



Haq, ek behtar zindagi ka.

UTI NIFTY ALPHA LOW-VOLATILITY 30 INDEX FUND

(An open-ended scheme replicating/tracking NIFTY Alpha Low-Volatility 30 TRI)

(OCBs ARE NOT ALLOWED TO INVEST IN UNITS OF ANY OF THE SCHEMES OF UTI MF)

Sr.No. 2024/

TIME STAMP

Registrar Sr. No.

This Product Is Suitable For Investors Who Are Seeking*:	Scheme Risk-o-meter: UTI Nifty Alpha Low-Volatility 30 Index Fund	Benchmark Risk-o-meter: Nifty Alpha Low-Volatility 30 TRI #
<ul style="list-style-type: none"> Returns that are commensurate with the performance of the Nifty Alpha Low-Volatility 30 Index over long term, subject to tracking error. Investment in securities covered by the Nifty Alpha Low-Volatility 30 Index 		

Product labelling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made.

Based on the Index Composition as on October 31, 2024.

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

New Fund Offer Opens on : Monday, November 11, 2024
New Fund Offer Closes on : Monday, November 25, 2024
Scheme Reopens on : Tuesday, December 03, 2024

Offer of Units of Rs. 10/- each during the New Fund Offer and Continuous Offer of Units at NAV based prices
New Fund Offer shall remain open for subscription for a minimum period of 3 working days but will not be kept open for more than 15 calendar days

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only) [Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')							BDA / CA Code
ARN/RIA Code [^]	Name of Financial Advisor	Sub ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No. [@]	UTI RM No.	

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

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

[@] I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned or notwithstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction. () Please tick and sign below when EUIN box is left blank (refer instruction 'w').

_____ Signature of 1st Applicant / Guardian _____ Signature of 2nd Applicant _____ Signature of 3rd Applicant

TRANSACTION CHARGES TO BE PAID TO THE DISTRIBUTOR (Please tick any one of the below) (Refer Instruction 'i')

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
 ₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above ₹ 100 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

Existing Unit Holder information : If you have an existing Folio No. with PAN & KYC validation, mention your Folio No. :

APPLICANT'S PERSONAL DETAILS Mr. Ms. Mrs. M/s * Denotes Mandatory Fields

Name of First Applicant

F	I	R	S	T	M	I	D	D	L	E				
L	A	S	T	Date of Birth		d	d	m	m	y	y	y	y	Mandatory for minors

Date of birth will be taken as per the KYC record (Not applicable for minor child)

Status of First/ Sole Applicant [Please tick (✓)]: Individual Non-Individual
[Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory)] (Refer Instruction z & aa)

NAME IN FULL OF THE FATHER (OR) MOTHER / GUARDIAN (IN CASE OF MINOR) \$\$ / CONTACT PERSON FOR INSTITUTIONAL APPLICANTS

Mr. Ms. Mrs.

F	I	R	S	T	M	I	D	D	L	E	L	A	S	T
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

\$\$ Proof of date of birth and proof of relationship with minor to be attached or else sign the declaration on the reverse (Refer instruction 'f').

*PAN/PEKRN\$ OF 1ST APPLICANT/FATHER/MOTHER/GUARDIAN Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

First Applicant's Address (Do not repeat the name) Name & Address of resident relative in India (for NRIs) (P.O. Box No. is not sufficient)

Village/Flat/Bldg./Plot*

Street/Road/Area/Post

City/Town* State Pin*

OVERSEAS ADDRESS (Overseas address is mandatory for NRI / FPI applicants in addition to mailing address in India)

City*

State Country* Zip/Pin*

DETAILS OF OTHER APPLICANTS

Mode of Holding: Joint Anyone or Survivor Single (Default - Joint holding)

Name of 2nd Applicant Mr. Ms. Mrs. Date of Birth of 2nd Applicant

F I R S T M I D D L E L A S T

*PAN/PEKRN\$ OF 2ND APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

Name of 3rd Applicant Mr. Ms. Mrs. Date of Birth of 3rd Applicant

F I R S T M I D D L E L A S T

*PAN/PEKRN\$ OF 3RD APPLICANT Enclosed PAN/PEKRN CARD/ID PROOF COPY

CKYC ID Enclosed Know Your Customer (KYC)* Acknowledgement Copy

\$ Required for MICRO Investment upto ₹ 50,000/- (refer instruction 'q')

