

State

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)

024/

TIME STAMP

Registrar Sr. No.

This Product Is Suitable For Investors Who Are Seeking*:

 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

Scheme Risk-o-meter: UTI Nifty Alpha Low-Volatility 30 Index Fund



Benchmark Risk-o-meter: Nifty Alpha Low-Volatility 30 TRI #



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]

Zip/Pin*

DISTRIBUTOR I	NFORMATION (only empanelle	ed Distributors/Bro	okers will be permitted	d to distribute Units	s) (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').

has not charged any advisory fees for this	transaction. (] Please tid	ck and s	sign belo	w when E	UIN box	is left b	lank) (re	ier insti	uction "	w').	
Signature of 1st Applicant / Guardian		Signature	e of 2nd	Applican	t	_	S	ignature	of 3rd A	pplicant	:	
TRANSACTION CHARGES TO BE PAID TO THE DI	STRIBUTOR (Please	e tick any or	ne of the I	below) (Re	fer Instruction	on 'i')						
I AM A FIRST TIME INVESTOR IN MUTUAL FU	INDS		OR	IA	M AN EXIST	TING INVI	STOR IN I	MUTUAL	UNDS			
₹ 150 will be deducted as transaction charges per Subsc	ription of ₹ 10,000 and	above	O.K	₹ 100 will	oe deducted	as transa	ction charg	es per Sub	scription	of ₹ 10,00	0 and abo	ove
Existing Unit Holder information: If you have an existing	ng Folio No. with PAN	& KYC valida	ation, men	ition your Fo	olio No. :							
APPLICANT'S PERSONAL DETAILS	Mr Ms	Mrs.	M/s						* Deno	tes Man	datory	Fields
Name of First Applicant												
F I R S T					M	1 1		L				
		D	ate of Bi	irth d					y r	Mandator	y for mir	nors
<u></u>	_		- 1	Date of bi	th will be t	taken as	per the K	YC recor	d (Not a	pplicable	for min	or child)
Status of First/ Sole Applicant [Please tick (✓))]: ☐ I		Individual tach FATCA, C	CRS & Ultin	nate Beneficia	al Ownership ((UBO) Self	Certification F	orm (Manda	itory)] (Re	fer Instruction	n z & aa)	
NAME IN FULL OF THE FATHER (OR) MOT Mr. Ms. Mrs.	THER / GUARDIA	AN (IN CA	SE OF	MINOR)	\$\$ / CON	TACT P	ERSON	FOR INS	TITUT	IONAL A	APPLIC	CANTS
F I R S T	M	D D	L	Е					L	А	S T	
\$\$ Proof of date of birth and proof of relationship	with minor to be at	ttached or	else sigr	n the decla	aration on	the reve	se (Refer	instruction	on 'f').			
PAN/PEKRN\$ OF 1st APPLICANT/FATHER/MOTHER/GUAF	RDIAN						Enclos	ed F	AN/PEK	RN CARD/	ID PROC	F COPY
KYC ID						Enclosed [Know	Your Cus	omer (K)	'C)* Ackno	wledgem	ent Copy
First Applicant's Address (Do not repeat the n	ame) Name & Ad	ldress of I	residen	t relative	in India (for NRIs	s) (P.O. Bo	ox No. is	not suf	ficient)		
Village/Flat/Bldg./Plot*												
Street/Road/Area/Post												
City/Town*		State						Pin*				
OVERSEAS ADDRESS (Overseas address is ma	indatory for NRI / FF	PI applicant	ts in addi	ition to ma	iling addre	ss in Indi	a)					
						City*						
		-										

