ANNEXURE XI

COMPREHENSIVE SERVICES FO RM (CSF)

Name of the Scheme : ________________________	Agent Code : ________________________________
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

Address for future correspondence (to be filled only in case of change)

(In case of thumb impression by amember)
Witness'sSignature : ____________________________
Name : ____
Address : ______________________________________
____
Date : ___________________ Place _________________

Signature of 1st Member /
Authorised Signatory : ____
Signature of 2nd Member /
Authorised Signatory : ____
Signature of 3rd Member /
Authorised Signatory : ____
Phone No. _________________ Email ID :

- -TEAR HERE -

UTI Mutual Fund/Specified Undertaking of Unit Trust of India

Folio / ID Number ________________________ Acknowledgement (to be filled in by the member) Scheme Name ________________
Received from ____ ☐ request for additional purchase of units
for Rs. ____ ☐ Nomination ☐ Change in bank particulars
☐ Reinvestment / discontinuation of Reinvestment ☐ Change in Address
Date ________________________ Place ________________ Stamp alongwith receiving Official's signature

INSTRUCTIONS

1. Please fill in the relevant portion in the above form.
2. All communications relating to issue of statement of account, income distribution, change in address, repurchase of units, redemption payment etc., should be addressed to the concerned Registrars.