMATION - Please (✓) wherever applicable**

**STATUS:**  Resident Individual  Minor through guardian  HUF  Partnership  Trust  
 Sole Proprietorship  Society / Club  Body Corporate  AOP  BOI  
 FPI  NRI  Foreign Nationals##  Listed Company  LLP  
 Unlisted 'Not for Profit'^^ Company  Other Unlisted Company  PIO  
 Others (Please specify) \_\_\_\_\_

^^ '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 z & aa)

**OCCUPATION:**  Business  Student  Agriculture  Self-employed  Professional  
 Housewife  Retired  Private Sector Service  Public Sector Service  Government Service  
 Forex Dealer  Others (Please specify) \_\_\_\_\_

**MARITAL STATUS:**  Unmarried  Married  Wedding Anniversary

**OTHER DETAILS (MANDATORY)**

**FOR INDIVIDUALS ONLY**

**1<sup>st</sup> 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 'x').  
(C) **Any other information:** \_\_\_\_\_

**2<sup>nd</sup> 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:** \_\_\_\_\_

**3<sup>rd</sup> 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 of 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 'z')

**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 ?

If **No**, please tick here:  First Applicant  Second Applicant  Third Applicant

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



Haq, ek behtar zindagi ka.

**ACKNOWLEDGEMENT**

(To be filled in by the Applicant)

Sr. No. 2024/

[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 \_\_\_\_\_

Drawn on (Bank)

\_\_\_\_\_

for ₹ (in figures)

\_\_\_\_\_

Stamp of UTI AMC Office/  
Authorised Collection Centre

<sup>s</sup> Cheques and drafts are subject to realisation.

**NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors**

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 of Nominee  | Nominee 1   | Nominee 2   | Nominee 3   |
|--|---|---|---|
| Name of the Guardian<br>(in case Nominee is Minor)                     |   |   |   |
| Percentage of Allocation*  |   |   |   |
| Relationship with Nominee  |   |   |   |
| Date of Birth<br>(Mandatory if Nominee is Minor)                       |   |   |   |
| Proof of Identity  | <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____ | <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____ | <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____ |
| Identification Number#   |   |   |   |
| Signature of Nominee/ Guardian<br>(Mandatory in case of Minor Nominee) |   |   |   |

\*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 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.

Sign. here  
↓  
  
Sign. here  
↓

\_\_\_\_\_

Signature of 1st Applicant / Guardian

\_\_\_\_\_

Signature of 2nd Applicant

\_\_\_\_\_

Signature of 3rd Applicant

**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. ● I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making investments. ● 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 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. ● 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 to NRI's). ● 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.

**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 despatched to my resident relative's address in India as mentioned above

∞ On providing email-id investors shall 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.

First Applicant Details

|                  |                   |                   |
|------------------|-------------------|-------------------|
| *Mobile No.      | Tel. (R) STD CODE | Tel. (O) STD CODE |
| *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              |  | Relationship              |  |
| 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

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. If you DO NOT wish to receive communication on WhatsApp, tick the box

Sign. here  
↓  
  
Sign. here  
↓

\_\_\_\_\_

Signature of 1st Applicant / Guardian / POA^^  
Name of 1st Authorised Signatory

\_\_\_\_\_

Signature of 2nd Applicant / POA^^  
Name of 2nd Authorised Signatory

\_\_\_\_\_

Signature of 3rd Applicant / POA^^  
Name of 3rd Authorised Signatory

Designation \_\_\_\_\_ Designation \_\_\_\_\_ Designation \_\_\_\_\_

^^Power of Attorney (POA) Registration No. \_\_\_\_\_ (if already registered) (refer instruction 'ab')

**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 (CAS) will be sent within 10 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

