
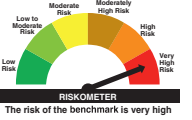


The Product is Suitable For Investors Who Are Seeking*	Scheme Risk-o-meter: UTI Multi Cap Fund	Benchmark Risk-o-meter: Nifty 500 Multicap 50:25:25 TRI
<ul style="list-style-type: none"> <li>Long term capital appreciation</li> <li>Investments predominantly across large cap, mid cap and small cap stocks</li> </ul>	 <p>The risk of the scheme is very high</p>	 <p>The risk of the benchmark is very high</p>

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.

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

**New Fund Offer Opens on : Tuesday, April 29, 2025**  
**New Fund Offer Closes on : Tuesday May 13, 2025**  
**Scheme Reopens on : Tuesday May 20, 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 INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')						BDA / CA Code
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 EUI 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 EUI 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  
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS  
₹ 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						

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	D	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 1<sup>ST</sup> 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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ City\* \_\_\_\_\_

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

Date of Birth of 2nd Applicant	d	d	m	m	y	y	y	y
--------------------------------	---	---	---	---	---	---	---	---

\*PAN/PEKRN\$ OF 2<sup>ND</sup> APPLICANT      Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

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

Date of Birth of 3rd Applicant	d	d	m	m	y	y	y	y
--------------------------------	---	---	---	---	---	---	---	---

\*PAN/PEKRN\$ OF 3<sup>RD</sup> APPLICANT

Enclosed ☐ PAN/PEKRN CARD/ID PROOF COPY

[illegible]

Bank Name		Branch
Address		MICR Code <input type="text"/>
	City <input type="text"/> *Pin <input type="text"/>	(this is a 9-digit number next to your cheque number)
Account type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE		IFS Code <input type="text"/>
Account No.	<input type="text"/>	(this is a 11-digit number)

(Refer Instruction 'y')

#Cheque/DD/NEFT/*RTGS Ref. No. / Unique Serial No. (For Cash)		<input type="checkbox"/> Cash	Account type (please ✓) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Savings</span> <span><input type="checkbox"/> Current</span> <span><input type="checkbox"/> NRE</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> NRO</span> <span><input type="checkbox"/> DD</span> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> UTI Smart Form if already registered          (Applicable for existing investors)       </div>
Account No.			
Date	DD/MM/YYYY	Amt. of investment (i)	
Bank		DD Charges if any (ii)	
Branch		Net amount paid (i-ii)	
Amt. in words			

☐ Scheme **UTI MULTI CAP 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 Multi Cap 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 MULTI CAP FUND ☐ Regular Plan ☐ Direct Plan, Growth option On NFO Closure Date Tuesday, May 13, 2025

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 Multi Cap 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)

**Fund 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')

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

[illegible][illegible]

**GENERAL INFORMATION - Please (✓) wherever applicable**

<b>Tax Status</b>	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
	<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society*	<input type="checkbox"/> LLP
	<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust*	<input type="checkbox"/> Unlisted 'Not for Profit'^^Company
	<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> ##Foreign Nationals
	<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> PIO
	<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> NPO* (Please specify) _____
	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	<input type="checkbox"/> Others (Please specify) _____
	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

^^ '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 &amp; aa)

<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<b>Marital Status</b>	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Married	
<b>Spouse's Name</b>	_____		
<b>Occupation</b>	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Student
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Doctor
			<input type="checkbox"/> Housewife
			<input type="checkbox"/> Forex Dealer
			<input type="checkbox"/> Others (Please specify) _____

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

<b>1<sup>st</sup> Applicant:</b>	<b>(A) Gross Annual Income Details</b> Please tick (✓)
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
	<b>[OR]</b>
Net-worth in ₹ _____	(Net worth should not be older than 1 year) as on (date) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>(B) Please tick if applicable:</b> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) (For definition of PEP, please refer instruction 'x').
	<b>(C) Any other information:</b> _____
<b>2<sup>nd</sup> Applicant:</b>	<b>(A) Gross Annual Income Details</b>
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
	<b>[OR]</b>
Net-worth in ₹ _____	(Net worth should not be older than 1 year) as on (date) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>(B) Please tick if applicable:</b> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
	<b>(C) Any other information:</b> _____
<b>3<sup>rd</sup> Applicant:</b>	<b>(A) Gross Annual Income Details</b>
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
	<b>[OR]</b>
Net-worth in ₹ _____	(Net worth should not be older than 1 year) as on (date) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>(B) Please tick if applicable:</b> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
	<b>(C) Any other information:</b> _____