Country*

DETAILS OF OTHER APPLICANTS	Cingle	(Default laint halding
Mode of Holding:		(Default - Joint holding)
Name of 2nd Applicant Mr. Ms. M	rs. Date of Birth of 2nd Ap	pplicant
*PAN/PEKRN\$ OF 2 ND APPLICANT	Enclosed PAN/	PEKRN CARD/ID PROOF COPY
	Lindsed	
CKYC ID		closed Know Your Customer (KYC)* Acknowledgement Copy
Name of 3rd Applicant Mr. Ms. M	rs. Date of Birth of 3rd Ap	plicant d d m m y y y y
F I R S T		
*PAN/PEKRN\$ OF 3 RD APPLICANT	Enclosed PAN/I	PEKRN CARD/ID PROOF COPY
CKYC ID	Enclosed	Know Your Customer (KYC)* Acknowledgement Copy
\$ Required for MICRO Investment upto ₹ 50,000/ PAYMENT DETAILS (Refer Instruction 'v') (Ple	(refer instruction 'q') case ensure that the cheque complies to the CTS 20	10 standard)
#Cheque/DD/NEFT/+RTGS Ref. No.		Account type Savings Current NRE
/ Unique Serial No. (For Cash) Account No.		(please ✓) NRO DD issued from abroad UTI Smart Form if already registered (Applicable
Date	Amt. of investment (i)	for existing investors) # Please mention the application No. on the reverse
Bank	DD Charges if any (ii)	of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of
Branch	Net amount paid (i-ii)	the Scheme" & crossed "A/c Payee Only" Investment amount shall be ₹ 2 lacs and above
Amt. in words		in case of payments through RTGS.
BANK PARTICULARS OF 1ST APPLICANT (Mand	atory as per SEBI Guidelines)	
Bank Name		Branch
Address		MICR Code
City	*Pin	(this is a 9-digit number next to your cheque number)
Account No. INVESTMENT DETAILS Scheme UTI NIFTY ALPHA LOW-VOLATION	LITY 30 INDEX FUND Plan : Regular Plan Direct P	(this is a 11-digit number) lan Option : Growth
O.b.	OR	lan Ontion : Growth
(Option to invest in UTI Overnight Fund and switch	Plan : Regular Plan Direct P	an Option :
	,	
· ,	w-volatility 30 index rund (Switch out will happen on	the closing date of NFO)
AUTOMATIC SWITCH TO UTI Nifty Alpha Lo	or) Partial units \(\sum \) No. of Units:	
AUTOMATIC SWITCH TO UTI Nifty Alpha Lo SWITCH: I/We would like to Switch All units Amount (in words)	or) Partial units No. of Units:	
AUTOMATIC SWITCH TO UTI Nifty Alpha Lo SWITCH: I/We would like to Switch All units Amount (in words) To Scheme UTI NIFTY ALPHA LOW-VOLATILITY	Y 30 INDEX FUND Regular Plan Direct Plan On N	(or) Amount in figure : ₹ FO Closure Date Monday, November 25, 2024
AUTOMATIC SWITCH TO UTI Nifty Alpha LossWITCH: I/We would like to Switch All units Amount (in words) To Scheme UTI NIFTY ALPHA LOW-VOLATILIT I/We have read and understood the terms and colling like have read and understood the Scheme Info of the Target Scheme and have understood the Unitholding Option Physical Mode Demat Mode DEMAT ACCOUNT DETAILS - Please ensure that	Y 30 INDEX FUND Regular Plan Direct Plan On Not conditions applicable to the switch facility and am/are full pormation Document (SID)/Statement of Additional Information investment objectives, investment pattern and risk factor (if Demat account details are protected in the application for the sequence of names as mentioned in the application for	(or) Amount in figure : ₹
AUTOMATIC SWITCH TO UTI Nifty Alpha LossWITCH: I/We would like to Switch All units	Y 30 INDEX FUND Regular Plan Direct Plan On Not conditions applicable to the switch facility and am/are full cormation Document (SID)/Statement of Additional Information by the conditions investment objectives, investment pattern and risk factor (if Demat account details are protected in the sequence of names as mentioned in the application for ails along with the CML/Transaction cum holding statements.	FO Closure Date Monday, November 25, 2024 y aware of the risk associated with such event. ation (SAI) and Key Information Memorandum (KIM) s applicable to the Target Scheme. byided below, units will be allotted, by default, in Electronic Mode only) rm matches with that of the account held with any one