|  |   |   |  |                      |                         |                      |                      |                         |                      |  |
|--|---|---|--|----------------------|-------------------------|----------------------|----------------------|-------------------------|----------------------|--|
|  | UMRN  | <input type="text"/>  | Date   | <input type="text"/> | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/> |  |
|  | Utility Code  | <input type="text"/>  | <input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel |                      |                         |                      |                      |                         |                      |  |
| Sponsor Bank Code  | <input type="text"/>  | I/We authorize <b>UTI MUTUAL FUND</b>                       |  |                      |                         |                      |                      |                         |                      |  |
| To debit (tick ✓)  | <input checked="" type="checkbox"/> SB/ <input type="checkbox"/> CA/ <input type="checkbox"/> CC/ <input type="checkbox"/> SB-NRE/ <input type="checkbox"/> SB-NRO/ <input type="checkbox"/> OTHER  | Bank a/c number <input type="text"/>                        |  |                      |                         |                      |                      |                         |                      |  |
| with Bank  | <input type="text"/>  | IFSC / MICR <input type="text"/>                            |  |                      |                         |                      |                      |                         |                      |  |
| an amount of Rupees  | <input type="text"/>  | ₹ <input type="text"/>                                      |  |                      |                         |                      |                      |                         |                      |  |
| <b>Debit Type</b>  | <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount <b>Frequency</b> <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented |   |  |                      |                         |                      |                      |                         |                      |  |
| Reference 1  | <input type="text"/>  | Reference 2 <input type="text"/>                            |  |                      |                         |                      |                      |                         |                      |  |
| 1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit. |   |   |  |                      |                         |                      |                      |                         |                      |  |
| From   | <input type="text"/>  | Maximum period of validity of this mandate is 40 years only |  |                      |                         |                      |                      |                         |                      |  |
| To   | <input type="text"/>  |   |  |                      |                         |                      |                      |                         |                      |  |
| Maximum period of validity of this mandate is 40 years only  |   |   |  |                      |                         |                      |                      |                         |                      |  |
| Phone No.  | <input type="text"/>  | 1. <input type="text"/>                                     |  |                      | 2. <input type="text"/> |                      |                      | 3. <input type="text"/> |                      |  |
| Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____   |   |   |  |                      |                         |                      |                      |                         |                      |  |
| Name as in Bank records _____ Name as in Bank records _____ Name as in Bank records _____  |   |   |  |                      |                         |                      |                      |                         |                      |  |

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

## UTI SMaRT SIP Form™

- Registration of New SIP
- Renewal of Existing SIP
- Micro SIP
- Change in Existing Bank Details

|                   |                 |              |          |         |            |
|-------------------|-----------------|--------------|----------|---------|------------|
| ARN / RIA         | EUIN            | Sub ARN Code | Sub Code | MO Code | UTI RM No. |
| <b>ARN-153155</b> | <b>E-271894</b> |              |          |         |            |

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

|  |  |
|--|--|
| APPLICANT DETAILS  | APPLICATION NO./FOLIO NO. <input type="text"/> |
| Name of Sole / 1st Holder / Beneficiary Child <input type="text"/> |  |
| Name of Guardian (in case of Minor) <input type="text"/>           |  |

|   |   |   |
|---|---|---|
| PAN DETAILS   | (If not registered in the folio already)                                  |   |
| First Applicant/Guardian <input type="text"/>                             | Second Applicant <input type="text"/>                                     | Third Applicant <input type="text"/>                                      |
| Mandatory Enclosure   | Mandatory Enclosure   | Mandatory Enclosure   |
| <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied  | <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied  | <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied  |
| PAN Exempt KYC Ref no. (PEKRN for Micro investments) <input type="text"/> | PAN Exempt KYC Ref no. (PEKRN for Micro investments) <input type="text"/> | PAN Exempt KYC Ref no. (PEKRN for Micro investments) <input type="text"/> |

| SIP DETAILS   |                      |  |   |   |   |
|---|----------------------|--|---|---|---|
| Scheme Name, Plan, Option   | SIP Date             | Instalment Amount  | Frequency   | SIP Period*   | SIP Step Up   |
|   | <input type="text"/> | <input type="checkbox"/> 5000<br><input type="checkbox"/> 10000<br><input type="checkbox"/> 25000<br>OR ₹ <input type="text"/> | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | From <input type="text"/><br>To <input type="text"/><br><input type="checkbox"/> Until cancelled<br><input type="checkbox"/> <input type="text"/> | Amount In Multiple of ₹ 500/-<br><input type="text"/>                   |
|   | <input type="text"/> | <input type="checkbox"/> 5000<br><input type="checkbox"/> 10000<br><input type="checkbox"/> 25000<br>OR ₹ <input type="text"/> | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | From <input type="text"/><br>To <input type="text"/><br><input type="checkbox"/> Until cancelled<br><input type="checkbox"/> <input type="text"/> | <input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly |
|   | <input type="text"/> | <input type="checkbox"/> 5000<br><input type="checkbox"/> 10000<br><input type="checkbox"/> 25000<br>OR ₹ <input type="text"/> | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | From <input type="text"/><br>To <input type="text"/><br><input type="checkbox"/> Until cancelled<br><input type="checkbox"/> <input type="text"/> | <input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly |
| Amount in the mandate to bank should be equal or more than this total amount. |                      | Total  | ₹ <input type="text"/>  | * Note : SIP mandate shall be registered for a maximum period of upto 40 years  |   |


