



Haq, ek behtar zindagi ka

APPLICATION FORM UTI-CHILDREN'S CAREER PLAN (UTI-CCP)

Sr.No. 2016/

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

TIME STAMP

Registrar Sr. No.

(Please read instructions carefully before filling the form and use **BLOCK LETTERS** only)

[Fields Marked with (*) must be Mandatorily filled in]

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units) (refer instruction 'h')							BDA / CA Code
ARN/RIA Code [^]	Name of Financial Advisor	Sub ARN Code	Sub-Code / Bank Branch Code	M O Code	EUI No. [@]	UTI RM No.	
ARN- 0883					E031077		

[^] 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 Donor/Authorised Signatory (In case of non-individual Donor)

Signature of Guardian
(only if Donor and Guardian are different)

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

<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
₹ 150 will be deducted as transaction charges per Subscription of ₹ 10,000 and above		₹ 100 will be deducted as transaction charges per subscription of ₹ 10,000 and above

Existing Unit Holder information If you have an existing folio no. with PAN & KYC validation, please mention your Folio Number here:

DONOR'S DETAILS: (KYC Mandatory) Mr Ms Mrs M/s

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

Address:

City*:

State: Country*: Zip/Pin*:

PAN/ PEKRN\$: Enclosed copy of PAN Card KYC Compliance Proof* Aadhaar Card No.

Relation with the donee child: Father Mother Other, please specify _____

(If the Donor is Guardian, relation should be mandatory)

BANK PARTICULARS OF DONOR (Under scholarship option, if the Donor wishes to redeem, redemption amount will be credited to this account)

Bank Name: Branch:

Address:

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

Account type (please ✓) Savings Current NRO NRE IFS Code:
Account No.: (this is a 11-digit number)

BENEFICIARY CHILD'S DETAILS Master Kumari (Not exceeding 18 years of the age)

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

Address:

City*:

State: Country*: Zip/Pin*:

Date of Birth*: d d m m y y y y Mandatory PAN/ PEKRN\$: Enclosed copy of PAN Card (if available)

BANK PARTICULARS OF BENEFICIARY CHILD (if available) {Under growth option, redemption amount will be credited to this account and in case of Scholarship option, scholarship payment will be credited to this account}

Bank Name: Branch:

Address:

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

Account type (please ✓) Savings Current NRO NRE IFS Code:
Account No.: (this is a 11-digit number)

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

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

Address:

Relationship with the applicant (optional) Email Mobile

GUARDIAN'S DETAILS Father Mother Guardian Donor & Guardian are same (If guardian is the donor, the details need not be repeated)

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

Address

City*

State Country* Zip/Pin*

PAN/ PEKRN\$ Enclosed copy of PAN/ PEKRN Card/ ID proof Copy KYC Compliance Proof* Aadhaar Card No. [MANDATORY]

Email Mobile No.

BANK PARTICULARS OF GUARDIAN (OPTIONAL)

Bank Name <input type="text"/>	Branch <input type="text"/>
Address <input type="text"/>	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)

DETAILS OF ALTERNATE CHILD Address as per the Beneficiary Child (Do not repeat if the address is same as beneficiary child)

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

Date of Birth* / / Mandatory Address

City*

State Country* Zip/Pin*

GUARDIAN OF ALTERNATE CHILD Father Mother Guardian

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

Address

City*

State Country* Zip/Pin*

PAN/ PEKRN\$ Enclosed copy of PAN/ PEKRN Card/ ID proof Copy KYC Compliance Proof* Aadhaar Card No. [MANDATORY]

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

INVESTMENT DETAILS (Please tick) (For Scholarship Option Donor details mandatory and for Growth / Dividend Option Guardian details mandatory) (Refer Instruction 'j')
Please use separate form for each scheme.

UTI – Children's Career Balanced Plan :

Existing Plan Direct Plan

Options

Scholarship Growth

(Default Scholarship Option)

For Scholarship option please tick the mode and the No. of instalments for scholarship payment

UTI-Children's Career Balanced Plan					
Mode	No. of instalments				
Yearly	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Half Yearly	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16

(If no option is exercised, the application will be deemed to be under the Scholarship Option with yearly mode of giving 4 instalments of scholarship and processed accordingly)

UTI – CCP Advantage Fund :

Existing Plan Direct Plan

Options

Scholarship Growth Dividend

(Default Growth Option)

UTI-CCP Advantage Fund					
Mode	No. of instalments				
Yearly	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Half Yearly	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16

(If no option is exercised, the application will be deemed to be under the Growth Option and processed accordingly)

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

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

Account No.

