

F EXISTING AND NEW BANK DETAILS (PLEASE FILL SECTION A+F+I)

Details	Existing Bank Details	New Bank Details
Name of the Bank		
Branch		
Account Number		
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> OTHER	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> OTHER
MICR (9 Digit)		
IFSC Code (11 Character)		
Branch Address		
	City <input type="text"/> Pincode <input type="text"/>	City <input type="text"/> Pincode <input type="text"/>
	Date of opening of account <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Supporting proof attached <input type="checkbox"/>

Copies/original documents requirement

OLD BANK PROOF (Please provide any one) (for bank account currently registered in the folio)	NEW BANK PROOF (Please provide any one) (For new bank account to be registered in the folio)
<input type="checkbox"/> Cancelled original Cheque/Copy of Cheque leaf duly verified with the original. <input type="checkbox"/> Copy of Bank Statement/pass book containing name and account number of the unitholder. The copy should be verified with the original by the AMC official and signed or verified by the Bank Official with the seal, name, employee code and designation. <input type="checkbox"/> Letter from Bank stating the account number and name of the holder/s. <input type="checkbox"/> In case the bank account is already closed, original letter duly signed and stamped from such bank on the letter head of the bank confirming closure of the said account. <input type="checkbox"/> SOA issued at least 2 years old of the same folio having registered bank account details printed on it.	<input type="checkbox"/> Cancelled original Cheque/Copy of Cheque leaf duly verified with the original. <input type="checkbox"/> Copy of Bank Statement/pass book containing name, account number an account type. The copy should be verified with the original by the AMC official and signed or verified by the Bank Official with the seal, name, employee code and designation. <input type="checkbox"/> Letter from Bank stating the name of the holder, account number and account type.

G POWER OF ATTORNEY (POA) (PLEASE FILL SECTION A+G+I)

Registration Cancellation *Please refer the instructions for the documents to be submitted.

Name of POA Holder

PAN No of POA

H FATCA & CRS INFORMATION (Please tick) For individual investors including Sale Proprietor (Non Individual Investors should mandatorily fill separate FATCA details form (PLEASE FILL SECTION A+H+I))

Details	1st Applicant	2nd Applicant	3rd Applicant
Place & Country of Birth			
Nationality			
Are you a tax resident of any other country other than india	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Mandatroy to enclose FATCA / CRS Annexure			
1st Applicant: Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore		
2nd Applicant: Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore		
3rd Applicant: Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac <input type="checkbox"/> 5-10 Lac <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore		

I SIGNATURE

Signature of Sole / 1st holder/ Guardian	Signature of 2nd holder	Signature of 3rd holder
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INSTRUCTIONS

PAN & KYC UPDATE: Enclose self attested copy of PAN Card/s. Investors need to comply with the 'Know Your Client (KYC)'. An additional document (any one) that matches the details already updated in the folio like (i) Address Proof/ copy of Aadhaar (redacting the number)/Voter ID Card/Passport copy where address is as per the folio OR (ii) Bank account proof cancelled cheque leaf/copy of pass book/ Bank Statement for the bank details updated in folio. Note: Please carry original for verification and immediate return.

CONTACT DETAILS: For 1st time update (email and / or mobile) any one of an additional document matching with the details in the folio to be provided. Copy of PAN card/address proof /bank proof registered in the folio. Applicants should provide valid contact information such as email address, mobile number and other telephone number. UTI Mutual Fund provides host of value added services like transaction information and alerts via email and SMS. Account statements, newsletters, annual reports and other kinds of communication. Should they wish to have hard copy, email request can be sent to uti@kfintech.com.

CHANGE IN MODE OF HOLDING: Applicants who wish to change their mode of holding from Anyone or Survivor to Joint Holding or vice versa should use this section. Investors hereby agree that after the update of new mode of holding operation, any request based on previous holding operation will not be honoured by the fund. To request for

change of mode of holding all unit holders need to sign the request irrespective of the Mode of holding.

CONSOLIDATION OF FOLIOS: Consolidation of various folios can take place only if the names of unit holders, order of unitholders and Tax status are identical in all the mentioned folios. Folios once consolidated cannot be segregated. By requesting for consolidation of folios, the unit holder/s agree that the mode of holding bank mandate, address and nomination details that exist in the Target Folio will be applicable and will prevail after consolidation even if they were different in source folios.

DOCUMENTS TO BE SUBMITTED FOR THE REGISTRATION OF POWER OF ATTORNEY:

- Copy of Power of Attorney on Rs. 100/- stamp paper, duly signed by all the unitholder(s) and the Power of Attorney Holder, and Original attestation by Notary public \ Gazetted officer.
- In case of the POA holder being a company, the POA holder to provide the list of its Authorized signatories, with their signatures duly attested by the POA holder company.
- Pan and KYC of the POA holder

If the investor has an existing POA registered in the folio and wishes to change the same then he has to fill in the details under both Cancellation & Registration of POA.

The above instructions may stand modified as may be specified by SEBI from time to time.

Our Registrar : KFin Technologies Limited, Unit: UTI Mutual Fund, Selenium Tower - B, Plot No. 31 and 32, Gachibowli Financial District, Nanakramguda, Serilingampally, Hyderabad, Telangana-500032. India. Phone No.: 040-67162222. Email: uti@kfintech.com

Say "Hi" on 7208081230 1800 266 1230

www.utimf.com

For Existing Investors

- Type ESOA to 5 60 70 90 to request for Statement of Account.
- Type BAL<Folio no> to 5 60 70 90 to know your Folio Balance.

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