UTI Mutual Fund

## Declaration Form of Non-Profit Organization (NPO)

*(Mandatory for Trusts/Societies/ Section 8 Companies)*

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|---|---|
| Investor Name | |

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| PAN | | | | | | | | | | |

O I/We hereby confirm that above stated entity / organization is falling under "**Non-profit organization**" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

**OR**

O I/We hereby confirm that above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

**Declaration:**

I/ We hereby authorize you UTI Mutual Fund/ RTA of UTI Mutual Fund to disclose, share, rely, remit in any form, mode or manner, the information provided by me/ us, to UTI Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs or any Indian or foreign governmental or statutory authorities including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India without any obligation of advising me/ us of the same. Further, I/ we authorize you to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes.

I/ We also undertake to keep you informed in writing about any changes to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Further, I/ We confirm that the information provided above is true and correct to the best of our knowledge. I/ We may be held liable for any fines or consequences if any of the above information is found to be false or untrue or misleading. I/ We authorize you to deduct such fines/ charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

| | | |
|---|---|---|
| Authorized Signatory | Authorized Signatory | Authorized Signatory |

Signature with relevant seal

Place: _____

Date: __/ ___/ ____