



# 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 INFORMATION

|                      |                                  |                      |                      |
|----------------------|----------------------------------|----------------------|----------------------|
| Distributor / ARN    | Sub-Broker Code/Bank Branch Code | MO Code              | CR/CA Code           |
| <input type="text"/> | <input type="text"/>             | <input type="text"/> | <input type="text"/> |

## 1. APPLICANT INFORMATION (Please fill in Block Letters)

Personal Details of First Applicant / Title (Please ✓)  Mr  Ms  M/s  Others  
Mentally Handicapped Person (for US 2002)

Name

Date of Birth  PAN (Ref. instruction j)  Not applicable to NRI

Contact Person and Designation (in case of Institutional Investors) / Name of Guardian (in case of Minor)

Mr / Ms

Name of Second Applicant

Mr / Ms / M/s

PAN (Ref. instruction j)

Name of Third Applicant

Mr / Ms / M/s

PAN (Ref. instruction j)

Mode of Holding (Please ✓)  Single  Joint  Anyone or Survivor

Mailing Address of Sole / First Applicant (P.O. Box Address is not sufficient)

City

Pin Code

State  (Furnishing of Pin Code details is mandatory)

### Contact details of First / Sole Applicant

Phone / Mobile  e-mail

Overseas Address in case of NRIs / FIIs

Country  Postal Code

## 2. 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.

## 3. PAYMENT DETAILS

|                                      |                                                |                                                |                                  |
|--------------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------|
| Cheque / DD No. <input type="text"/> | Amt. of Cheque/DD (i) <input type="text"/>     | Account Type (please ✓)                        |                                  |
| Date <input type="text"/>            | DD Charges if any (ii) <input type="text"/>    | <input type="checkbox"/> Current               | <input type="checkbox"/> Savings |
| Bank <input type="text"/>            | Amt. of investment (i+ii) <input type="text"/> | <input type="checkbox"/> NRE                   | <input type="checkbox"/> NRO     |
| Branch <input type="text"/>          | Amt. In words <input type="text"/>             | <input type="checkbox"/> DD issued from Abroad |                                  |

Instruction: 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 (refer instruction k)

I/We wish to receive the following via e-mail (Please ✓)

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

(Application form 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)

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 details relating to the Sole / First Holder for Redemption / Dividend Warrants.

|                  |                      |                          |                                                                                                                             |
|------------------|----------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Name of the Bank | <input type="text"/> | Branch                   | <input type="text"/>                                                                                                        |
| Branch Address   | <input type="text"/> | City                     | <input type="text"/>                                                                                                        |
| Pin Code         | <input type="text"/> | Account Type (please ✓ ) | <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO |
| Account Number   | <input type="text"/> |                          |                                                                                                                             |

**6. ELECTRONIC CLEARING SERVICE (ECS)  (Please ✓)**

I/We authorise UTI Mutual Fund to credit Dividend amount through ECS.

The 9 digit MICR Code number of my/our Bank and Branch is :  (The 9 digit code appears on your cheque next to the Cheque Number)**7. INVESTMENT DETAILS (please ✓)**

|                                                       |                                                                       |                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> UTI-Balanced Fund            | <input type="checkbox"/> UTI-MNC Fund                                 | <input type="checkbox"/> UTI – Banking Sector Fund       |
| <input type="checkbox"/> UTI-Unit Scheme 2002         | <input type="checkbox"/> UTI-Growth Sector Fund – Petro               | <input type="checkbox"/> UTI – PSU Fund                  |
| <input type="checkbox"/> UTI-Master Index Fund        | <input type="checkbox"/> UTI-Growth Sector Fund – Pharma & Healthcare | <input type="checkbox"/> UTI Growth & Value Fund         |
| <input type="checkbox"/> UTI-Nifty Index Fund         | <input type="checkbox"/> UTI-Growth Sector Fund – Brand Value         | <input type="checkbox"/> UTI India Advantage Equity Fund |
| <input type="checkbox"/> UTI-Index Select Fund        | <input type="checkbox"/> UTI-Growth Sector Fund – Services            | <input type="checkbox"/> UTI Dynamic Equity Fund         |
| <input type="checkbox"/> UTI-Mastershare Unit Scheme  | <input type="checkbox"/> UTI-Growth Sector Fund – Software            | <input type="checkbox"/> SUNDER                          |
| <input type="checkbox"/> UTI-Master Value Fund        | <input type="checkbox"/> UTI- Large Cap Fund                          | <input type="checkbox"/> UTI-Dividend Yield Fund         |
| <input type="checkbox"/> UTI-Equity Fund              | <input type="checkbox"/> UTI – Mid Cap Fund                           | <input type="checkbox"/> UTI-Opportunities Fund          |
| <input type="checkbox"/> UTI-Mastergrowth Unit Scheme | <input type="checkbox"/> UTI – Infrastructure Fund                    | <input type="checkbox"/> UTI-Leadership Equity Fund      |
| <input type="checkbox"/> UTI-Master Plus Unit Scheme  | <input type="checkbox"/> UTI – Auto Sector Fund                       |                                                          |

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 (Default is Dividend Pay-out)

I wish to 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.

**8. NOMINATION DETAILS (optional)**

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 / Trustees.

|                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| <b>Name and Address of Nominee</b>                              | <b>To be furnished in case Nominee is a Minor</b>     |
| Name <input type="text"/>                                       | Name of Guardian <input type="text"/>                 |
| Address <input type="text"/>                                    | Address of Guardian <input type="text"/>              |
| <input type="text"/>                                            | <input type="text"/>                                  |
| Date of Birth (in case Nominee is a minor) <input type="text"/> | Signature of Guardian (Optional) <input type="text"/> |

**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.

\* Applicable to NRIs

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

Designation \_\_\_\_\_

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

Designation \_\_\_\_\_

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

Designation \_\_\_\_\_

**FOR OFFICE USE ONLY**

UTI AMC INWARD NO.

UFC CODE

**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-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
  - For UTI-Leadership Equity Fund :**  
Computer Age Management Services Pvt. Ltd. (CAMS) : 5<sup>th</sup> Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002. Tel: 28559903
  - For other Schemes. :**  
UTI Technology Services Ltd. : Plot No.3, Sector 11, CBD Belapur, Navi Mumbai - 400 614, Tel.: 67931010



## Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE \_\_\_\_\_  
residing in India at \_\_\_\_\_ (hereinafter  
referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be  
deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered  
with the login ID \_\_\_\_\_  
on the web site www.timesofmoney.com, hereinafter referred to as the Website") and enrolled for  
service(s) offered by TimesofMoney Limited, a company incorporated under the Companies Act 1956  
with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001  
(hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context  
thereof, be deemed to mean and include its successors in title and assigns) and has/have read,  
understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the  
Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and  
severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or  
agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney') for me/us, in  
my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of  
the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.

AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/We \_\_\_\_\_

have hereunto set my/our hand[s] at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.

SIGNED, SEALED AND DELIVERED  
By the within names

X \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)