

COMMON APPLICATION FORM

Please read Key Information Memorandum, the Instructions and Product Labelling before filling this Application Form.

Sponsors: The Investment Trust of India Limited [erstwhile, Fortune Financial Services (India) Ltd.] and ITI Credit Limited (formerly known as Fortune Credit Capital Ltd.)
Trustee Company: ITI Mutual Fund Trustee Private Limited

Investment Manager: ITI Asset Management Limited
ITI House, Building no. 36, Dr. R. K. Shirodkar Marg,
Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677



All sections should be filled in English and in BLOCK LETTERS only.

Application No. **C**

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
Distributor Code (ARN) & RIA Code	Sub-Distributor Code	Internal Code for Sub-Broker/Employee	EUIN*	Registrar/ Bank Serial No.	Date and Time of Receipt

EUIN Declaration: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. • **RIA Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/RIA.

First/Sole Applicant/Guardian/POA Holder	Second Applicant/Guardian/POA Holder	Third Applicant/Guardian/POA Holder
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TRANSACTION CHARGES for ₹ 10,000/- and above (✓ any one): ☐ I am a first time investor across Mutual Funds OR ☐ I am an existing investor in Mutual Funds. In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive transaction charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. **Make your selection before filling the form. (Please ✓):** ☐ Invest Now ☐ Zero Balance Folio

1. EXISTING INVESTOR/EXISTING ZERO BALANCE FOLIO NO. (If you have existing folio, please fill in Section 1 and proceed to Section 6)

Folio No. The details in our records under the Folio number mentioned above will apply for this application.

2. MODE OF HOLDING (please ✓) ☐ Single ☐ Anyone or Survivor ☐ Joint** (**Default, in case of more than one applicant and not ticked)

3. APPLICANT'S INFORMATION

I. First/Sole Applicant ☐ Mr. ☐ Ms. ☐ M/s. ☐ Individual ☐ Non Individual

Non-Individual investors should mandatorily fill separate FATCA, CRS & UBO Form alongwith this application form

Name	
Date of Birth*/Incorporation (DoB is mandatory for Minor)	
PAN/ PEKRN*	
KIN	
Legal Entity Identifier (LEI) Code (Mandatory for Non Individual only)	
Validity till	
Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors. [Please refer instruction no.II(17)]	

Name of Guardian (in case of First/Sole Applicant is a Minor) / **Name of Contact Person** (in case of Non-Individual Investors only)

☐ Mr. ☐ Ms.

PAN/ PEKRN* KIN ☐ Proof Attach

Relationship with Minor (Mandatory) ☐ Father ☐ Mother ☐ Court Appointed Legal Guardian ☐ Proof of relationship attached

For Investment "on behalf of Minor" ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other

CONTACT DETAILS OF SOLE/FIRST APPLICANT (Refer Instruction No.II)

Correspondence Address (P.O. Box is not sufficient)				Overseas Address (Mandatory for NRIs/PIOs/FIIs Applicants)			
City/Town	State		City/Town		State		
Country	PIN Code		Country		ZIP Code		
Tel. (Res.)		Tel. (Off.)					
Mobile No.		Email ID					
Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor							
Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor							
On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements/statutory and other documents by email. It is deemed that the unit holder is aware of all the security risks associated with online communication including possible third party interceptions of documents sent via email. Please tick if you wish to receive scheme wise Annual Report or Abridged Summary through physical mode. ☐							

TAX STATUS (Applicable for First / Sole Applicant)

☐ Resident Individual ☐ On behalf of Minor ☐ HUF ☐ Financial Institution ☐ NRI-NRE ☐ NRI-NRO ☐ PIO ☐ Body Corporate ☐ OCI ☐ Trust/Society/NGO
☐ Partnership Firm ☐ AOP/BOI ☐ Private Limited Company ☐ Public Limited Company ☐ Limited Partnership (LLP) ☐ Government Body ☐ FII/FPI ☐ Sole Proprietorship
☐ Non Profit Organization/Charities ☐ QFI ☐ NPS Trust ☐ Defence Establishment ☐ Bank ☐ Mutual Fund ☐ Fund of Funds ☐ Others (Please specify)

