

COMPREHENSIVE SERVICES FORM (CSF)

Name of the Scheme : _____	Agent Code : <u>0988</u>
Folio / ID Number : _____	Name : _____
Name of the First Member : _____	Address : _____

Application for Purchase of Additional units by existing investors

I/We wish to purchase additional units under _____ (Scheme Name) for amount of Rs. _____ (in words) Rupees _____ for which, cash cheque DD no. _____ dated _____ drawn on _____ (bank) _____ (branch) is enclosed.

For NRIs / OCBs if investment is by NRE cheque / Rupee Draft

It is declared that for the purchase of units of _____ (Scheme Name), I/We have purchased : Rupee DD against foreign currency OR have drawn cheque on my/our NRE A/c No. with the bank mentioned above I/We undertake to provide further details of source of funds, if called for by UTI. PAN/GIR no. _____ IT Circle / Ward / District _____ TO BE FILLED IN CASE THE INVESTMENT IS OF RS.50,000/- AND ABOVE.

Nomination or change in nomination

I/We wish to made nomination / change the existing nomination in respect of the above folio as under Name of the Nominee : _____ Resident NRI Date of Birth if nominee is minor D D M M Y Y Y Y Name of the guardian of the minor nominee : _____

Intimation / Change of Bank details

I/We wish you to take note of change Bank Account details as given below A/c Type SB/CURRENT/NRE/NRO/OVERDRAFT A/c No. MICR Code Name of the Bank _____ Address of the bank : _____

Reinvestment Option and / or Change

I/We wish to : Reinvest the Income distribution Discontinue Reinvestment and go in for Income

NOMINATION FORM

(to be filled in by individual(s) applying singly or jointly)

I/We _____, _____ and _____ do hereby nominate the person(s) more particularly described hereunder on the _____ day of _____ (month & year) in respect of the Units under

Folio No.	Scheme Name	Plan	Option

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 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.

Details	First Nominee	Second Nominee	Third Nominee
Name (Mr/Mrs/Ms)			
Relation			
Date of Birth (in case of Minor)	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Guardian's name (in case of Minor)			
Relation of Guardian			
Address of the nominee (including City, Pin and State)			
Address of the guardian (including City, Pin and State)			
Signature of Guardian			
% of Investment Allocation (should aggregate to 100%)			

SIGNATURE OF UNITHOLDER(S)

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Signature of Sole / 1st holder

Signature of 2nd holder

Signature of 3rd holder

NOMINATION INSTRUCTIONS

- 1 The nomination form should be signed by all the unit holder/s (irrespective of the holding basis).
- 2 It is mandatory to indicate clearly the percentage of allocation/share in favour of each of the nominees against their name and such allocation/share should be in whole numbers without any decimals making a total of 100 percent.
- 3 The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family.
- 4 Power of Attorney holder cannot nominate.
- 5 A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. The guardian of a nominee should be a person other than the unit holder/s
- 6 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.
- 7 A non-resident unit holder can nominate a resident or a non-resident of Indian origin. A resident unit holder can also nominate a non-resident on a non-repatriable basis
- 8 In case of partial redemption/transfer, existing nomination/s will continue for the remaining units
- 9 This nomination will supercede all nominations made by the unitholders / applicants under the Scheme/Plan earlier.
- 10 Nomination in respect of the units stands rescinded upon the transfer of units.
- 11 Transfer of units in favour of a Nominee shall be valid discharge by UTI Asset Management Company against the legal heir/s.
- 12 The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination.
- 13 Cancellation of nomination can be made by means of a letter to that effect. If the units are held jointly, all joint holders will have to sign the letter for cancellation of nomination. On cancellation of the nomination, the nomination stands rescinded and the asset management company shall not be under any obligation to transfer the units in favour of the Nominee.
- 14 Separate nomination forms will have to be submitted where the holding basis is different.
- 15 In respect of folios where the holding basis is similar, you may use a single form to provide the details.

FORM OF APPLICATION FOR REPURCHASE OF UNITS

Scheme: _____ Date: _____

To
UTI Mutual Fund/ SU-UTI
Mumbai.

I/We _____ am /are the registered member(s)/survivor(s)/nominee/heir(s)/legal representative(s) of the deceased member(s)* of all the units under the Scheme _____ contained in the Membership Advice No./Membership Certificate No./Statement of Account folio no. _____ for _____ units and am/are / desirous of selling to UTI Mutual Fund/SU-UTI a ll/ _____ units out of _____ units comprised in the certificate/membership advice/statement of account (SOA) at the repurchase price prevailing / determined by UTI Mutual Fund/SU-UTI on the date of acceptance of this application and a unit certificate/membership advice/statement of account for the balance of units may be sent to the address already recorded with you / given below. The relative Membership Advice/MC/SOA is enclosed.

The bank Account Details (if not already recorded with UTI Mutual Fund/SU-UTI) to be printed on cheque to avoid fraudulent encashment are furnished below. In the event of non-furnishing of bank account particulars, cheque will be issued in the name and address of the unit holder at his/her risk.