Date Amt. of investment (i) UTI Smart Form (OTM) if already registered (Applicable for existing investors)

Bank DD Charges if any (ii) # Please mention the application No. on the reverse of the cheque / DD, NEFT / RTGS advice. Cheque / DD must be drawn in favour of "The Name of the Scheme" & crossed "A/c Payee Only"

Branch Net amount paid (i-ii)

Amt. in words ♦ Investment amount shall be ₹ 2 lacs and above in case of payments through RTGS.

DETAILS UNDER FATCA (FOREIGN TAX COMPLIANCE ACT) AND CRS (COMMON REPORTING STANDARD) (Refer Instruction 'z')

Information to be provided by the Applicant

Are you a tax resident of any country other than India ?

If **No**, please tick here: First Applicant / Donor

If **Yes**, please tick here: First Applicant / Donor, please fill in the Particulars in the prescribed Form for FATCA/CRS and attach it with this Application Form.

GENERAL INFORMATION - Please (✓) wherever applicable

Category of Beneficiary Child	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian
Status of Donor	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Others (Please specify) _____
Category of Donor	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian
Occupation of Donor :	<input type="checkbox"/> Business	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Others (Please specify) _____	
Status of Guardian	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust
In case of Growth Option and Dividend Option	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Others (Please specify) _____
Category of Guardian	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non-Resident Indian
Occupation of Guardian:	<input type="checkbox"/> Business	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Others (Please specify) _____	



Haq, ek behtar zindagi ka.

Received from Mr / Ms / M/s

An application under

along with Cheque[§]/DD[§]/NEFT/RTGS Ref. No./Unique Serial No. (For Cash)

Drawn on (Bank)

for ₹ (in figures)

[§] Cheques and drafts are subject to realisation.

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2016/

(scheme name)

dated

Stamp of UTI AMC Office/
Authorised Collection Centre

OTHER DETAILS (MANDATORY)**FOR INDIVIDUALS ONLY****DONOR****(A) Gross Annual Income Details** Please tick (✓)
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) /
(B) Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) (for definition of PEP, please refer instruction 'x')
(C) Any other information: _____**GUARDIAN****(A) Gross Annual Income Details**
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) /
(B) Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
(C) Any other information: _____**CHILD****(Optional)****(A) Gross Annual Income Details**
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) /
(B) Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
(C) Any other information: _____**FOR NON-INDIVIDUALS DONOR ONLY****(A) Gross Annual Income Details**
 Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
[OR]Net-worth in ₹ _____ (Net worth should not be older than 1 year) as on (date) / **(B) Is the entity involved in / providing any or the following services**
 – Foreign Exchange / Money Changer Services YES NO – Gaming / Gambling/Lottery Services (e.g. casinos, betting syndicates) YES NO
 – Money Lending / Pawning YES NO
(C) Any other information: _____**DECLARATION AND SIGNATURE OF APPLICANT/S**

• I/We have read and understood the contents of the Scheme Information Documents, Statement of Additional Information and Key Information Memoranda, 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 schemes 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. I/We agree that in case of scholarship option the first named child shall get the scholarship as per the installments selected herein above for which, the scheme will make the payment directly to the child. • The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual funds from amongst which the scheme is being recommended to me/us. • I/We hereby authorize UTI MF/UTI AMC to share my data furnished in the form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account etc and cross selling of products/schemes of the UTI MF. • I/We confirm that we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO account. I/We undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual fund. (Applicable to NRIs.) • I hereby solemnly declare that I am the father/mother/guardian of the minor child in whose name the application is made. The date of birth stated by me is true and correct. I do not have any documents in support of the date of birth and relationship with minor child. (strike out if this declaration is not applicable).

OPTION FOR DESPATCH OF STATEMENT OF ACCOUNT (SoA)
 Through email[⊗] SoA in Physical Form At my Overseas address as mentioned above[⊗] To be dispatched to my resident relative's address in India as mentioned above[⊗]
[⊗] Please send the Account Statement, Abridged Annual Report, Transaction confirmation, communication of change of address, change of bank details etc. through email only at the below email ID.

[⊗] Applicable to NRIs

Mobile No. <input type="text"/>	Tel. (R) STD CODE <input type="text"/>	Tel. (O) STD CODE <input type="text"/>
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*E-mail <input type="text"/>	Alternate E-mail <input type="text"/>
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 Signature of Donor/Authorised Signatory
 (In case of non-individual Donor)/POA^{^^}

 Signature of Guardian
 (only if Donor and Guardian are different)

 Signature of Minor Child
 (Optional)

^{^^} Power of Attorney (POA) Registration No. _____ (if already registered) (Refer instruction 'aa')
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. Karvy Computershare Private Limited, Narayani Mansion, H.No.1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad – 500 081.
 Tel. 040-23312454, Fax: 040-23115503 • E-mail: uti@karvy.com

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