AUTOMATIC SWITCH TO UTI Nifty Alpha Lo SWITCH: I/We would like to Switch All units Amount (in words) To Scheme UTI NIFTY ALPHA LOW-VOLATILIT I/We have read and understood the terms and co I/We have read and understood the Scheme Info of the Target Scheme and have understood the Unitholding Option Physical Mode Demat Mode DEMAT ACCOUNT DETAILS - Please ensure that of the Depository Participant. (Demat Account deta Switch-in in UTI Nifty Alpha Low-Volatility 30 Index National Securities	(or) Partial units No. of Units: Y 30 INDEX FUND Regular Plan Direct Plan On Not conditions applicable to the switch facility and am/are full pormation Document (SID)/Statement of Additional Information Investment objectives, investment pattern and risk factor (if Demat account details are protected in the application for a the sequence of names as mentioned in the application for a sits along with the CML/Transaction cum holding statement Fund). Central Depository Depository Name De	(or) Amount in figure : ₹
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GENERAL INFO	RMATI	ON - Please	(√) wher	ever ap	plicable									
STATUS:	_		` ' _	•	rough guardian		HUF			Partne	ership		Trust	
		Sole Proprieto	orship 🗌	Society	/ Club		Body Corpor	ate		AOP			BOI	
		FPI		NRI			Foreign Natio	nals##		Listed	Company		LLP	
		Unlisted 'Not	for Profit'^/	Compai	ny		Other Unlisted	Compa	ny 🔲	PIO				
		Others (Pleas	e specify)											
^^ 'Not for Profit' Com ## Overseas Corporat	pany as o	defined under C	ompanies Ad	ct (Act of 1	956/2013). Please	e attach Nor	n-Profit Organiz				Form.			
Note for Non-Individu	ıal Inves	tors: Please att	ach FATCA,	CRS & Ulf	timate Beneficial C	Ownership (UBO) Self Certi	fication F	orm (Ma	andatory)		(Refer In	struction z & aa)
OCCUPATION:		Business		Student		П	Agriculture			Self-er	nployed		Profess	ional
	I	Housewife		Retired			Private Secto	r Servic	е 📙	Public \$	Sector Service		Govern	ment Service
	F	Forex Dealer		Others (Please specify)									
MARITAL STATUS:		Jnmarried		Married			Wedding Anr	niversar	у 🔲	D M	M			
OTHER DETAILS	(MAND	ATORY)												
1st Applicant:	/A\	Gross Asses	al Incom	Detelle	FOR IN Please tick (✓)		LS ONLY							
г Аррисант.	(A)	Below 1		_	1-5 lacs		5-10 Lacs		10-25	Lace	□ >25.La	oc 1 C	rore	>1 Crore
		□ Below I	Lac		1-5 lacs	[OR]	J-10 Lacs		10-23	Lacs		105 - 1 0	iole L	- 1 Clole
Net-worth in ₹					t be older than 1				as on (date) [D D / M N		YYY	
					Politically Expo		(DED)		,		Politically Exp	osed P	erson (Pl	EP)
									(For d	efinition	n of PEP, plea	ase refe	r instructi	on 'x').
	(C)	Any other in	nformation	n:										
2 nd Applicant:	(A)	Gross Annu	al Income	Details										
		☐ Below 1	Lac		1-5 lacs		5-10 Lacs		10-25	Lacs	□ >25 La	ics - 1 C	rore	>1 Crore
						[OR]								
Net-worth in ₹					t be older than 1				as on (date)	D D / M N	1 / Y	YYY	
					Politically Expo		, ,				Politically Exp		erson (Pl	EP)
	(C)	Any other in	nformation	n:										
3 rd Applicant:	(A)	Gross Annu	al Income	Details										
		☐ Below 1	Lac		1-5 lacs		5-10 Lacs		10-25	Lacs	□ >25 La	ics - 1 C	rore	>1 Crore
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Net-worth in ₹									,	date) _		1 / Y	YYY	
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	(C)	Any other in	ntormation	1:	FOR NON	I-INDIVID	UALS ONLY							
	(A)	Gross Annu	al Income	Details		T III	5/120 O.112.							
		☐ Below 1	Lac		1-5 lacs		5-10 Lacs		10-25	Lacs	□ >25 La	ics - 1 C	rore \Box	>1 Crore
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Net-worth in ₹		(Net worth s	should no	t be older than 1	year)			as on (date)	D D / M N	1 / Y	YYY	
	(B)	Is the entity in	volved in /	providing	any or the follow	ving servic	es							
	(C)	- Money Lendi	ng / Pawning	-	Services YE	S NO	· ·		•		(e.g. casinos, be		icates)	YES NO
	(C)	Any other in	normation	1										
DETAILS UNDER	FATCA	(FOREIGN T	AX COMP	LIANCE	ACT) AND CR	S (COMM	ION REPOR	TING S	TANDA	RD)			(Refer In	struction 'z')
Information to	be pro	vided by a	I Applica	ants in t	the same sec	quence d	of Names a	s give	n in th	nis Ap	plication fo	rm		
Are you a tax re	sident	of any coun	try other	than Inc	dia ?									
If No , please tic	k here:	First	Applicant	S	Second Applica	ant	Third Appli	cant						
If Yes , please fil									n this A	Applica	ation Form.			
·		0.4										0.4		
		— -} <— -		Α(CKNOWLE	DGEM	ENT					—}←		
UTI Mutual Fund Haq, ek behtar zindagi k	ia.		UTI	(To b	pe filled in by PHA LOW-VOL	the Ap	olicant)	ND		S	r. No. 2024	1		
Received from Mr / N	/Is / M/s]			
along with Cheque ^{\$} /	DD\$/NEF					da	ated							
Ref. No./Unique Seri	ai NO. (I	ror casn) —									1			
Drawn on (Bank)]	am	ITI ARAC	Office /
for ₹ (in figures)													JTI AMC Collection	
§ Cheques and drafts	s are su	bject to realis	ation.											