II. Name of Second Applicant Mr. Ms.		
PAN/PEKRN*		KIN
Mobile No.		Email ID
Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor		
Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor		

*Mandatory Fields



Acknowledgement Slip (To be filled in by the Applicant)

Received from: Mr./Ms./M/s.
(subject to realization, verification and conditions)

Scheme	Plan	Option
Cheque/DD No.	Dated	Drawn on Bank
Account No.	Amount (₹)	Branch

Application No. **C**

ISC Stamp, Date & Signature

Toll Free Number:
1800-266-9603

Non Toll Free Number:
022-69153500

Email:
mfassist@itiorg.com

Website:
www.itiamc.com

III. Name of Third Applicant

Mr. Ms.

PAN/PEKRN*

KIN

Mobile No.

Email ID

Mobile No. provided pertains to:

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ A Guardian in case of Minor

Email ID provided pertains to:

☐ Self

☐ Spouse

☐ Dependent Children

☐ Dependent Siblings

☐ Dependent Parents

☐ A Guardian in case of Minor

Additional KYC Details

MANDATORY

Occupation Details for

1st Applicant

2nd Applicant

3rd Applicant

Guardian

Private Sector Service

Public Sector Service

Government Service

Business

Professional

Agriculturist

Retired

Housewife

Student

Proprietorship

Others (Please specify)

Politically Exposed Person (PEP) details:

Is a PEP

Related to PEP

Not Applicable

1st Applicant

2nd Applicant

3rd Applicant

Guardian

Authorised Signatories

Promoters

Partners

Karta

Whole-time Directors

Trustee

Non-Individual Investors involved / providing any of the mentioned services

☐ Foreign Exchange/Money Changer Services

☐ Gaming / Gambling / Lottery / Casino Services

☐ Money Lending / Pawning

☐ None of the above

Gross Annual Income Range (₹)

1st Applicant

2nd Applicant

3rd Applicant

Guardian

Gross Annual Income Range ()

1st Applicant

2nd Applicant

3rd Applicant

Guardian

Below 1 lac

1 - 5 lac

5- 10 lac

10 - 25 lac

25 lac - 1 cr

> 1 cr

OR Networth in (₹) (Mandatory for Non-Individuals not older than 1 year)

as on

D

D

M

M

Y

Y

Y

Y

4. POWER OF ATTORNEY (POA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

PoA Name

Mr. Ms. M/s.

PAN/PEKRN*

KIN

Enclosed ☐ PAN card proof ☐ KYC Confirmation proof | PoA copy notarised or the original copy of PoA needs to be submitted in case of Investment through PoA.

5. CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) INFORMATION

FATCA and CRS Certification for Individual Investors [Mandatory for all investors including NRI, Guardian (in case of Minor), Joint Holder(s) and POA Holder]

Non Individual investors, including HUF should mandatorily fill separate FATCA/CRS form.

Details under Foreign Tax Laws:

First Applicant (including Minor)

Second Applicant/Guardian

☐ Third Applicant

☐ PoA

City & State of Birth

City

State

City

State

City

State

Country of Birth

Country of Birth

Country of Birth

Nationality

☐ Indian

☐ US

☐ Others (Please Specify)

☐ Indian

☐ US

☐ Others (Please Specify)

☐ Indian

☐ US

☐ Others (Please Specify)

Address Type (for KYC Address)

☐ Residential

☐ Registered Office

☐ Business

☐ Residential

☐ Registered Office

☐ Business

☐ Residential

☐ Registered Office

☐ Business

Are you a tax resident (i.e. are you assessed for Tax) in any other Country outside India?

☐ Yes

☐ No (If Yes, please provide the following (Mandatory) Information

Country of Tax Residency (1)

Tax Identification No.

Identification Type (TIN or Other, pl. specify)

Country of Tax Residency (2)

Tax Identification No.

Identification Type (TIN or Other, pl. specify)

Country of Tax Residency (3)

Tax Identification No.

