

-

COMMON APPLICATION FORM FOR LIQUID AND DEBT SCHEMES (OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2018/

TIME STAMP

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		С	Flexi Div. Reinvestment			•		UTI USTF, UTI MMF & UTI MTF) stment under UTI LCP & UTI TAF)
Please No	ote:					(Delau		Simeni under OTTLCF & OTTTAF)
&& We	ekly Div. Pa	ayout Opt	tion NOT available under L	JTI Liquid Cash Plan	, UTI Ultra Short Term Fun	nd & UTI Mediu	ım Term Fund	
						investment opt	ion are not available	under UTI Medium Term Fund
			various Options / Sub Opti					
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any Ben	neficiary i	s as per	the threshold limit p	rovided below. D	etails to be provided t	for each suc	ch beneficiary.	
								(Refer instruction q)
C	Category		Unlisted	Partnershi	D Unincorpo	orated	Trust	Foreign
			company	Firm	Associatio	on/Body of		Investor \$\$\$
					Individual	s		
Ownersh @@@	nip per cer	nt	>25%	>15%	>15	%	>=15%	
	wherehin r		 ne of shares/capital/pro	 fits/property_of_iuri	dical person/interest in	the Trust as	on the date of th	e application shall be furnished
by the inve		croomag					on the date of the	
		-		-	-	-		to SAI/relevant Addendum.
In case of immediatel		•		o, the investor wil	I be responsible to inti	imate UTI Al	MC / its Registra	r / KRA as may be applicable
	-		-					
Details of I	Beneficial	Owners	hip (Please attach a se	parate sheet with	this format if the space	-	-	
Sr.			Name		Address		ails of Identity ch as PAN /	% of ownership
No.							Passport	·
1								
2								
3								
	tach colf c	attacted	onv of BAN/Bassport (proof of photo ido	 ntity) along with applied	ation form		
	rach seit a	niested (JULIV OF PAIN/PASSDOFT (UIDOL OT DIOTO IDE	ntity) along with applica	JUON TORMI		

Unitholding Option F (if Demat account details a				, by defaul	t, in Electror	nic Mode only)	(A	vailable un	der all sch	eme exce	ept UTI F	ixed Mat	urity Plan)
DEMAT ACCOUNT DET of the Depository Particip							• •	n form mat	ches with	that of th	ne accou	nt held v	with any on
National Depository Na	ame				Central	Depository N	ame						
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Depository Limited Beneficiary Account No.					(India) Limited	larger ib No.							
Enclosures : Client	Master List (CN	1L) 🗌 Tra	ansaction cur	n Holding S	statement	Delivery Ins	struction S	Blip (DIS)					
FRIEND IN NEED DETA the following person to a					ate with me	/us at my / ou	r register	ed addres	s, I / we a	authorize			espond with truction - k
Name	R S T		Μ	I D	DL	E					LA	S	Т
Address:													
Relationship with the applican	nt (optional)		Email				Mobile						
GENERAL INFORMAT	TION - Please	e (√) where	ver applica	able									
STATUS:	Resident Inc Sole Proprie FPI Unlisted 'No Others (Plea	etorship	Society/	ough guar Club	dian	HUF Body Corpora Foreign Nation Other Unlisted	nals##	AOP	hership d Compa	ny		Trust BOI LLP	
## OCBs are not allow ^^ 'Not for Profit' Comp													
	Business Housewife Forex Deale	r	Student Retired Others (Please sp	ecify)	Agriculture Private Sector	Service		employed c Sector Se	ervice		Profess Governr	ional ment Servic
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MARITAL STATUS:	Unmarried		Married			Wedding Anr	niversary	DDI	M				
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1 st Applicant: (A	·	nual Income v 1 Lac		ease tick (5 lacs	√) [OF	5-10 Lacs	□ 1	0-25 Lacs	□ >	25 Lacs	- 1 Crore		>1 Crore
Net-worth in ₹		(Net worth	should not b	e older thai	-	·]	as	s on (date)	D D/	M M	YY	ΥY	
	B) Please tic			olitically Ex	xposed Per	son (PEP)		Related to a For definiti					x').
(C 2 nd Applicant: (A	C) Any other A) Gross Ani	information nual Income											
	Below	v 1 Lac	□ 1-	5 lacs			□ 1	0-25 Lacs	□ >	25 Lacs	- 1 Crore		>1 Crore
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(0	C) Any other	· informatio	n:								9.4		
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*PAN Investors	who wish to nom	ninate two or three	e persons ma	y fill in th	e separate form	prescribed for the s	ame and atta	ach it with	this applica	tion form.	
☐ I/We	do not wish to no	ominate									
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