### My Financial Goal for this SIP (choose anyone)

- Retirement Corpus
  Child Education
  Child Marriage
  Dream Car
  Dream House
  Marriage
  Holiday
- (In case of saving for Child, mention name of Child)  Target Amount

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP. I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

|                            |                 |                 |
|----------------------------|-----------------|-----------------|
|                            |                 |                 |
| 1st Unit Holder / Guardian | 2nd Unit Holder | 3rd Unit Holder |

|  |   |  |  |  |   |  |  |  |  |                             |                                       |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|---|--|--|--|--|-----------------------------|---------------------------------------|--|---|---|---|---|---|---|---|-----------------------------|--|--|--|--|---|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|
| <br><small>राष्ट्रीय राष्ट्रीय भुगतान निगम<br/>NATIONAL PAYMENTS CORPORATION OF INDIA</small>  | UMRN  |  |  |  |   |  |  |  |  |                             |                                       | Date   | D | D | M | M | Y | Y | Y | Y                           |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
|  | Utility Code  |  |  |  |   |  |  |  |  |                             |                                       | <input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| Sponsor Bank Code  |   |  |  |  |   |  |  |  |  |                             | I/We authorize <b>UTI MUTUAL FUND</b> |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| To debit (tick ✓)  | <input checked="" type="checkbox"/> SB/ CA/ CC /SB-NRE/SB-NRO/OTHER |  |  |  |   |  |  |  |  |                             | Bank a/c number                       |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| with Bank  |   |  |  |  |   |  |  |  |  |                             | IFSC / MICR                           |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| an amount of Rupees  |   |  |  |  |   |  |  |  |  |                             | ₹                                     |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| <b>Debit Type</b> <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount <b>Frequency</b> <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented  |   |  |  |  |   |  |  |  |  |                             |                                       |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| Reference 1  |   |  |  |  |   |  |  |  |  | Reference 2                 |                                       |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| 1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit. |   |  |  |  |   |  |  |  |  |                             |                                       |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| From   |   |  |  |  | D |  |  |  |  | M                           |                                       |  |   |   | Y |   |   |   |   | Y                           |  |  |  |  | Maximum period of validity of this mandate is 40 years only |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| To   |   |  |  |  | D |  |  |  |  | M                           |                                       |  |   |   | Y |   |   |   |   | Y                           |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| Maximum period of validity of this mandate is 40 years only  |   |  |  |  |   |  |  |  |  |                             |                                       |  |   |   |   |   |   |   |   |                             |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| Signature Primary Account holder   |   |  |  |  |   |  |  |  |  | Signature of Account holder |                                       |  |   |   |   |   |   |   |   | Signature of Account holder |  |  |  |  |   |  |  |  |  |                            |  |  |  |  |  |  |  |  |  |
| Phone No.  |   |  |  |  |   |  |  |  |  | 1. Name as in Bank records  |                                       |  |   |   |   |   |   |   |   | 2. Name as in Bank records  |  |  |  |  |   |  |  |  |  | 3. Name as in Bank records |  |  |  |  |  |  |  |  |  |

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

## UTI SMaRT SIP Form™

- Registration of New SIP
- Renewal of Existing SIP
- Micro SIP
- Change in Existing Bank Details

|                   |                 |              |          |         |            |
|-------------------|-----------------|--------------|----------|---------|------------|
| ARN / RIA         | EUIN            | Sub ARN Code | Sub Code | MO Code | UTI RM No. |
| <b>ARN-153155</b> | <b>E-271894</b> |              |          |         |            |

Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

|   |                           |
|---|---------------------------|
| APPLICANT DETAILS                             | APPLICATION NO./FOLIO NO. |
| Name of Sole / 1st Holder / Beneficiary Child |                           |
| Name of Guardian (in case of Minor)           |                           |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| PAN DETAILS  |  |  | (If not registered in the folio already) |  |  |
| First Applicant/Guardian   |  | Second Applicant   |  | Third Applicant  |  |
| Mandatory Enclosure  |  | Mandatory Enclosure  |  | Mandatory Enclosure  |  |
| <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied |  | <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied |  | <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied |  |
| PAN Exempt KYC Ref no. (PEKRN for Micro investments)                     |  | PAN Exempt KYC Ref no. (PEKRN for Micro investments)                     |  | PAN Exempt KYC Ref no. (PEKRN for Micro investments)                     |  |

| SIP DETAILS   |          |   |   |  |    |  |   |
|---|----------|---|---|--|----|--|---|
| Scheme Name, Plan, Option   | SIP Date | Instalment Amount   | Frequency   | SIP Period*  |    | SIP Step Up  |   |
|   |          |   |   | (MM/YY)  |    | Amount In Multiple of ₹ 500/-  | Frequency   |
|   | D D      | <input type="checkbox"/> 5000<br><input type="checkbox"/> 10000<br><input type="checkbox"/> 25000<br>OR ₹ _____ | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | From M M Y Y   | To | <input type="checkbox"/> Until cancelled<br><input type="checkbox"/> M M Y Y | <input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly |
|   | D D      | <input type="checkbox"/> 5000<br><input type="checkbox"/> 10000<br><input type="checkbox"/> 25000<br>OR ₹ _____ | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | From M M Y Y   | To | <input type="checkbox"/> Until cancelled<br><input type="checkbox"/> M M Y Y | <input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly |
|   | D D      | <input type="checkbox"/> 5000<br><input type="checkbox"/> 10000<br><input type="checkbox"/> 25000<br>OR ₹ _____ | <input type="checkbox"/> Daily<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | From M M Y Y   | To | <input type="checkbox"/> Until cancelled<br><input type="checkbox"/> M M Y Y | <input type="checkbox"/> Half Yearly<br><input type="checkbox"/> Yearly |
| Amount in the mandate to bank should be equal or more than this total amount. |          | Total   | ₹   | * Note : SIP mandate shall be registered for a maximum period of upto 40 years |    |  |   |

### My Financial Goal for this SIP (choose anyone)

- Retirement Corpus   
  Child Education   
  Child Marriage   
  Dream Car   
  Dream House   
  Marriage   
  Holiday
- (In case of saving for Child, mention name of Child) \_\_\_\_\_ Target Amount \_\_\_\_\_

I/We hereby authorise UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP. I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

|                            |                 |                 |
|----------------------------|-----------------|-----------------|
|                            |                 |                 |
| 1st Unit Holder / Guardian | 2nd Unit Holder | 3rd Unit Holder |

# CKYC & KRA KYC Form



Haq, ek behtar zindagi ka.

## Know Your Client

### Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with \*\* are mandatory fields

Application  New

Type\*  Update KYC Number\*

KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

|                          |  |   |  |
|--------------------------|--|---|--|
| Prefix                   | First Name   | Middle Name   | Last Name  |
| Name* (same as ID proof) |  |   |  |
| Maiden Name (If any*)    |  |   |  |
| Father / Spouse Name*    |  |   |  |
| Mother Name*             |  |   |  |
| Date of Birth*           | DD - MM - YYYY   |   |  |
| Gender*                  | <input type="checkbox"/> M- Male   | <input type="checkbox"/> F- Female  | <input type="checkbox"/> T-Transgender   |
| Marital Status*          | <input type="checkbox"/> Married   | <input type="checkbox"/> Unmarried  | <input type="checkbox"/> Others  |
| Citizenship*             | <input type="checkbox"/> IN- Indian  | <input type="checkbox"/> Others - Country _____ Country Code <input type="text"/> |  |
| Residential Status*      | <input type="checkbox"/> Resident Individual                               | <input type="checkbox"/> Non Resident Indian                                      |  |
|                          | <input type="checkbox"/> Foreign National                                  | <input type="checkbox"/> Person of Indian Origin                                  |  |
| Occupation Type*         | <input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector | <input type="checkbox"/> Public Sector  | <input type="checkbox"/> Government Sector   |
|                          | <input type="checkbox"/> O-Others <input type="checkbox"/> Professional    | <input type="checkbox"/> Self Employed  | <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student |
|                          | <input type="checkbox"/> B-Business  | <input type="checkbox"/> X-Not Categorised  |  |