	I settlements made to su	ınde ch N		entic			om											y /																									JOL
Name of N	Nominee							No	mii	nee	1								_			No	mir	iee	2							_	_			N	omi	nee	3				
	the Guardian Nominee is Minor)																													1													
	ge of Allocation*															\dashv														+													
Relations	ship with Nominee																																										
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S	Signature of 1st Applic	cant	/ 0	Guai	rdia	an				L			S	Sigi	na	ture	of 2	nd	A	opli	ica	ınt									Si	gn	atu	re	of	3rc	ΙA	pp	lica	ant			
	RATION AND SIGNAT						4 ^ *	JT/	6					_					i													-											
from my / c I hereby	s/schemes of the UTI MF. our NRE / NRO Account. I/ / solemnly declare that I am mail and SMS communicati	We เ า the	und fath	ertak her/n	ce to noth	pro er/g	ovid Juar	e fu dia	urth	ner	deta	ails	of s	our	ce	of fur	ıds a	nd a	any	Suc	ch d	oth:	er r	elev	ant	do	um	nts	, if	cal	ed	for	by l	JTI	Mι	ıtua	l Fι	ınd	(Ap	plic	able	e to	N
OPTION F	FOR DESPATCH OF STAT	EME	ENT	OF	AC	col	JNT	(S	OA	A) / .	ABI	RID	GE) A	NN	UAL	REP	OR	T (/	AAF	ર)∞	/ S	СН	EM	E-V	/IS	A۱	NU	ΑL	RE	PO	RT											
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	🗆	reas	s ac						ed a	abo	۷e	Г	٦,	- h			stob.					cid	ent	r۵	ati	/e'	ac	dre	ss	in	nd	ia	as r	me	nti	anc	d s	abo	ve				
	le to NRIs: At my Ove ding email-id investors shall receive			wise a	annu	aı rep	oort c	or an	n abr											my ansa					1, 00	mm	ınica			ange	of a							etail	s etc	. thr	ough	em	ail d
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First Applicant Details *If the Mo Name of Relations PAN Folio Nur Please note siblings, dep l/we hereby	*Mobile No. *E-mail Alternate E-mail obile Number or Email f the family member	ID bo Fo	elo pr E	ngs E-ma	to delir e of	a fa	the	lly r	me	ridge	per	ple	ase ase	el. (l	R)	n belo	stater N R P Fellf or	leta leta lam Rela 'AN	nils ne ne ny o	of to of the of	the hip	fa fa	amil mil	y n	ner	nbe	er.	on c	Me	(O)	e N	um	ber	char	se,	of ba	nk d	dent	L ch	ildre	en,	der	per
First Applicant Details *If the Mo Name of Relations PAN Folio Nur Please note siblings, dep l/we hereby communicat	*Mobile No. *E-mail Alternate E-mail Obile Number or Email Obile Numbe	ID be Fo	elo or E	guicc cassend i	delir le of mpo	a fa	the thinor in the time of time of the time of time of the time of the time of time	lly r	me	ridge	per	ple	ase ase	el. (l	of/ a	n belo	stater Solve d N R P Pelf or	leta leta leta 'AN olio an	ails ne o N	of to of the other	the hip	fa fa	mill mill	y n	ner	nbe	ami me	For Lus	Me em	(O)	e N	um	ber nu	oous mb	se, er.	dep	peno	dent	t ch	ildro T w	en, vish	dep	per
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First Applicant Details *If the Mo Name of Relations PAN Folio Nur Please note siblings, depl/we hereby communicat Signatur Designatio ^Power o	*Mobile No. *E-mail Alternate E-mail Obile Number or Email Obile Number or Email Ship Alternate E-mail Obile Number or Email Obile Num	gulat ardiardiardiardiardiardiardiardiardiardi	elo pr E	guice case end i	delin IE	a fa	the ninon intime	ly r	me Intac	emb	per deta	ple signs si	ase ase	only on u	off a	be of 2r	stater Dow do N R P Felf or and/d	leta lam Rela PAN Tolic an oris	is/tr	of to of the other other other steel	the hip	n co	mill mill mill	y n n n n n n n n n n n n n n n n n n n		ss. I	ami me	For L L y y nus	Ma Ma	bbil ber	e e N	uun la	ber number of 3	oous mb	se, er.	dep	peno peno popil	 dent DO	t ch NO	ildro T w	en, vish	depto	