PAYMENT DETAILS (Refer Instruction 'y') (Please ensure that the cheque complies to the CTS 2010 standard)

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash) Cash Account type Savings Current NRE (please ✓) NRO DD issued from abroad

Account No. UTI Smart Form if already registered (Applicable for existing investors)

Date Amt. of investment (i) # Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"

Bank DD Charges if any (ii)

Branch Net amount paid (i-ii) ♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

Amt. in words

BANK PARTICULARS OF 1ST APPLICANT (Mandatory as per SEBI Guidelines)

Bank Name Branch

Address MICR Code

City *Pin (this is a 9-digit number next to your cheque number)

Account type (please ✓) Savings Current NRO NRE IFS Code

Account No. (this is a 11-digit number)

INVESTMENT DETAILS

Scheme UTI NIFTY ALPHA LOW-VOLATILITY 30 INDEX FUND Plan : Regular Plan Direct Plan Option : Growth

OR

Scheme _____ Plan : Regular Plan Direct Plan Option : Growth

(Option to invest in UTI Overnight Fund and switch to NFO)

AUTOMATIC SWITCH TO UTI Nifty Alpha Low-Volatility 30 Index Fund (Switch out will happen on the closing date of NFO)

SWITCH: I/We would like to Switch All units (or) Partial units No. of Units: _____ (or) Amount in figure : ₹ _____

Amount (in words) _____

To Scheme UTI NIFTY ALPHA LOW-VOLATILITY 30 INDEX FUND Regular Plan Direct Plan On NFO Closure Date Monday, November 25, 2024

I/We have read and understood the terms and conditions applicable to the switch facility and am/are fully aware of the risk associated with such event.

I/We have read and understood the Scheme Information Document (SID)/Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme and have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme.

Unitholding Option Physical Mode Demat Mode (if Demat account details are provided below, units will be allotted, by default, in Electronic Mode only)

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 along with the CML/Transaction cum holding statement/Delivery Instruction Slip is mandatory for investment/Switch-in in UTI Nifty Alpha Low-Volatility 30 Index Fund).

National Securities Depository Limited	Depository Name _____	Central Depository Services (India) Limited	Depository Name _____
	DP ID No. _____		Target ID No. _____
	Beneficiary Account No. _____		

Enclosures : Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

Friend in need details In case UTI MF is unable to communicate with me/us at my / our registered address, I / we authorize UTI MF to correspond with the following person to ascertain my/our updated contact details. (Refer Instruction 'k')

Name F I R S T

Address:

Relationship with the applicant (optional) Mobile

Email

GENERAL INFORMATION - Please (✓) wherever applicable

STATUS: Resident Individual Minor through guardian HUF Partnership Trust
 Sole Proprietorship Society / Club Body Corporate AOP BOI
 FPI NRI Foreign Nationals## Listed Company LLP
 Unlisted 'Not for Profit'^^ Company Other Unlisted Company PIO
 Others (Please specify) _____

^^ 'Not for Profit' Company as defined under Companies Act (Act of 1956/2013). Please attach Non-Profit Organization (NPO) Declaration Form.

Overseas Corporate Bodies (OCBs) are not allowed to invest in units of any of the schemes of UTI MF

Note for Non-Individual Investors: Please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Mandatory) (Refer Instruction z & aa)

OCCUPATION: Business Student Agriculture Self-employed Professional
 Housewife Retired Private Sector Service Public Sector Service Government Service
 Forex Dealer Others (Please specify) _____

MARITAL STATUS: Unmarried Married Wedding Anniversary

OTHER DETAILS (MANDATORY)**FOR INDIVIDUALS ONLY**

1st Applicant: (A) **Gross Annual Income Details** Please tick (✓)
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) (B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) (For definition of PEP, please refer instruction 'x').(C) **Any other information:** _____

