

COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTION



PLEASE FILL IN THE INFORMATION LEGIBLY IN ENGLISH AND IN BLOCK LETTERS.

For existing unitholders holding units in physical mode. The relevant section to be filled in are indicated in the title of respective section.

IMPORTANT: Please strike off the unused section(s) to prevent any unauthorised use.

Date:

D	D	M	M	Y	Y	Y	Y
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A NAME OF SOLE/FIRST UNITHOLDER (Leave space between first/middle/last name)

Mr. / M/S. / Ms.		

Existing Folio Nos.

1	2	3	
4	5		

Use separate form for more than 5 folios. Request with more than 5 folios will be rejected.

The unitholder should agree that the details provided in the form will be applicable to all the folios even if there are multiple forms submitted.

B UPDATE PAN & KYC (PLEASE FILL SECTION A+B+H) Read instructions Page 3.

	PAN NO	KYC LETTER
Sole / 1st Holder / Guardian	<table border="1" style="width: 100%; height: 20px;"></table>	<input type="checkbox"/> Attached
2nd Holder	<table border="1" style="width: 100%; height: 20px;"></table>	<input type="checkbox"/> Attached
3rd Holder	<table border="1" style="width: 100%; height: 20px;"></table>	<input type="checkbox"/> Attached

C UPDATE/CHANGE CONTACT DETAILS (PLEASE FILL SECTION A+C+H) Read instructions Page 3.

	Mob. No. <table border="1" style="width: 100%; height: 20px;"></table>	Tel No. STD Code <table border="1" style="width: 100%; height: 20px;"></table>	Office <table border="1" style="width: 100%; height: 20px;"></table>	Residence <table border="1" style="width: 100%; height: 20px;"></table>
First Holder	Mobile No. provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			
	Email ID (CAPITAL letters only) <table border="1" style="width: 100%; height: 20px;"></table>			
Second Holder	Mobile No. provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			
	Email ID (CAPITAL letters only) <table border="1" style="width: 100%; height: 20px;"></table>			
Third Holder	Mobile No. provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			
	Email ID (CAPITAL letters only) <table border="1" style="width: 100%; height: 20px;"></table>			

D CHANGE IN MODE OF HOLDING (PLEASE FILL SECTION A+D+H) Read instructions Page 3.

New Mode of Holding (please ✓) Anyone or Survivor Joint Holding

E EXISTING AND NEW BANK DETAILS (PLEASE FILL SECTION A+E+H)

Details	Existing Bank Details	New Bank Details
Name of the Bank	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
Branch	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
Account Number	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
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)	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
IFSC Code (11 Character)	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
Branch Address	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>
	City <table border="1" style="width: 100%; height: 20px;"></table> Pincode <table border="1" style="width: 100%; height: 20px;"></table>	City <table border="1" style="width: 100%; height: 20px;"></table> Pincode <table border="1" style="width: 100%; height: 20px;"></table>
	Date of opening of account <table border="1" style="width: 100%; height: 20px;"></table>	Supporting proof attached <table border="1" style="width: 100%; height: 20px;"></table>

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"/> 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"/> Copy of Bank Statement/pass book containing name, account number and 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 account number and name of the holder/s.	<input type="checkbox"/> Letter from Bank stating the name of the holder, account number and account type.
<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.	

F NOMINATION DETAILS (PLEASE FILL SECTION A+F+H) Read instructions Page 3.

DECLARATION FOR OPTING-OUT OF NOMINATION

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our Mutual Fund Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our Mutual Fund Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund Folio.

FORMAT FOR PROVIDING NOMINATION

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Sr. No.	Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
Mandatory Details				
1.	Name of the nominee(s) (Mr./Ms.)*			
2.	Share of each Nominee <small>Equally (If not equally, please specify percentage)</small>	%	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3.	Relationship with the Applicant (If Any)			
4.	Guardian Name			
5.	Minor Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)				
Non Mandatory Details				
6.	Address of Nominee(s)/ Guardian in case of Minor City / Place / State / Country PIN Code			
7.	Mobile/Telephone no. of nominee(s) / Guardian in case of Minor	Mobile No. <input type="text"/> Tel. No. <input type="text"/>	Mobile No. <input type="text"/> Tel. No. <input type="text"/>	Mobile No. <input type="text"/> Tel. No. <input type="text"/>
8.	Email ID of nominee(s)/ Guardian in case of Minor			
9.	Nominee/ Guardian (in case of Minor) Identification details <small>(Please tick any one of following and provide details of same)</small>	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Demat A/c ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Saving Bank A/c no. <input type="checkbox"/> Demat A/c ID

*Witness Name *Witness address Witness Signature

If the account holder affixes thumb impression, instead of signature.

G CONSOLIDATION OF FOLIOS (PLEASE FILL SECTION A+G+H) Mention all source folios. Read instructions Page 3.

I / We wish to consolidate all my / our investments into one folio.

1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>
4.	<input type="text"/>	5.	<input type="text"/>	6.	<input type="text"/>
7.	<input type="text"/>	8.	<input type="text"/>	9.	<input type="text"/>
10.	<input type="text"/>				

Use separate form for consolidation if the number of folios exceeds 10.

Target folio~[MANDATORY]:

- This folio has to be one of the source folios.
- After consolidation, the unit holder(s) agree that the details in the target folio will be applicable even if there were different details in source folio(s).
- The request to be signed as per mode of holding.
- In case there is no nominee in the target folio, please fill section F.

H 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.

NOMINATION:

1. Nomination is mandatory for all folios.
2. Nomination will be updated at folio/account level. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio/account.
3. The nomination can be made only by individuals applying for holding units on their own behalf singly or jointly. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unit holder cannot nominate.
4. Nomination is not allowed for the folios/accounts opened in favour of minors.
5. Request for nomination must be signed by all holders in the folios (i.e., in case of multiple unit holders in the folio) irrespective of mode of holding in the folio.
6. A minor may be nominated in a folio. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
7. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
8. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
9. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.

10. Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add upto 100%, the nomination request shall be treated as invalid and rejected.
11. Every new nomination for folio/account shall over write the existing nomination, if any.
12. Nomination shall stand rescinded upon the transfer of units.
13. Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unit holder(s), the unit holder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the even to the nominee(s) pre-deceasing the unit holder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
14. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/Mutual Fund/Trustees against the legal heir(s).
15. Cancellation of Nomination: Request for cancellation of Nomination can be made only by the unit holders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer/transmit the units in favour of the Nominee.
16. Unit holders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
18. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission/claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
19. All new investors/unit holders shall continue to be required to mandatorily provide the 'Choice of Nomination MF Folios (except for jointly held Mutual Fund Folios).
20. In case of investors subscribing to mutual fund units under new folio/s on or after October 1, 2023, applications where details of nomination/intention to opt out of nomination, has not been provided are liable to be rejected.

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.

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.



Scan & Download
The App Now



ACKNOWLEDGEMENT FOR NON FINANCIAL TRANSACTION

Date:

D	D	M	M	Y	Y	Y	Y
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Received, subject to verification, Form for Common Transaction Request, Non Financial Transaction.

Folio Nos. from Mr./Mrs./Ms.
 Service/s

Registrar: KFin Technologies Ltd., Unit: UTI Mutual Fund, Selenium Building, Tower – B, Plot No 31 & 32, Financial District, Nanakramguda, Serilingampally, Hyderabad, Telangana 500032. Email: uti@karvy.com

Stamp & Signature