

UTI NIFTY INDIA MANUFACTURING INDEX FUND

(An open-ended scheme replicating/tracking NIFTY India Manufacturing TRI)

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

Sr.No. 2025/

TIME STAMP

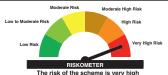
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This Product Is Suitable For Investors Who Are Seeking*:

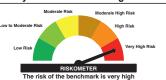
 Returns that are commensurate with the performance of the Nifty India Manufacturing Index over long term, subject to tracking error.

 Investment in securities covered by the Nifty India Manufacturing Index

Scheme Risk-o-meter: UTI Nifty India Manufacturing Index Fund



Benchmark Risk-o-meter: Nifty India Manufacturing 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 December 31, 2024.

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

New Fund Offer Opens on : Tuesday, January 28, 2025 New Fund Offer Closes on : Monday, February 10, 2025 Scheme Reopens on : Tuesday, February 18, 2025

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 I	NFORMATION (only empanelle	ed Distributors/Bro	okers will be permitte	d to distribute Units	s) (refer instruction '	h')	BDA / CA Cod
ARN/RIA Code [^]	Name of Financial Advisor/ Distributor	Sub Broker ARN Code	Sub Code/ Bank Branch Code	M O Code	EUI No.@	UTI RM No.	
			Specific to bank branch				

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').

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4. All communication relating to issue of Statement of Account, Change in name, Address or Bank particulars, Nomination, Redemption, Death

M/s Kfin Technologies Limited; Unit: UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal,

Claims etc., may please be addressed to the Registrar :

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)

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Are you a tax resident of any coun	-				Ye at for	_	_	No v	2 255	ociat	ed Ta	x ID	Nur	mhers	s hel	OW				
Are you a tax resident of any coun	ntries in w	hich y	ou are	resider	_	_	_		e ass	ociat	ed Ta	x ID	Nur	mbers	s bel	ow.				_
Are you a tax resident of any country lf yes, please indicate all country are you a tax resident of any country leads to the country le	ntries in w	hich yer er thar	ou are India	resider a?	nt for	tax pu	rposes	and the												
Are you a tax resident of any could lifyes, please indicate all courd lifyes lifyes, please indicate all courd lifyes lifyes, please indicate all courd lifyes life life life life life life life life	ntries in w	hich yer er thar	ou are India ou are	resider a? resider	nt for	tax pu	rposes	and the				x ID	Nur	mbers	s bel	ow.	Φ.			
Are you a tax resident of any country lf yes, please indicate all country are you a tax resident of any country leads to the country le	ntries in w	hich yer er thar	ou are India ou are	resider a?	nt for	tax pu	rposes	and the			ed Ta	x ID	Nur lent		s bel	ow.		ify)		
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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 Othe	ers											
Father's Name														
Folio No. Address of tax residence would be ta	aken as available in KRA database. In case of any c	hange please approach KRA & notify the changes												
Type of address given at KRA Re	esidential or Business	Business Registered Office												
		d ⊚Driving License ⊚UIDAI Card ⊚NREGA ⊚ Job Card ⊚ Ott	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)												
*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)														
Other Details (Mandatory)														
1st Applicant: Gross Annual Income Details Please tick (✓)														
✓ Below 1 Lac ✓ 1-5 Lac	√ 5-10 Lac √ 10-25 Lac √	>25 Lacs – 1 Crore >1 Crore												
V 25.611 1 240 V 1 0 240	v 0 10 2d0	>25 Latts - 1 Glore >1 Glore												
2 nd Applicant: Gross Annual Inco	ome Details Please tick (✓)													
✓ Below 1 Lac ✓ 1-5 Lac	√ 5-10 Lac	>25 Lacs – 1 Crore												
3 rd Applicant: Gross Annual Incom	ne Details Please tick (\checkmark)													
✓ Below 1 Lac ✓ 1-5 Lac	√ 5-10 Lac	>25 Lacs – 1 Crore												
	Certification													
I / We have understood the information		with the EATCA & CBS Instructions) and here	aby											
	•	with the FATCA & CRS Instructions) and here and complete. I / We also confirm that I / We have	- 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 here organization clause (15) society und Company r	on" [NPO] of sectio der the Sc	which h n 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)	r charitat 1), and is or any si	ole purpo register milar Sta	ses refer ed as a t	red to in
Enclosed re	elevant do	cumenta	ry proof	evidencir	ng the abo	ove defin	ition.			
We further confirm details are as follow Registration Nur	vs:	e have re	egistered	with DA	RPAN Po	rtal of N	IITI Aayo	g as NPC) and reg	gistration
DARPAN portal										
If not, please regis Darpan portal regis the said portal and, I/We herel organizatio	tration de or report	etails, UT to the re	Mutual elevant au e above	Fund/UT uthorities stated e	as application	TA will be cable. rganizati	e require	d to regis	ster your	entity on
I/We acknowledge and In case any of the above that I/We may be liable you to deduct such fi applicable. I/We herebe share, rely, remit in an information as and whee employees / RTAs ('thincluding to the Financi required and other invegiven information to other than the state of	re specified a for it for a nes/charges y authorize y form, moden provided e Authorize al Intelligen estigation agher SEBI Reses. I/We acithin 30 day	information y fines or the first sunder into you [UTI Note of the first sunder into the	n is found consequer imation to lutual Funder, all / and or any India (FIU-IND) nout any obtermediaries ake to kee hanges and	to be false nees as requestion me/us or me/us or def RTA of User of the infoliation or fore the tax / oligation of pyou infoliation or fore the tax / oligation of the tax of tax	or untrue of uired under collect sur JTI Mutual or mation p Fund, its Sign govern revenue au advising m ther statute and in wre to provide	or misleadi r the respe ich fines/c Fund /AM rovided by ponsor, As mental or uthorities ir e/us of the ory authori riting abour	ing or misro ective statu harges in IC/Other p me, includ sset Manag statutory on India or o same. Furi ities to faci t any chan	epresenting tory requir any other articipating ding all cha cement Cor or judicial autside Indiather, I/We ilitate single ges / modi	g, I/We amements and manner as gentities] nges, upda upda uthorities a wherever authorize the submission to	dare aware dauthorize is might be to disclose, tes to such stees, their day agencies it is legally to share the in dupdate the above
Signature with releva	nt seal:									
Authorized Si	gnatory		Autho	rized Signa	tory			Authorize	ed Signator	У
Place:										