2nd Applicant: (A) **Gross Annual Income Details**
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) (B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)(C) **Any other information:** _____

3rd Applicant: (A) **Gross Annual Income Details**
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) (B) **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)(C) **Any other information:** _____**FOR NON-INDIVIDUALS ONLY**

(A) **Gross Annual Income Details**
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]

Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) (B) **Is the entity involved in / providing any of the following services**

- Foreign Exchange / Money Changer Services YES NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) YES NO
 - Money Lending / Pawning YES NO

(C) **Any other information:** _____**DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD)**

(Refer Instruction 'z')

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 ApplicantIf **Yes**, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

Haq, ek behtar zindagi ka

ACKNOWLEDGEMENT
 (To be filled in by the Applicant)
 UTI NIFTY ALPHA LOW-VOLATILITY 30 INDEX FUND

Sr. No. 2024/

Received from Mr / Ms / M/s _____

along with Cheque/DD/NEFT/RTGS _____ dated _____
 Ref. No./Unique Serial No. (For Cash) _____

Drawn on (Bank) _____

for ₹ (in figures) _____

s Cheques and drafts are subject to realisation.

Stamp of UTI AMC Office/
 Authorised Collection Centre

NOMINATION DETAILS (Please ✓) (please sign if you do not wish to nominate) Not Applicable in case of Investment from Minors

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 / Trustee.

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)			
Proof of Identity	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Others _____
Identification Number#			
Signature of Nominee/ Guardian (Mandatory in case of Minor Nominee)			

*Mandatory if more than one Nominee and its aggregate should be 100% (Decimals not allowed) *If the proof of identity is Aadhaar, provide last 4 digits only

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Sign. here
↓

Sign. here
↓

Signature of 1st Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

DECLARATION AND SIGNATURE OF APPLICANT/S

● I/We have read and understood the contents of the Scheme Information Document, Statement of Additional Information 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. ● The ARN holder has disclosed to me/us all the commissions (in the form of trail 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. ● I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. ● 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 NRE / NRO Account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund (Applicable to NRIs). ● I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. ● I/We wish to receive E-mail and SMS communication from UTI AMC/ UTI MF.

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SOA) / ABRIDGED ANNUAL REPORT (AAR)∞ / SCHEME-WISE ANNUAL REPORT

SoA in Physical Form AAR in Physical Form Scheme wise Annual Report in Physical Form

Applicable to NRIs : At my Overseas address as mentioned above To be despatched to my resident relative's address in India as mentioned above

∞ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ transaction confirmation, communication of change of address, change of bank details etc. through email only.

First Applicant Details	*Mobile No.	Tel. (R) STD CODE	Tel. (O) STD CODE
	*E-mail		
	Alternate E-mail		

*If the Mobile Number or Email ID belongs to a family member please fill-in below details of the family member.

For E-mail ID		For Mobile Number	
Name of the family member		Name of the family member	
Relationship		Relationship	
PAN		PAN	
Folio Number		Folio Number	

Please note that as per the existing regulatory guidelines, the contact details can only be of self or any of the Family members. Family members mean spouse, dependent children, dependent siblings, dependent parents, and a guardian in case of a minor

I/we hereby authorise UTI AMC/ UTI MF to send important information, transaction updates and/or any other relevant details to me/us on WhatsApp number. If you DO NOT wish to receive communication on WhatsApp, tick the box

Sign. here
↓

Sign. here
↓

Signature of 1st Applicant / Guardian / POA^^
Name of 1st Authorised Signatory

Signature of 2nd Applicant / POA^^
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA^^
Name of 3rd Authorised Signatory

Designation _____ Designation _____ Designation _____

^^Power of Attorney (POA) Registration No. _____ (if already registered) (refer instruction 'ab')

Notes :

1. If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
2. Consolidated Account Statement (CAS) will be sent within 10 days of the following month of the transaction.
3. **Please ensure that all KYC Compliance Proof and PAN details are given, failing which your application will be rejected. PAN not applicable for Micro SIP.**
4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death Claims etc., may please be addressed to the Registrar :

M/s Kfin Technologies Limited; Unit : UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India **Board:** 040-6716 2222, **Fax no:** 040-6716 1888, **Email:** uti@kfintech.com



FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

First / Sole Applicant / Guardian

Name

Gender M F O PAN

Occupation Type Service Business Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth

Nationality

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

County#	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of The USA
%In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Second applicant

Name

Gender M F O PAN

Occupation Type Service Business Others

Father's Name

Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth Place of Birth

Country of Birth

Nationality

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Are you a tax resident of any country other than India?
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

County#	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of The USA
%In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Third applicant

Name																
Gender	M	F	O	PAN			Occupation Type			Service	Business	Others				
Father's Name																
Folio No.																