- 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)

		Fi	rst	/ Sc	ole A	lqql	ica	nt /	Gu	ardi	ian														
Name																									
Gender M F O	PAN										Oc	cup	atio	on ·	Тур	е	S	erv	ice	Ві	ısin	ess	(Othe	ers
Father's Name																									
Folio No. Address of tax residence would	l bo takan	00.01/0	ilable	o in k	(DA da	tabaa	o In		o of o	av ob	ango	nloo	00.0	nnr	2006	VD	10	noti	fu th	0 oh	ona				
Type of address given at KRA	Reside					liabas	-		ntial	ly Cite	ariye j		se a Isine		Jacii	\\\ /	Αα	ΙΙΟΙΙ	-	egis			Office		
	Passport					ANC	ard	_Go	/t ID (Card	-Driv	/ina	Lice	nse		DAL	Carc	1 0		_					thers
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Nationality			+				t							+				T	+	+	<u> </u>	<u> </u>	+	$^{+}$	
					_																				
Are you a tax resident of any coul						Y	_	\checkmark		No	_														
If yes, please indicate all cour	ntries in v	vhich			reside Identi						d the	ass	soci	ate	d Ta										
County#				ах	identi	ilicat	1011	Nui	nber	,,,				(TIN				cation, pl				cify)		
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*To also include USA, where the ind *In case Tax Identification Number i													t \$												
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Name																									
Gender M F O	PA	N		T		T	T	Т	T		Ос	cup	atio	on .	Тур	е	S	erv	ice	Ві	ısin	ess		Othe	ers
Father's Name							T				T			Т						T				T	
Folio No.							İ,																		
Address of tax residence would be taken as availing Type of address given at KRA	Reside					of an	-		<i>pleas</i> ntial	se ap _i	proac	_	<i>⊰A &</i> Isin€		tity th	ne cl	nang	ies	Re	egis	tere	ed C)ffic		
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Date of Birth	V V	V	_		of B			JOVE	10 08	aid () DIIVII	ııg L	ICCII	30	OIL		Jan	u ()	INIL	.un	000		alu	001	.11013
Country of Birth			•	lace	01 0	11 (11	H			_	+		_	+		\perp	+	H	+	+	\pm	+	+	+	
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Are you a tax resident of any coul						_	es	\checkmark		No															
If yes, please indicate all cour	ntries in v	vhich	you	are	reside	nt fo	r tax	(pur	pose	s and	d the	ass	soci	ated	d Ta	x ID	Nu	mb	ers	belo	w.				
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County#			_	Гах	Ident	ificat	tion	Nui	nber	%					(TIN				cation r, pl				cify)	
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*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 Other	rs
Father's Name			
Folio No. Address of tax residence would be ta	aken as available in KRA database. In case of any c	change please approach KRA & notify the changes	
	esidential or Business	Business	
	sport @ Election ID Card @ PAN Card @ Govt ID Card	d	hers
Date of Birth	Y Y Place of Birth		
Country of Birth			
Nationality			
Are you a tax resident of any country			
	s in which you are resident for tax purposes a		_
County#	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)	
	lual is a citizen / green card holder of The ot available, kindly provide its functional e		
Other Details (Mandatana)	·		
Other Details (Mandatory)			
1 st Applicant: Gross Annual Incom	ne Details Please tick (✓)		
✓ Below 1 Lac ✓ 1-5 Lac	√ 5-10 Lac √ 10-25 Lac √	>25 Lacs – 1 Crore >1 Crore	
	1 0 10 200	223 Edits 1 01010 1 21 01010	
2 nd Applicant: Gross Annual Inco	ome Details Please tick (✓)		
✓ Below 1 Lac ✓ 1-5 Lac	√ 5-10 Lac √ 10-25 Lac √	>25 Lacs – 1 Crore	
3 rd Applicant: Gross Annual Incom	ne Details Please tick (✓)		
✓ Below 1 Lac ✓ 1-5 Lac	√ 5-10 Lac	>25 Lacs – 1 Crore	
	Certification		
L / We have understood the information		with the EATCA & CBS Instructions) and here	by
	· · · · · · · · · · · · · · · · · · ·	y with the FATCA & CRS Instructions) and here nd complete. I / We also confirm that I / We ha	- 1
read and understood the FATCA & CR	RS Terms and Conditions below and here	eby 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	Documentation required for Cure of FATCA/ CRS indicia
observed (ticked)	
U.S. place of birth	 Self-certification that the unit holder is neither a citizen of United States of America nor a resident for tax purposes;
	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/mailing address in a country other than India	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	If no Indian telephone number is provided
other than India	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)
	If Indian telephone number is provided along with a foreign country telephone number
	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	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
a country other than India (other than depository accounts)	Documentary evidence (refer list below)



Declaration Form of Non-Profit Organization (NPO)

(Mandatory for Trusts/Society)

Investor Name										
PAN										
I/We her organizati clause (15 society ur Company	<u>on</u> " [NPO]) of sectio der the So	which h on 2 of th ocieties R	as been o e Incomo egistratio	constitute e-tax Act, on Act, 18	ed for re 1961 (4 860 (21 c	ligious or 3 of 196 of 1860)	charitat 1), and is or any si	ole purpo s register milar Sta	ses refer ed as a t	red to in crust or a
Enclosed r	elevant do	cumenta	ry proof	evidencir	g the abo	ove defin	ition.			
We further confir details are as follo Registration Nu	ws:	e have re	egistered	with DA	RPAN Po	rtal of N	IITI Aayo	g as NPC) and reg	gistration
If not, please reginarpan portal reginate said portal and I/We here organizati	stration de l/or report by confirr	etails, UT to the re n that th	Mutual elevant au e above	Fund/UT uthorities stated e	I AMC/R as applic ntity / o	TA will be cable. rganizati	e require	d to regis	ster your	entity on
I/We acknowledge and In case any of the about that I/We may be liably you to deduct such applicable. I/We here share, rely, remit in an information as and whemployees / RTAs ('t including to the Finance required and other invigiven information to complete the share of the share	I confirm that ye specified e for it for a ines/charges by authorize by form, moden provided ne Authorize ital Intelligen estigation agother SEBI Resposes. I/We avithin 30 day	at the information information in the information in the interest of the information in t	mation pro n is found consequer imation to lutual Fund er, all / any iny of the U or any Ind ia (FIU-IND nout any ob termediarie ake to kee hanges and	vided abov to be false aces as required me/us or d/ RTA of U y of the info JTI Mutual ian or fore), the tax / oligation of es or any or p you inford	e is true an or untrue ouired under collect su JTI Mutual ormation p Fund, its Sign govern revenue au advising mether statuter med in wreto provide	d correct to misleading the respension fines/c Fund /AN rovided by ponsor, As mental or uthorities in e/us of the bry authori iting abour	ng or misro ctive statu harges in IC/Other p me, includ set Manag statutory of India or o same. Furi ties to faci t any chan	epresenting tory requir any other articipating ding all cha gement Cor or judicial utside Indiather, I/We litate single ges / modi	g, I/We amements and manner as gentities] anges, upda authorities a wherever authorize the submission fication to	/are aware d authorize s might be to disclose, tes to such stees, their / agencies it is legally o share the on / update the above
Signature with releva	ınt seal:									
Authorized S	ignatory		Autho	rized Signa	tory			Authorize	ed Signator	У
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			
Туре	e of address given at KYC KRA	A Residential	Residential or Business	Business	Registered Office
City	of incorporation				
Cou	intry of incorporation				
Net	Worth in INR. In Lakhs		Net Worth as on	(Date should not be older than one ye	DD / MM / YYYY
in/p	e entity involved roviding any of Services: Foreign Exch Money Cha	nger Lottery S		ney	Any other information [if applicable]
		•	vate Limited Company Public L llity Partnership Artificial Juridi	. ,	ciety AOP/BOI
Ple	ase tick the applicable tax resi	dent declaration -			
1. I	s Entity a tax resident of any o	country other than India	Yes No		
(II yes	Country	, ,	fication Number%		ation Type r %, please specify)
In ca	se the Entity's Country of Incorp				
	nption code here (Please RT A (to be filled by Financial Instit.	consult your professional tax a	CA Declaration dvisor for further guidance on FATC	CA classification)	·
1.	We are a,	GIIN			
	Financial institution ⁶ or Direct reporting NFFE ⁷ (please tick as appropriate)	Note: If you do not have a GGIIN above and indicate yo Name of sponsoring entit	,	her entity, please provide	your sponsor's
	GIIN not available (please tick as	applicable)			
		- please specify 2 digits sub-ca	ategory ¹⁰		
	Not obtained - Non-partic	cipating FI			
PA	RT B (please fill any one as approp		than Direct Reporting NFEs)		
1.	Is the Entity a publicly traded con whose shares are regularly traded on securities market)	npany (that is, a company an established	Yes No (If yes, please specify any one stock exchange of Name of stock exchange	on which the stock is regularly traded)
2.	Is the Entity a related entity of a p (a company whose shares are regula established securities market)	oublicly traded company orly traded on an	Yes No Name of listed company	ise specify name of the listed company an is regularly trade	_
3.	Is the Entity an active NFE		Yes No (If yes, please Nature of Business	ee fill UBO declaration in the next section.)	(Mark)
			Please specify the sub-categ	gory of Active NFE	(Mention code – refer 2c of Part D)
4.	Is the Entity a passive NFE		Yes No (If yes, please Nature of Business	e fill UBO declaration in the next section.)	
	Refer 2a of Part D Refer 2b o	of Part D ³ Refer 2c of Part I	D Refer 1 of Part D Refe	er 3(vii) of Part D Ref	fer1A of Part D

