



Haq, ek behtar zindagi ka.

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.

(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 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').

Sign
here

Signature of Guardian

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

OR

☐ 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, mention your Folio No. :

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

(Mandatory)

Name 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 PAN/ PEKRN\$ Enclosed copy of ☐ PAN Card (if available)

Gender ☐ Male ☐ Female ☐ Others

GUARDIAN DETAILS: (KYC Mandatory) Relation with the Beneficiary child: ☐ Father ☐ Mother ☐ Legal Guardian (Name as per the PAN card) (Mandatory)

☐ Mr ☐ Ms ☐ Mrs ☐ M/s

Name 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 PAN/ PEKRN\$ Enclosed copy of ☐ PAN Card (if available)

Address

City*

State Country* Zip/Pin*

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

BANK PARTICULARS OF BENEFICIARY CHILD

(Under growth option, redemption amount will be credited to this account)

Bank Name Branch

Address MICR Code

City *Pin (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)

BANK PARTICULARS OF GUARDIAN

Bank Name Branch

Address MICR Code

City *Pin (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)

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.

UTI Children's Hybrid Fund	UTI Children's Equity Fund
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan
Options : Growth	Options <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Default Growth Option)

(Refer Instruction 'y')

Category of Beneficiary Child	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> Non Resident Indian
Status of Guardian	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust
	<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

☐ Housewife
☐ Forex Dealer
☐ Others (Please specify) _____

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:				F	I	R	S	T			M	I	D	D	L	E			L	A	S	T		
Relationship with the applicant (optional)										Mobile														
Email																								

(Refer Instruction 'z')

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

GUARDIAN	(A) Gross Annual Income Details 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
	[OR]				
Net-worth in ₹	(Net worth should not be older than 1 year)			as on (date)	<div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div>
	(B) Please tick if applicable: <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')				
	(C) Any other information: _____				

CHILD (Optional)	(A) Gross Annual Income Details				
	<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
	[OR]				
Net-worth in ₹	(Net worth should not be older than 1 year)			as on (date)	<div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div>
	(B) Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)				
	(C) Any other information: _____				

DECLARATION AND SIGNATURE OF LEGAL GUARDIAN

● 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. 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 gifts, 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.

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	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA	Relationship	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent siblings <input type="checkbox"/> Dependent parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA
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 Guardian

Signature of Minor Child
(Optional)



Haq ek behtar zindagi ka

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Sr. No. 2025/

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.

	(scheme name)
	dated DD/MM/YYYY

Stamp of UTI AMC Office/
Authorised Collection Centre

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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

		UMRN											Date	DD MM YY YY			
Utility Code												<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel					
Sponsor Bank Code												I/We authorize UTI MUTUAL FUND					
To debit (tick✓)		SB / CA / CC / SB-NRE / SB-NRO / OTHER										Bank a/c number					
with Bank												IFSC / MICR					
an amount of Rupees												₹					
Debit Type		<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented															
Reference 1												Reference 2					
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.																	
From		DD MM YY YY YY										Maximum period of validity of this mandate is 40 years only					
To		DD MM YY YY YY										Maximum period of validity of this mandate is 40 years only					
Phone No.												1. Signature Primary Account holder Name as in Bank records					
												2. Signature of Account holder Name as in Bank records					
												3. Signature of Account holder Name as in Bank records					

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/ Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit.

		<h2>UTI SMaRT SIP Form™</h2>				<input type="checkbox"/> Registration of New SIP <input type="checkbox"/> Renewal of Existing SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Existing Bank Details	
ARN / RIA	EUIN	Sub ARN Code	Sub Code	MO Code	UTI RM No.		

☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

APPLICANT DETAILS		APPLICATION NO./FOLIO NO.	
Name of Sole / 1st Holder / Beneficiary Child			
Name of Guardian (in case of Minor)			
PAN DETAILS		(If not registered in the folio already)	
First Applicant/Guardian		Second Applicant	
Mandatory Enclosure		Mandatory Enclosure	
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied		<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	
PAN Exempt KYC Ref no. (PEKRN for Micro investments)		PAN Exempt KYC Ref no. (PEKRN for Micro investments)	

SIP DETAILS	
Scheme Name, Plan, Option	SIP Date DD DD
Instalment Amount	Frequency
<input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
SIP Period*	SIP Step Up
(MM/YY) Half Yearly MM YY To <input type="checkbox"/> Until cancelled MM YY	Amount In Multiple of ₹ 500/- Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
DD DD <input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
DD DD <input type="checkbox"/> 5000 <input type="checkbox"/> 10000 <input type="checkbox"/> 25000 OR ₹	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Amount in the mandate to bank should be equal or more than this total amount.	Total ₹

My Financial Goal for this SIP (choose anyone)

<input type="checkbox"/> Retirement Corpus	<input type="checkbox"/> Child Education	<input type="checkbox"/> Child Marriage	<input type="checkbox"/> Dream Car	<input type="checkbox"/> Dream House	<input type="checkbox"/> Marriage	<input type="checkbox"/> Holiday
(In case of saving for Child, mention name of Child)				Target Amount		

I/We hereby authorize UTI Mutual Fund and their authorised service providers and my banker, to debit my/our bank account using the Mandate Form. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information or other reasons, I/we would not hold UTI Mutual Fund responsible. I/We will also inform UTI Mutual Fund, about any changes in my bank account. I/We have read and understood the contents of the SAI, SID, KIM, Instructions and Addenda issued from time to time of the respective Scheme(s) of UTI Mutual Fund, have read and agreed to the instructions cum terms and conditions of SIP/Micro SIP, I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investment exceeding ₹ 50,000 in a year (applicable only for Micro SIP applicants.) 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 Scheme of various Mutual Fund from amongst which the Scheme is being recommended to me/us. I/We hereby authorize UTIMF/UTI AMC to share my data furnished in the Form with other service providers of the UTIMF for the purpose of servicing, issue of account statement, consolidated statement of account, etc and cross selling of products/scheme of the UTIMF. I/We hereby request you to register me/us for availing this facility and the carrying out transactions of Purchase/SIP/Redemption/Switch in my/our above mentioned folio wherever applicable. I/We have read and understood the Terms & Conditions of the facility in which I/We wish to subscribe as available on UTI MF website (<http://www.utimf.com/customerservice/Pages/default.aspx>) and also displayed/available at the UFC wherever applicable.

By Signing this SIP enrolment form I/We understand, that the amount will be debited from the Bank account mentioned in SIP Mandate (Should be signed as per mode of holding in the folio)

1st Unit Holder / Guardian	2nd Unit Holder	3rd Unit Holder

DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of name to mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted below. (Investor client ID should be printed in proof.)



Haq, ek behtar zindagi ka.

For Post Dated Cheque (Only CTS - 2010 compliant cheques are allowed)

- ☐ Registration of SIP
- ☐ Renewal of SIP
- ☐ Micro SIP
- ☐ Salary Saving SIP
- ☐ Change in Bank Details

☐ Upfront commission shall be paid directly by the investor to the AMFI / NISM certified UTI MF registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. I/we confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributors personnel concerned or not withstanding the advice of in-appropriateness, if any, provided by such distributor personnel and the distributor has not charged any advisory fees for this transaction.

Copy of cheque

1st Unit Holder / Guardian

2nd Unit Holder

3rd Unit Holder