

Transaction form for Purchase, Redemption & Switch

Please fill in the information legibly in English & CAPITAL LETTERS



1. FINANCIAL ADVISOR INFORMATION				
Financial Advisor	Sub ARN Code	Sub Code	EUI No.*	RM Code
ARN - 16709			E039709	

Time Stamp

*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. box 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		PAN No.
Name of First applicant			<input type="checkbox"/>
Name of Guardian (In case of Minor)			<input type="checkbox"/>
Name of Second Applicant			<input type="checkbox"/>
Name of Third Applicant			<input type="checkbox"/>

3. Unitholding Option <input type="checkbox"/> Demat Mode <input type="checkbox"/> 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): <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> 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			
<input type="checkbox"/> Partial Switch	OR		<input type="checkbox"/> All Units
Amount Rs.	or Units :		
From Scheme	Plan	Option	
To Scheme	Plan	Option	

6. Redemption			
<input type="checkbox"/> Partial Redemption	Scheme	Plan	Option
Amount Rs.	or Units :		OR <input type="checkbox"/> All 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.)

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 _____

SIGN HERE

<input checked="" type="checkbox"/> First Account Holder	Second Account Holder	Third Account Holder
--	-----------------------	----------------------

Acknowledgement for submission of Purchase / Redemption / Switch request (to be filled by the unitholder)



Received, subject to verification, Request for Purchase Redemption Switch

from Mr/ Mrs/ Ms : _____

ARN - 16709 E039709

Folio No : _____

Time Stamp

Scheme : _____ Amount/Units _____

Guidelines

1. W.e.f., 15.11.2010, third party cheques are not acceptable for Mutual Fund investments.
2. W.e.f., 1.01.2012, SEBI has introduced uniform KYC among all its intermediaries including mutual funds. Accordingly, all investors, other than existing CVL KYC compliant investors prior to 31-12-2011, are required to follow the new KYC compliance procedure while making any investment. The KYC forms are available on www.utimf.com.
3. Please use the service request forms as specified by UTI MF for the services like change of address (for non-KYC complied folios) updation / change of bank mandate. For the KYC complied Folios, request for change of address is to be updated with KYC Registration Agency (KRA) The completed and duly signed forms alongwith the necessary supporting documents can be submitted at any of the UTI Financial Centres.
4. All cheques and bank drafts must be drawn in the name of the scheme as specified in the SID/ and crossed "A/c Payee Only" cheque /DD. A separate cheque or draft must accompany each Application. In order to avoid frauds and as a best practice, investors are advised to make the payment instrument (cheque, DD, pay order etc) favouring "UTI Mutual Fund Scheme A/c First Investor name" or UTI Mutual Fund Scheme A/c Permanent Account Number" or UTI Mutual Fund Scheme A/c Folio Number".
5. Please submit the unit certificate, wherever issued, along with the request for redemption or transfer.
6. If the redemption request exceeds the balance in the account or if the balance falls below the minimum balance required, the account may be closed and the entire (lesser) balance may be paid by cheque / credited to your bank account.
7. The additional purchase / redemption / switch request must be signed by all joint holders in case the units are held jointly.

Check list

- The form is complete in all respects.
- The form is signed by the holders as per the holding basis.
- Units or Amount to redeem is clearly written
- Units or Amount to switch is clearly written
- Scheme details



Toll-Free: 1800 22 1230 Email: service@uti.co.in
SMS: 'SERVICE' to 5 67 67 56 Web: www.utimf.com

Follow us on:



For Existing Investors

Type ESOA to 5 60 70 90 to request for Statement of Account.



Type BAL <Folio no> to 5 60 70 90 to know your Folio Balance.