Type of A/c & A/c No. _____
 Name : _____
 Bank Name _____
 Branch Name _____
 Bank Address : _____
 Bank Branch Pin Code _____

Signature(s) / Thumb impression(s) of the Member(s)	Address of Member to which the cheque has to be despatched
1. _____	
2. _____ Pin: _____	
3. _____ Telephone Nos. _____	

Note : (1) Request for repurchase at future date is not acceptable.
 (2) Post dated cheques/warrants, if any issued should be surrendered alongwith this form.

ATTESTATION

Signature attestation by Bank / in case sign varies / differs.

- 1) Name of attesting official
with the designation and code number : _____
- 2) Name of bank and branch Name : _____
- 3) Complete Address : _____
- 4) Savings/Current A/c No.: _____

Form for updation of details UTI MUTUAL FUND

Date: _____

Dear Sir,

Please update my details as under: (Please fill-up the below form in BLOCK letters only)

Folio No.																				
Name of 1st Holder																				
Scheme Name																				
E-mail ID of 1st holder																				
Mobile No. of 1st holder																				

I authorize you to send my Statement Of Account (SOA) to my registered email ID in lieu of the physical copy.

I authorize you to send my Abridged Annual Account (AAA) to my registered email ID

I authorize you to send all Other communication such as confirmation of change in addresses, to my registered email id in lieu of the physical copy

I /We wish to access the account online through 'invest@uti' at www.utimf.com.
I/We have read and understood terms & conditions available at www.utimf.com and agree to abide by the same concerning all my/our folios.

Please tick above boxes as may be chosen by you.

Signature of 1st holder

Signature of 2nd holder

Signature of 3rd holder

Signature of 1st holder attested**:	(Signature and Stamp of the attesting bank)
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**It is preferable to get the signatures of all the holders attested as over a period of time the signature might have undergone change.

(You may post the form at the following address or alternatively you may also hand over this form to any of the UTI Financial Center (UFC). The contact details of UFCs are available on the website - www.utimf.com.)

Registrar's address: Karvy Computershare Pvt.Ltd. UTI MF Unit, Narayani Mansion, H.No.1-90-2/10/E, Vitthalrao Nagar, Madhapur, Hyderabad – 500081.

ACKNOWLEDGEMENT

Received from Mr./Ms./Mrs. _____

'EMAIL registration form
for Scheme/Plan/Option : _____

Folio No. : _____

Date: _____

Stamp of UTI AMC Offices/ Karvy Office alongwith
receiving Officials' Signature

Application for change in name on account of marriage

From:

Name: _____

Address: _____

Pin Code: _____

To
The Manager,
UTI Mutual Fund/SU-UTI,
Mumbai

Dear Sir,

Change in Name

Scheme: _____

I, Kumari _____, a holder of _____ units under folio no./Investor ID.
_____ have married to Shri _____ on
_____ and now known as Smt.

_____. My bank particulars have been given below.
I, therefore, request you to make the necessary amendments in your records in his regard.

I declare the above statements as true.

Yours faithfully,

(Signature in maiden name)

(Signature in married name)

Bank Particulars:

Account No.

Bank & Branch name:

Address:

Pin Code:

Signature of Witnesses _____

Name & Address of the Witness _____

Application for change in name on account of Divorce

From:

Name: _____

Address: _____

Pin Code: _____

To

The Manager,
UTI Mutual Fund/SU-UTI,
Mumbai

Dear Sir,

Change in Name

Scheme: _____

I, Smt. _____, a holder of _____ units under folio no./Investor ID. _____ have legally divorced from Shri _____ on _____ and will be known in future as Kum _____

_____. My bank particulars have been given below. I, therefore, request you to make the necessary amendments in your records in his regard.

I enclose the court order of the divorce.

I declare the above statements as true.

Yours faithfully,

(Signature in maiden name)

Bank Particulars:

Account No.

Bank & Branch name:

Address:

Pin Code:

(Signature in maiden name)

Signature of Witnesses _____

Name & Address of the Witness _____

Affidavit for Change in Child's Name

(For Children's Schemes)
UTI Mutual Fund/SU-UTI
Mumbai

I, _____ residing at _____ hereby declare that I have purchased _____ units under folio number / certificate number _____ under CGGF 1986 / RUP II / CCP of SU-UTI/UTI Mutual Fund in the name of my _____ Kumar / Kumari _____.

The name of _____ is changed to _____ and I further declare that the said name _____ and changed name _____ is of one and the same person.

Her/His name may please be changed as _____ in the unitholding records.

Signature of the Applicant (Donor) :

Before me (with seal)

- (1) The affidavit should be stamped as an agreement with the special adhesive stamps of the value as per the prevailing rate in that State of execution or be written on non-judicial paper of the like value.
- (2) To be executed before stipendiary Magistrate / civil judge / labour court judge / Munsif of civil court / presiding officer of labour court / presiding officer of income tax tribunal or Customs tribunal or sales tax tribunal / Tehsildar / Talukdar / Mamlatdar / Notary Public/Honorary Magistrate/Gazetted Officer of Central or State Govt./Post Master of Post Office (Permanent employee in-charge of Post Office)/ Chief representative of UTI Mutual Fund/Manager of Nationalised Bank/MP or MLA.