

Only Address (DO NOT REPEAT NAME) in full of Applicant/ Parent OR Guardian of Minor / Foreign address of the UTI NRE applicant (Post Box Number is not sufficient)											
DISTRICT STATE											
PIN/ZIP Country (in the case of NREs)											
Telephone No. e-mail address:											
Tax Payer's P.A.N. or G.I.R. No.** LT. Circle/Ward/ District** ** to be filled in, in case of investment of Rs.50,000/- and above											
BANK PARTICULARS (It is mandatory to furnish bank particulars, failing which application may be rejected)											
NAME OF BANK & BRANCH											
Bank A/c: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO A/c No.											
9 digit MICR Code No. of the Bank Branch as appearing on the MICR cheques issued by the Bank.											
OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT											
<input type="checkbox"/> Income Distribution / Payment under BWP to be credited to regular <input type="checkbox"/> NRE A/c (if the investment is held on repatriation basis) <input type="checkbox"/> NRO A/c											
For NREs only	<input type="checkbox"/> To be despatched to my foreign address as mentioned overleaf <input type="checkbox"/> To be despatched at my relative's address in India, as given below:										
	Name and Address of relative in India										
	PIN										
NOMINATION FORM											
I/We 1) _____ 2) _____ 3) _____ do hereby nominate											
the following person more particularly described hereunder in respect of the units applied.											
Name and Address of the Nominee: Name: _____											
Address: _____											
Date of Birth: _____ (to be furnished in case the nominee is a minor). The Nominee is a minor whose guardian is											
Address of the guardian: _____											
Signature of guardian: _____											
Declaration by Alternate Applicant on behalf of mentally handicapped person (applicable only for BWP)											
I declare that the statement made and the information furnished in this form are true and correct. I agree to be the alternate applicant.											
Name of the alternate applicant: _____											
Address: _____											
Date: _____ Signature / Thumb Impression \$											
Signatures of Applicant/s											
I / We undertake to confirm that this investment has been duly authorized by appropriate authorities in terms of all relevant documents and procedural requirements. I/We undertake to provide further details of source of funds and any such other relevant document, if called for by UTI Mutual Fund. I / We request UTI Mutual Fund to issue me / us the consolidated TDS certificates (Form 16A) at the end of the Financial Year for income distribution, if any.											
Name of the 1st Authorized Signatory _____ Signature/ Thumb Impression^g of 1st Applicant/ Parent/ Guardian/ P.A. Holder / Authorized Signatory											
Designation _____											
Name of the 2nd Authorized Signatory _____ Signature/ Thumb Impression^g of 2nd Applicant/ Alternate Parent/ P.A. Holder / Authorized Signatory											
Designation _____											
Name of the 3rd Authorized Signatory _____ Signature/ Thumb Impression^g of 3rd Applicant/ P.A. Holder / Authorized Signatory											
Designation _____											
Power of Attorney Registration No. _____ (if already registered with UTI - ISL)											
\$ To be filled in if Application is signed by Thumb Impression											
Signature of witness _____ Signature of witness _____											
Name and Address of 1st Witness _____ Name and Address of 2nd Witness _____											
FOR OFFICE USE ONLY											
UTI INWARD NO.			UTI BRANCH CODE			DISTT. CODE			SCHEME CODE		
Notes: 1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected. 2. In case the applicant does not receive the Statement of Account within 30 days from the date of acceptance of the application, he may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority. 3. All communications relating to issue of Statement of Account, nomination, change in name, address, repurchase, death claims etc., may please be addressed to the Registrar : UTI Investor Services Ltd.(UTI-ISL). West: Central Processing Centre, Plot No.3, Sector - 11, CBD Belapur, Navi Mumbai - 400614. Tel.2758 1880. East: 4th Floor, Bombay Mutual Building, 8, B.T.M. Sarani, Brabourne Road, (Opp. India Tea Board), Dalhousie Square, Kolkata - 700 001. Tel. 2943 6358. South: 46, Justice Bheemer Ahmed Building, Second Line Beach, Chennai - 600 001. Tel. 2854 1224. North: 174/176, 1st Floor, Rajendra Showar, (DDA Building), Rajendra Place, New Delhi - 110 058. Tel. 2868 3118.											