**FOR NON-INDIVIDUALS ONLY**

<b>(A) Gross Annual Income Details</b>
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore
<b>[OR]</b>
Net-worth in ₹ _____
(Net worth should not be older than 1 year) as on (date) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>(B) Is the entity involved in / providing any or the following services</b>
- Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO - Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO
- Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(C) Any other information:</b> _____

**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? ☐ Yes ☐ NoIf No, please tick here: ☐ First Applicant ☐ Second Applicant ☐ Third Applicant

If 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 MULTI CAP FUND**

Sr. No. 2025/

Received from Mr / Ms / M/s	_____
along with Cheque#/DD#/NEFT/RTGS	_____
Ref. No./Unique Serial No. (For Cash)	_____ dated _____
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.

Name of Nominee	Nominee 1	Nominee 2	Nominee 3
Name of the Guardian (in case Nominee is Minor)			
Percentage of Allocation*			
Relationship with Nominee			
Date of Birth (Mandatory if Nominee is Minor)	DD/MM/YYYY		
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  
→

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 NRI's). ● 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)<sup>∞</sup>**

☐ SoA in Physical Form

☐ AAR in Physical Form

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

<sup>∞</sup> 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  
→

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

Signature of 2nd Applicant / POA<sup>^^</sup>  
Name of 2nd Authorised Signatory

Signature of 3rd Applicant / POA<sup>^^</sup>  
Name of 3rd Authorised Signatory

Designation \_\_\_\_\_ Designation \_\_\_\_\_ Designation \_\_\_\_\_

<sup>^^</sup>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@kfinetech.com

## FORM FOR NOMINATION/DECLARATION FOR OPTING OUT OF NOMINATION

(To be filled in by individual(s) applying singly or jointly) Please read the instructions carefully before filling up the Form)

Date							
------	--	--	--	--	--	--	--

### FOLIO DETAILS

Folios Number/s	
Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

### ☐ NOMINATIONS

I/We understand that in the event of death of sole or all the joint holders, all rights to the units shall vest to the sole nominee who survives me/us, & if investment in percentage is allocated to two/three nominees as may be specified by me/ us, then the rights shall vest to the two/three nominees listed below in percentage as allocated (and stated below) & who survive me/us. In case the percentage of investment is not specified by me/us then UTI AMC shall settle the claim equally amongst all the nominees. If the registration of nomination is delayed or cannot be effected at all due to the reasons of incomplete or incorrect information or signature mismatch of the unitholders with the signatures recorded with UTI AMC or otherwise, I/We shall not hold UTI AMC responsible and liable. Any payment to the nominee (s) of the redemption amount or any dividend distribution amount etc., shall fully discharge UTI AMC from all liability towards my/ our estate & my/our successor(s)/legal heir (s)

I/We wish to make a nomination [As per details given below]			
Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) who shall received all the assets held in my/our account in the even of my/our death			
Nomination can be made upto three nominees in the account	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
<b>Mandatory Details</b>			
1. Name of the nominee (s) (Mr./Mrs.)*			
2. Share of each Nominee Equally (If not e.....)			
Any odd lot after division shall be transferred to the first nominee mentioned in the form.			
3. Relationship with the Applicant (If any)			
*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)			
<b>Non-Mandatory Details</b>			
4. Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country			
PINCODE			
5. Mobile / Telephone No. of Nominee(s)/ Guardian in case of Minor			
6. E-mail ID of Nominee(s)/ Guardian in case of minor			
7. Nominee/Guardian (in case of Minor) Identification details: (Please tick any one of following and provide details of same)			
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN			
<input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No.			
<input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			

Proof of relationship : Birth Certificate, School Leaving Certificate, Passport & Other (Documents required in case of Minor.)

### ☐ DECLARATION FOR OPTING OUT OF NOMINATION

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 other such competent authority, based on the value of assets held in the mutual fund folio/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

### FORM FOR DECLARATION OF FAMILY FOR THE PURPOSE OF COMMON CONTACT DETAILS

I/We have read the terms and instructions as mentioned in the nomination form & agree to abide by them for registration of the nominee(s) by UTI AMC. The nomination shall remain in full force and effect until cancelled or varied by me/us in writing.