**Photo**

Signature/  
Thumb Impression

### 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

|  |                      |                             |                      |
|--|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> A- Passport Number  | <input type="text"/> | Passport Expiry Date        | DD - MM - YYYY       |
| <input type="checkbox"/> B- Voter ID Card  | <input type="text"/> | Driving Licence Expiry Date | DD - MM - YYYY       |
| <input type="checkbox"/> D- Driving Licence  | <input type="text"/> | Identification Number       | <input type="text"/> |
| <input type="checkbox"/> E- Aadhaar Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> F- NREGA Job Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> Z- Others (any document notified by the central government) | <input type="text"/> |                             |                      |

### 3. Proof of Address (PoA)\*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1\*

Line 2

Line 3

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

Country\*  Country Code  as per ISO 3166

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

|   |                      |                             |                      |
|---|----------------------|-----------------------------|----------------------|
| <input type="checkbox"/> Passport Number  | <input type="text"/> | Passport Expiry Date        | DD - MM - YYYY       |
| <input type="checkbox"/> Voter ID Card  | <input type="text"/> | Driving Licence Expiry Date | DD - MM - YYYY       |
| <input type="checkbox"/> Driving Licence  | <input type="text"/> | Identification Number       | <input type="text"/> |
| <input type="checkbox"/> Aadhaar Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> NREGA Job Card   | <input type="text"/> |                             |                      |
| <input type="checkbox"/> Others (any document notified by the central government) | <input type="text"/> |                             |                      |

3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

Country\*  Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID   
Mobile -- Tel. (Off) -- Tel. (Res) --

**5. FATCA/CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)  
Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166  
Tax Identification Number or equivalent (If issued by jurisdiction)\*   
Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166  
Address  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)   
Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Name\* Prefix  First Name  Middle Name  Last Name   
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date --  
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date --  
 E- Aadhaar Card   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number

**7. Remarks (If any)**

**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: -- Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by (Refer Instruction I)**

Date --  
Emp. Name   
Emp. Code   
Emp. Designation   
 [Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
 [Institution Stamp]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date --  
Emp. Name   
Emp. Code   
Emp. Designation   
 [Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
 [Institution Stamp]





## FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

*Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance*

|  |  |   |  |  |  |  |   |  |  |
|--|--|---|--|--|--|--|---|--|--|
| PAN / PEKRN*                                       |  |   |  |  |  |  |   |  |  |
| Name   |  |   |  |  |  |  |   |  |  |
| Address Type<br><i>[for KYC address]</i>           |  | <input type="checkbox"/> Residential<br><input type="checkbox"/> Registered Office<br><input type="checkbox"/> Business   |  |  | Nationality                                  |  | <input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>   |  |  |
| Place of Birth                                     |  |   |  |  | Country of Birth                             |  |   |  |  |
| Gross Annual Income Details in INR                 |  | <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore |  |  | Occupation Details [Please tick any one (√)] |  | <input type="checkbox"/> Business <input type="checkbox"/> Professional<br><input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector<br><input type="checkbox"/> Government Service<br><input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Retired<br><input type="checkbox"/> Forex Dealer<br><input type="checkbox"/> Others [Please specify] _____ |  |  |
| Net Worth in INR. In Lacs & Date <i>[Optional]</i> |  | _____ dd-mmm-yyyy   |  |  |  |  |   |  |  |
| Politically Exposed Person [PEP]                   |  | <input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP<br><input type="checkbox"/> Not Applicable   |  |  | Any other information <i>[if applicable]</i> |  | <i>[Please specify]</i>   |  |  |

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?   Yes  No

**If 'Yes', please fill for all countries** (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

| S. No. | Country of Tax Residency | Tax Identification Number (TIN) or Functional Equivalent | Identification Type <i>[TIN or other, please specify]</i> | If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C <i>[as defined below]</i> |
|--------|--------------------------|--|---|---|
| 1      |                          |  |   | → Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>                               |
| 2      |                          |  |   | → Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>                               |

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required *[Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected]*
- Reason C → Others – Please specify the reasons \_\_\_\_\_

**Declaration:**

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [KFIN/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:  
Place:

Signature:

=====

Acknowledgement

We [KFIN, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal