

Transaction Form for Additional Purchase, Redemption & Switch

Please fill in the information legibly in English & CAPITAL LETTERS



1. FINANCIAL ADVISOR INFORMATION

ARN / RIA Code ^	Sub ARN Code	Sub Code	EUI No.*	RM Code

Time Stamp

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

*Please sign below in case the EUI No. is left blank/not provided/transaction is "execution-only" in nature.

☐ I/we hereby confirm that the EUI No. has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction"

SIGN HERE

First Account Holder

Second Account Holder

Third Account Holder

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

2. Investor Details

Folio/Account No.:

Name	Name of First Applicant / Guardian	Name of Second Applicant	Name of Third Applicant
PAN Number			
KYC Identification Number			

3. Unitholding Option ☐ Demat Mode ☐ Physical Mode

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.

National Securities Depository Limited	Depository participant Name	Central Depository Securities Limited	Depository participant Name
	DP ID No.		Target ID No.
	Beneficiary Account No.		

Enclosures (Please tick any one box): ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

4. Additional Purchase

Cheque / DD No. Date DD Charges Rs. Cheque / DD Net Amount Rs.
Bank Name Branch: City
Scheme Plan Option

5. Switch

☐ Partial Switch

Amount Rs. or Units : OR ☐ All Units
From Scheme Plan Option
To Scheme Plan Option

6. Redemption

☐ Partial Redemption Scheme Plan Option OR ☐ All Units
Amount Rs. or Units :

*Please specify the bank details in which your wish to receive the redemption proceeds.

*Bank Account No: Bank Name:

(Kindly note that bank account should be one of the registered bank account in the folio. Else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

7. FATCA & CRS

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)

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.

DECLARATION

"I/We have understood the contents of the Offer document and addenda issued till date and apply to the Trustees 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 the applicant/unit holder is empowered to invest/disinvest and the signatories have necessary authorization to invest/disinvest on behalf of applicant/ unit holder. 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 have not received nor been induced by any rebate or gifts, directly or indirectly in making investment. * 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 account. I/ We undertake to provide further details of source of funds and any such other relevant document, if called by UTI Mutual Fund. I/we authorize UTI Mutual Fund, UTI AMC Ltd./its Registrars to refer details related to Aadhaar number to any of the appropriate authorities including UIDAI / KYC Registration Agency / Authentication Agencies etc. and also authorize such agencies including UIDAI to share the data as per their records, for verification purpose.
The ARN holder has disclosed to me/us all the commissions (in the form of trial 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
*Applicable to NRIs.

Mobile No.:

Email ID:

AADHAR

First Account Holder

Second Account Holder

Third Account Holder

I/ We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA, I/ We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

This message (including any attachments) is intended only for the use of the individual or entity to which it is addressed and may contain information that is non-public, proprietary, privileged, confidential, and exempt from disclosure under applicable law or may constitute as attorney work product. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, notify us immediately by telephone and (i) destroy this message if a facsimile or (ii) delete this message immediately if this is an electronic communication.

SIGN HERE

First Account Holder

Second Account Holder

Third Account Holder

Acknowledgement for submission of Additional Purchase / Redemption / Switch request (Subject to verification)

Folio No :

☐ Additional Purchase

Name : Mr/ Mrs/ Ms :

☐ Redemption

Scheme : From To

☐ Switch

Time Stamp

