

APPLICATION FORM

Offer for Units of Rs.10/- per unit for cash during the New Fund Offer Period

Sr.No. 2008/

Registrar Sr. No.

(Please read instructions carefully to help us serve you better)

DISTRIBUTOR INFORMATION (only empanelled Distributors/Brokers will be permitted to distribute Units)

ARN	Name	Sub-Broker Code Bank Branch Code	UTI RM No.	M O Code

RECEIVING ENTITY INFORMATION

CR / CA Code	Bank Branch	Bank Sr. No.

Have you invested in UTI MF earlier. Yes No

If yes, please provide : Scheme Name Folio/Investor ID (Optional)

APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters)

Name of first applicant (Mr/Ms/Mrs)

Guardian name (if minor) (Contact person - for institutional applicants)

Address for correspondence (PO box address is not sufficient)

City Pin

State Furnishing PIN code is mandatory

PAN of 1st applicant refer instruction (i) Enclosed PAN Card Copy

Date of Birth Compulsory field in case of Minor

Telephone Number Res Mobile No.

Off Fax

e-mail

If you wish to receive the following via e-mail Please (✓) refer instruction (j)

Account Statement Annual Report Transaction Confirmation Communication of change of address, bank details, etc.

Overseas address

City State

Country Pin

(Overseas address is mandatory for NRI/FII applicants in addition to mailing address in India)

DETAILS OF OTHER APPLICANTS

Name of 2nd applicant (Mr/Ms/Mrs)

PAN of 2nd applicant refer instruction (i) Enclosed PAN Card Copy

Name of 3rd applicant (Mr/Ms/Mrs)

PAN of 3rd applicant refer instruction (i) Enclosed PAN Card Copy

BANK PARTICULARS [for dividend / redemption / refund / direct credit (Mandatory as per SEBI guidelines)]

Bank Name Branch

Address MICR Code

City PIN (this is a 9-digit number next to your cheque number)

Furnishing of PIN Code is mandatory IFS Code

Account type: Current Savings NRO NRE Account No.:

(Application form continued on the reverse)

Received from Mr / Ms / M/s

along with Cheque / DD No.*

Drawn on (Bank)

for Rs. (in figures)

UTI SHORT TERM FIXED MATURITY PLAN SERIES II - _____

Sr.No. 2008/

dated

* Cheques and drafts are subject to realisation.

ACKNOWLEDGEMENT
(To be filled in by the Applicant)

Stamp of UTI AMC Office/Authorised Collection Centre

PAYMENT DETAILS

Cheque / DD* No. Amt. of investment (i) (Minimum amount Rs. 5,000/- & in multiple of Re. 1/-)

Date DD Charges if any (ii)

Bank Net amount paid (i-ii)

Branch Amt in words

Account Type Please (✓) Current Savings NRE NRO DD issued from abroad

*Cheque/DD must be drawn in favour of "UTI Short Term Fixed Maturity Plan Series II - _____" & crossed "A/c Payee Only"

INVESTMENT DETAILS (Please ✓)

Scheme Name UTI Short Term Fixed Maturity Plan Series II - _____ *

OPTION (Please ✓) Retail Institutional

SUB-OPTION (Please ✓) Growth Dividend Payout Dividend Reinvestment

(If no Sub-Option is indicated, it will be deemed to be under Growth Sub-Option.)* Please check the opening and closing date of the Scheme before selecting your choice

GENERAL INFORMATION - Please (✓) wherever applicable

Status	Resident Individual <input type="checkbox"/>	Minor through guardian <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>
	Company <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Society <input type="checkbox"/>	Body Corporate <input type="checkbox"/>	AOP <input type="checkbox"/>
	BOI <input type="checkbox"/>	FII <input type="checkbox"/>	NRI <input type="checkbox"/>	Others <input type="checkbox"/>	
Mode of Holding	Single <input type="checkbox"/>	Anyone or survivor <input type="checkbox"/>	Joint <input type="checkbox"/>		
Occupation	Business <input type="checkbox"/>	Student <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Professional <input type="checkbox"/>
	Housewife <input type="checkbox"/>	Retired <input type="checkbox"/>	Service <input type="checkbox"/>	Others <input type="checkbox"/>	

NOMINATION DETAILS

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 and address of Nominee		To be furnished in case nominee is a minor
Name		Name of the guardian:
Date of Birth (in case nominee is a minor)		Address of guardian
Address		Signature of guardian (Mandatory)

Investors who wish to nominate two or three persons may fill in the separate form prescribed for the same and attach it with this application form.

DECLARATION AND SIGNATURES 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.

*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

Signature of 1st Applicant / Guardian
Name of the 1st Authorised Signatory

Designation _____

Signature of 2nd Applicant
Name of the 2nd Authorised Signatory

Designation _____

Signature of 3rd Applicant
Name of the 3rd Authorised Signatory

Designation _____

Notes:

- If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.
- In case the applicant does not receive the Statement of Account within 30 days from the Closure of the NFO, he/she may please write to the Registrar quoting serial number, date of acknowledgement and the name of the accepting authority.
- Please ensure that all PAN details are given, failing which your application will be rejected.**
- All communications 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 Pvt. Ltd.

Narayani Mansion, H. No. 1-90-2/10/E, Vittalrao Nagar, Madhapur, Hyderabad -500 081
Tel.: 040-23421944 to 47 Fax: 040-23115503 Email: customercare@karvy.com