

Form for Change of Address/Contact Details
(Applicable to Non-KYC complied Individual Investors only)



Please fill in the information below legibly in **ENGLISH** and in **BLOCK LETTERS**

V.II

To,
 UTI Mutual Fund

Date:

D	D	M	M	Y	Y	Y	Y
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A. UNIT HOLDER'S INFORMATION:

1. Folio number :	
2. Name of the sole/first holder	
3. Scheme/Plan/Option	UTI-

I/We have changed the address from _____ (Month and Year) and wish to change the same in my/our folio as mentioned below:

Old Address recorded with UTI Mutual Fund in the above Folio

City:	Pin
State:	Country:

New Address

City:	Pin
State:	Country:

I enclose herewith self attested copies of the following documents as listed at 'B', 'C' and 'D' below, the original documents for the same are produced for verification at the time of submission.

B. PROOF OF NEW ADDRESS (ANY ONE - PLEASE TICK THE RELEVANT BOX)

- Landline Telephone Bill (MTNL/BSNL) Electricity Bill Aadhaar Card Ration Card Voter Identity Card Passport Valid Driving License
- Valid Insurance Policy Gas Bill Bank Passbook or Statement Property Tax Receipt Demat Account Statement Quarter Allotment Letter issued by Public Sector Undertaking or Scheduled Commercial Bank or Government Body Registered lease/Sale Agreement of residence

C. PROOF OF OLD ADDRESS (ANY ONE - PLEASE TICK THE RELEVANT BOX)

- Landline Telephone Bill (MTNL/BSNL) Electricity Bill Aadhaar Card Ration Card Voter Identity Card Passport Valid Driving License
- Valid Insurance Policy Gas Bill Bank Passbook or Statement Property Tax Receipt Demat Account Statement Quarter Allotment Letter issued by Public Sector Undertaking or Scheduled Commercial Bank or Government Body Registered lease/Sale Agreement of residence
- SOA issued atleast 2 years old under the same folio having registered address printed on the same

D. PROOF OF IDENTITY: (ANY ONE- PLEASE TICK THE RELEVANT BOX)

- PAN Copy Aadhaar Card Voter Identity Card Photo Debit Card Passport Copy Photo Ration Card Driving License
- Government or Defense Identification Card Senior Citizen/ Freedom Fighter identification card issued by the Government

E. OTHER DETAILS TO BE UPDATED:

Mobile No	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									PAN	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									Please attach PAN Card Copy/ Photo id Proof									
Email ID	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																												
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I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

DECLARATION AND SIGNATURE OF UNIT HOLDER/S (To be signed as per the mode of holding)

I/We have read and understood the guidelines printed on the reverse of this form and agree to abide by the same.

Sole/First Unit Holder	Second Unit Holder	Third Unit Holder
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UTI MUTUAL FUND - ACKNOWLEDGEMENT FOR CHANGE IN ADDRESS FORM. (TO BE FILLED BY THE INVESTOR)

Received, subject to verification, Form for Change in Address.

Folio No : _____ from Mr/ Mrs/ Ms : _____

Receiving UFC/ Registrar's official stamp with date and signature

Registrar: **Karvy Computershare Pvt. Ltd.**, Unit: UTI Mutual Fund Karvy Selenium Tower B| Plot Nos. 31 & 32 | Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032, Email: uti@karvy.com

Guidelines

- 1.This form is applicable to NON-KYC complied Individual Investors. However, it is recommend all investors complete the KYC process to invest with ease in future.
- 2.Investors who are KYC complied and wish to change their address, are requested to fill up “KYC Details Change Form” and submit to nearest UTI Financial centre. Post updation of address by the KYC Registration Agency (KRA), the same will be reflected in our records.
- 3.In order to protect the interest of the investors, following documents are requested for Changing the Address:
 - a.Proof of New Address (Please refer Para B of the Form on the reverse)
 - b.Proof of Old/Currently registered address (Please refer Para C of the Form on the reverse)
 - c.Proof of Identity (Please refer Para D of the Form on the reverse)
- 4.Carry the original documents of the copies you wish to submit towards the proof. The original will be returned to you after verification, across the counter.
- 5.Fill in the Form in CAPITAL LETTERS.
- 6.Please inform us the Change of Address within 30 days from the date of change and in any case at least 10 working days prior to contemplated redemption request, if any.
- 7.Change of Address will be processed subject to verification of signature and receipt of all the required documents
- 8.In case of any assistance, please contact nearest UTI Financial Centre.

***** Checklist

- The form is complete in all respects.
- Copies of proofs as mentioned in the form are attached.
- The form is signed by the holders as per the holding basis
- Mobile No., Email and PAN details are provided (If not registered earlier).
- In case of PAN updation, original PAN card copy provided along with the self attested PAN card copy for verification and immediate return.


Access made easy

Toll-Free: 1800 266 1230 Email: service@uti.co.in
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 www.twitter.com/utimutualfund
 www.linkedin.com/company/uti-mf



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.

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.