☐ I/We do not wish to nominate

### SIGNATURE OF UNITHOLDER(S)

--	--	--

Signature of Sole / 1st holder

Signature of 2nd holder

Signature of 3rd holder

\*Signature of witness, along with name and address are required. If he account holder affixes thumb impression, instead of signature

## INSTRUCTIONS

1. All new investors/unitholders shall continue to be required to mandatorily provide the 'Choice of Nomination MF Folios (except for jointly held Mutual Fund Folios).
2. Nomination will be updated at folio/account level and not at scheme level. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
3. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unit holder cannot nominate.
4. Nominations not allowed for the folios/accounts opened by minors.
5. If the units are held jointly (i.e., in case of multiple unit holders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on "Anyone or Survivor" basis).
6. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
7. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
8. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
9. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
10. Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add upto 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation/claim settlement shall be made equally amongst all the nominees.
11. Every new nomination for a folio/account shall over written the existing nomination, if any.
12. Nomination shall stand rescinded upon the transfer of units.
13. Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unit holder(s), the unit holder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the even to the nominee(s) pre-deceasing the unit holder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
14. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/Mutual Fund/Trustees against the legal heir(s).
15. Cancellation of Nomination: Request for cancellation of Nomination made can be made only by the unit holders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer/transmit the units in favour of the Nominee.
16. Unit holders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
18. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission/claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.



Toll-Free: 1800 266 1230

SMS: 'SERVICE' to 5 67 67 56

Email: [service@uti.co.in](mailto:service@uti.co.in)

E-mail: [uti@kfintech.com](mailto:uti@kfintech.com)

Web: [www.utmfund.com](http://www.utmfund.com)

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[www.linkedin.com/company/uti-mf](http://www.linkedin.com/company/uti-mf)



### For Existing Investors

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



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

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.



# 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		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																											
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA <input type="checkbox"/> Job Card <input type="checkbox"/> 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 \$

### Second applicant

Name																												
Gender	M	F		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																											
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA <input type="checkbox"/> Job Card <input type="checkbox"/> 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.

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
------------------------------	---	---	--	---

Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA <input type="radio"/> Job Card <input type="radio"/> 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 <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Other Details (Mandatory)

1<sup>st</sup> 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
---	---	--	---	--	--

2<sup>nd</sup> 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
---	---	--	---	--	--

3<sup>rd</sup> 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
---	---	--	---	--	--

### 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"> <li>Self-certification that the unit holder is neither a citizen of United States of America nor a resident for tax purposes;</li> <li>Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND</li> <li>Any one of the following documents:  Certified Copy of "Certificate of Loss of Nationality  <b>or</b> Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;  <b>or</b> Reason the customer did not obtain U.S. citizenship at birth</li> </ol>
Residence/mailling address in a country other than India	<ol style="list-style-type: none"> <li>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; <b>and</b></li> <li>Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	<p><b><i>If no Indian telephone number is provided</i></b></p> <ol style="list-style-type: none"> <li>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; <b>and</b></li> <li>Documentary evidence (refer list below)</li> </ol> <p><b><i>If Indian telephone number is provided along with a foreign country telephone number</i></b></p> <ol style="list-style-type: none"> <li>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; <b>OR</b></li> <li>Documentary evidence (refer list below)</li> </ol>
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"> <li>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; <b>and</b></li> <li>Documentary evidence (refer list below)</li> </ol>

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.*

<div>AMC contact address &amp; call center details</div>	<div>Blank space for your branch or any other details</div>
--	---



**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 <sup>%</sup>	Identification Type (TIN or other <sup>%</sup> , please specify)

<sup>%</sup>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 institution <sup>6</sup> or Direct reporting NFFE <sup>7</sup> (please tick as appropriate)	GIIN _____ <b>Note:</b> 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) <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="checkbox"/> 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 <sup>1</sup> (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 <sup>2</sup> 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 <sup>3</sup> 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 <sup>4</sup> NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

## 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"/>
-------------------	---	---	---

**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 ( <b>Pl. attach copy of ID Proof attested by Authorized Signatory</b> )	% 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: \_\_\_\_/\_\_\_\_/\_\_\_\_