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA	<input checked="" type="checkbox"/> Residential or Business	<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Registered Office
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Permissible documents are Passport Election ID Card PAN Card Govt ID Card Driving License UIDAI Card NREGA Job Card Others

Date of Birth	D	D	M	M	Y	Y	Y	Y	Place of Birth						
Country of Birth															
Nationality															

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

County#	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA
[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Other Details (Mandatory)

1st Applicant: Gross Annual Income Details Please tick (✓)

<input checked="" type="checkbox"/> Below 1 Lac	<input checked="" type="checkbox"/> 1-5 Lac	<input checked="" type="checkbox"/> 5-10 Lac	<input checked="" type="checkbox"/> 10-25 Lac	<input checked="" type="checkbox"/> >25 Lacs – 1 Crore	<input checked="" type="checkbox"/> >1 Crore
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2nd Applicant: Gross Annual Income Details Please tick (✓)

<input checked="" type="checkbox"/> Below 1 Lac	<input checked="" type="checkbox"/> 1-5 Lac	<input checked="" type="checkbox"/> 5-10 Lac	<input checked="" type="checkbox"/> 10-25 Lac	<input checked="" type="checkbox"/> >25 Lacs – 1 Crore	<input checked="" type="checkbox"/> >1 Crore
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3rd Applicant: Gross Annual Income Details Please tick (✓)

<input checked="" type="checkbox"/> Below 1 Lac	<input checked="" type="checkbox"/> 1-5 Lac	<input checked="" type="checkbox"/> 5-10 Lac	<input checked="" type="checkbox"/> 10-25 Lac	<input checked="" type="checkbox"/> >25 Lacs – 1 Crore	<input checked="" type="checkbox"/> >1 Crore
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Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Signatures

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Date

Place

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the Folio(s) or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the unit holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailling address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self-certification that the unit holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Standing Instruction to transfer funds to an account maintained in a country other than India (other than depository accounts)	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

*** Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

AMC contact address & call center details

Blank space for your branch or any other details



Declaration Form of Non-Profit Organization (NPO)
(Mandatory for Trusts/Society)

Investor Name										
PAN										

- I/We hereby confirm that above stated entity / organization is falling under “**Non-profit organization**” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).
- Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal	
--------------------------------------	--

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, **UTI Mutual Fund/UTI AMC/RTA** will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

- I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [**UTI Mutual Fund/ RTA of UTI Mutual Fund /AMC/Other participating entities**] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the **UTI Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs** ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund’s end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
----------------------	----------------------	----------------------

Place: _____

Date: __/__/__

Supplementary KYC Information & FATCA-CRS Declaration - Entities & HUF
 (Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)



PAN* _____ Name _____

Type of address given at KYC KRA Residential Residential or Business Business Registered Office

City of incorporation _____

Country of incorporation _____

Net Worth in INR. In Lakhs _____ Net Worth as on _____ DD / MM / YYYY
 (Date should not be older than one year)

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	YES	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	YES	Money Laundering / Pawning	YES	Any other information [if applicable]
		NO		NO		NO	

Entity Constitution Type Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
 Please tick as appropriate Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others specify _____.

Please tick the applicable tax resident declaration -

1. Is Entity a tax resident of any country other than India Yes No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number [%]	Identification Type (TIN or other [%] , please specify)

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent or Company Identification Number or Global Entity Identification Number.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____.

