

APPLICATION FORM UTI CHILDREN'S FUND

Sr.No. 2025/

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

TIME STAMP

Registrar Sr. No.

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Please read ins	structions carefully before fill	ing the form ar	nd use <u>BLOCK LETTI</u>	ERS only)	[Fields	Marked with (*) mus	st be Mandatorily filled in
DISTRIBUTOR	INFORMATION (only empanelle	d Distributors/Br	okers will be permitted	to distribute Units) (refer instruction	ı '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				
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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.

(a) 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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Redemption proceeds shall be credited only in the verified bank account of the minor, i.e. bank account of the minor or minor with the parent/ legal guardian, after completing all KYC formalities. Further, in case of non availability of beneficiary's bank details in the folio, investors are requested to submit a form for change of pay-out bank mandate with the required documents before submission of redemption request.

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DECLARATION AND SIGNATURE OF LEGAL GUARDIAN • 1/ 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. The amount invested in the Scheme(s)is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. • I / We have not received nor been induced by any rebate or giffs, directly or indirectly in making investments. • 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. • 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 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 for 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/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)∞ Applicable to NRIs SoA in Physical Form At my Overseas address as mentioned above AAR in Physical Form To be dispatched to my resident relative's address in India as mentioned above ∞ 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. *Mobile No. First Applicant *E-mail Details 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 ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent siblings ☐ Dependent parents ☐ Guardian ☐ POA ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent siblings Relationship Relationship ☐ Dependent parents ☐ Guardian ☐ POA 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 Signature of Guardian Signature of Minor Child (Optional) **ACKNOWLEDGEMENT**



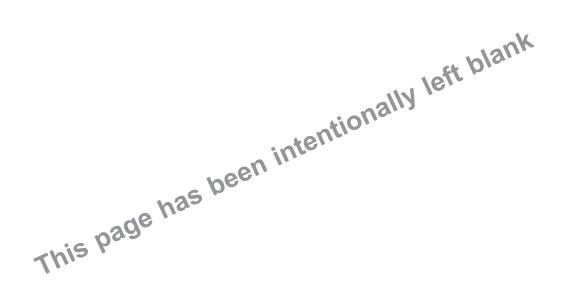
Sign

(To be filled in by the Applicant)

Sr. No. 2025/

Received from Mr / Ms / M/s			
An application under			(scheme name
along with Cheque ^s /DD ^s /NEFT/RTGS Ref. No./Unique Serial No. (For Cash)		dated	DD/MM/YYYY
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Stamp of UTI AMC Office/ **Authorised Collection Centre**



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 Private Limited; Unit: UTIMF, Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032 | India Board: 040-6716 2222, Fax no: 040-6716 1888, Email: uti@kfintech.com

UTI-SiP

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