		UB	O Dec	claration			
Category (Please tick applicable cat	nlisted Company		nership Firm	☐ Limited Liability Partnership Company			
☐ Unincorporated association	lividuals	□Publi	c 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].					mpany [if this		
Name of the Stock Exchange whe	ere it is listed	i#					
Security ISIN#							
Please list below the details of controll Tax Identification Numbers for EACH of Owner-documented FFI's should provide	controlling per	rson(s).		• •		•	·
#Country - Tax Residency*	ax ID No Or functional equivalent for each #Type Code - of Controlling person			percentage	Address - Include State, Country, PIN / ZIP Code & Contact Details		
1. Name Country		Tax ID Type Beneficial Interest Type Code Address Type □ Residential			·		
2. Name Country		PIN Code Tax ID Type Beneficial Interest Type Code Address Type □ Residential □ Business □ Business □ Business □					
3. Name Tax ID Type Country Beneficial Interes Type Code		st		Address Type □ Residential □ Business □ Registered PIN Code			
If passive NFE, please provide belo	w additional	details.		(Please	attach additiona	I sheets if nece	essary)
PAN City of Birth Country of Birth		Nationality	•	vice, Business, Others	DOB - Date of Gender - Male		er
1. PAN City of Birth Country of Birth	City of Birth Nationality			DOB DD/MM/YYYY Gender Male Female Others			
City of Birth Na		Occupation Type Nationality Father's Name		DOB DD/MM/YYYY Gender Male Female Others			
City of Birth Na		Occupation Type Nationality Father's Name		DOB DD/ Gender Mal	<i>MM/YYYY</i> e Female	e Others	
UBO PEP	UBO Email UBO Mobile			Designation			
1. Yes – PEP □ 2. Yes – Related to PEP □ 3. N – Not a PEP □		Email Mobile					
1. Yes – PEP 2. Yes – Related to PEP 3. N – Not a PEP		Email Mobile					
1. Yes – PEP □ 2. Yes – Related to PEP □ 3. N – Not a PEP □		Email Mobile					
UBO KYC Complied? 1. Yes □ 2. No □				1. Yes □			

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

⁴ Refer 3(iii) of Part D Re	efer 3(vi) of Part D	Refer 3(iv) (A) of Part D
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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:

If 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, If we are aware that, If We may be liable for it. If We hereby authorize UTI Mutual Fund/ RTA of UTI Mutual Fund to disclose, share, rely, remit in any form, mode or manner, all fany of the information provided by mefus, including all changes, updates to such information as and when provided by mefus to UTI Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees fraction ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities fagencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax frevenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising mefus 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://