FATCA Declaration

(Please consult your professional tax advisor for further guidance on FATCA classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFFEs)

1. We are a, Financial institution⁶ or Direct reporting NFFE⁷ (please tick as appropriate)

GIIN _____

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity _____

GIIN not available (please tick as applicable)

Not required to apply for - please specify 2 digits sub-category¹⁰

Not obtained - Non-participating FI

PART B (please fill any one as appropriate to be filled by NFEs other than Direct Reporting NFEs)

1.	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes No (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes No (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active ³ NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE (Mention code – refer 2c of Part D)
4.	Is the Entity a passive ⁴ NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹ Refer 2a of Part D | ² Refer 2b of Part D | ³ Refer 2c of Part D | ⁶ Refer 1 of Part D | ⁷ Refer 3(vii) of Part D | ¹⁰ Refer 1A of Part D

UBO Declaration

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Listed Company (Need not provide UBO details sought under) Others (please specify _____)

If your company is listed company on a recognized stock exchange/ Subsidiary of a or controlled by a Listed Company [if this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed # _____

Security ISIN# _____

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person #Country - Tax Residency* #Tax ID No. - Or functional equivalent for each country	#Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage #Type Code - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details
1. Name Country	Tax ID Type Beneficial Interest Type Code	Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered PIN Code _____
2. Name Country	Tax ID Type Beneficial Interest Type Code	Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered PIN Code _____
3. Name Country	Tax ID Type Beneficial Interest Type Code	Address Type <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered PIN Code _____

If passive NFE, please provide below additional details. *(Please attach additional sheets if necessary)*

PAN City of Birth Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male Female Others
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male Female Others
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB DD/MM/YYYY Gender Male Female Others

UBO PEP	UBO Email UBO Mobile	Designation
1. Yes – PEP <input type="checkbox"/> 2. Yes – Related to PEP <input type="checkbox"/> 3. N – Not a PEP <input type="checkbox"/>	Email Mobile	
1. Yes – PEP <input type="checkbox"/> 2. Yes – Related to PEP <input type="checkbox"/> 3. N – Not a PEP <input type="checkbox"/>	Email Mobile	
1. Yes – PEP <input type="checkbox"/> 2. Yes – Related to PEP <input type="checkbox"/> 3. N – Not a PEP <input type="checkbox"/>	Email Mobile	

UBO KYC Complied?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
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Note: If 'Yes', please attach the KYC acknowledgement.
If 'No', please complete the KYC and confirm the status

Category	Unlisted Company	Partnership Firm	Unincorporated Association / Body of Individuals	Trust	Foreign Investor \$\$\$
Ownership Percent @@@	> 10%	> 10%	>10%	>10%	

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 10% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust: The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Provided that in case of a trust, the reporting entity shall ensure that trustees disclose their status at the time of commencement of an account-based relationship or when carrying out transactions as specified in clause (b) of subrule (1) rule 9.

C. Exemption in case of listed companies / foreign investors: The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements: Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

E. In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details, refer to SAI/ relevant Addendum.

F. In case of any change in the beneficial ownership, the investor will be responsible to intimate UTIAMC/its Registrar/KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr. no.	Name	Address	Details of identity such as PAN/ Passport (Pl. attach copy of ID Proof attested by Authorized Signatory)	% Ownership
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please refer the gazette notification no. CG-DL-E-07032023-244194 for shareholding % and PMLA guideline.

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent

FATCA Terms and Conditions

Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010. Please note that you may receive more than one request for information if you have multiple relationships with ABC. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information

Certification:

I/ We have understood the information requirements of this Form (read along with the Instructions & Definitions) and hereby confirm that the information provided by us on this Form is true, correct, and complete. I/ We also confirm that I have read and understood the FATCA Terms and Conditions above and hereby accept the same.

Declaration:

I/ We acknowledge and confirm that the information provided above is true and correct to the best of our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ we are aware that, I/ We may be liable for it. I/ We hereby authorize UTI Mutual Fund/ RTA of UTI Mutual Fund to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to UTI Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/ us of the same.

I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Name	Designation	Signature 1
Name	Designation	Signature 2
Name	Designation	Signature 3

To be signed by the Authorized Signatories (with company/ trust / firm/ entity seal or rubber stamp).

Place: _____

Date: ___/___/_____