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 Money Chase services:	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	egory): □Un	llisted Company	□Part	nership Firm	☐ Limited Lia	ability Partne	rship Company
☐ Unincorporated association	n / body of in	dividuals	□Publi	c Charitable Trust	□Religious	Trust	□ Private Trust
☐ Listed Company (Need not	provide UB	O details sought	under)	□ Others (please speci	fy)
If your company is listed company category is selected, no need to p			change	/ Subsidiary of a or o	controlled by a	a Listed Co	mpany [if this
Name of the Stock Exchange whe	ere it is liste	d #					
Security ISIN#							
Please list below the details of controll Tax Identification Numbers for EACH of Owner-documented FFI's should provide	controlling pe	erson(s).		• •		•	·
Name - Beneficial owner / Controlling per #Country - Tax Residency* #Tax ID No Or functional equivalent f country		#Tax ID Type - Beneficial Inte #Type Code -	rest - in		Address - Inc Contact Details		ountry, PIN / ZIP Code &
1. Name Country		Tax ID Type Beneficial Intere Type Code	st		Address Type	□ Residential	□ Business □ Registered
2. Name Country		Tax ID Type Beneficial Intere Type Code	st		Address Type	□ Residential	PIN Code □ Business □ Registered PIN Code
3. Name Country		Tax ID Type Beneficial Intere Type Code	st		Address Type	□Residential	☐ Business ☐ Registered
If passive NFE, please provide belo	w additional	l 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		Occupation Type Nationality Father's Name	е		DOB DD/ Gender Mal	<i>'MM/YYYY</i> e Female	e Others
2. PAN City of Birth Country of Birth		Occupation Type Nationality Father's Name	е		DOB DD/ Gender Mal	<i>MM/YYYY</i> e Female	e Others
3. PAN City of Birth Country of Birth		Occupation Type Nationality Father's Name	е		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 □ 2. No □		1. Yes □ 2. No □	

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

4Refer 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://