Identification Type (TIN or Other, pl. specify)

If TIN is not available please tick (✓) the reason A, B or C (as defined)

Reason ☐ A ☐ B ☐ C

Reason ☐ A ☐ B ☐ C

Reason ☐ A ☐ B ☐ C

* Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents

* Reason B - No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

* Reason C - Others, please state the reason thereof

*Mandatory Fields

QUICK CHECKLIST

☐ KYC acknowledgement letter attached

☐ Self attested PAN card copy attached

☐ Email id and mobile number provided (for online transaction facility)

☐ Plan/Option/Sub Option mentioned

☐ FATCA & CRS Certification for Non-Individual Investors attached

☐ UBO Declaration for Non-Individual Investors attached

☐ Additional documents for Third Party payments attached

☐ Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts)

☐ Relationship proof between Guardian and Minor attached (if application is in the name of a Minor)

6. NON PROFIT ORGANIZATION (NPO) DECLARATION:

We are 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).

☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog.

If not, please register immediately and confirm with the above information. Failure to get the above confirmation or registration with the portal as mandated, wherever applicable will force ITI Mutual Fund / ITI Asset Management Limited to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

**7. BANK ACCOUNT DETAILS (For Redemption/Income Distribution cum Capital Withdrawal if any).
(Mandatory to attach proof, in case the payout bank account is different from the bank account)**

Bank A/c. No. A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Bank Name

Branch Name City PIN Code

MICR Code IFSC Code

9 digit code appears on your Cheque next to your Cheque No.

11 character code appearing on your Cheque leaf

8. INVESTMENTS AND PAYMENT DETAILS:

Payment Type (Please ☒ Self ☐ Third Party Payment (Please fill the 'Third Party Payment Declaration Form')

Bank A/c. No. A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Drawn on Bank/Branch

MICR Code IFSC Code

9 digit code appears on your Cheque next to your Cheque No.

11 character code appearing on your Cheque leaf

Please issue separate Cheque/DD favouring the Scheme Name (Refer Instruction VI & VII).

In case of Multiple SIP, a consolidated Cheque/DD should be drawn in favour of "ITI Mutual Fund SUBSCRIPTION POOL A/C".

Plan: ☐ Direct ☐ Regular Scheme Name	Option/Sub-option	(a) Investment Amount (b) DD charges (c) Total Amount (a+b=c) (₹)	Mode of Payment	Date & Cheque/DD No./UTR No. (In case of NEFT/RTGS)/ UMRN No. (In case of OTM)
	☐ Growth ☐ IDCW# Reinvest ☐ IDCW# Payout Sub-Option:		☐ Cheque/DD ☐ RTGS/NEFT ☐ Fund Transfer ☐ OTM	
	☐ Growth ☐ IDCW# Reinvest ☐ IDCW# Payout Sub-Option:		☐ Cheque/DD ☐ RTGS/NEFT ☐ Fund Transfer ☐ OTM	
	☐ Growth ☐ IDCW# Reinvest ☐ IDCW# Payout Sub-Option:		☐ Cheque/DD ☐ RTGS/NEFT ☐ Fund Transfer ☐ OTM	
Total in Words				In figures

Please refer to instruction No. VI(3) for more details of IDCW Frequency Sub-Options. Default Option will be Growth in case option is not selected or any ambiguity.

IDCW# Re-investment is not available for ITI ELSS Tax Saver Fund. (Please refer SID of the respective scheme.) # Income Distribution cum Capital Withdrawal

☐ Use Existing One Time Debit Mandate (if already registered in the Folio) OTM Ref. No.

9. SIP DETAILS Opted for SIP: ☐ Yes ☐ No (In case, you have opted for SIP, it is mandatory to submit SIP/Multiple SIP Registration Form.)**9A. SIP THROUGH POST DATED CHEQUES**

No. of cheques enclosed including first cheque	Drawn on Bank and Branch
Account type	Cheque No. should be in continuous series From To

10. UNIT HOLDING OPTION ☐ Demat Mode* ☐ Physical Mode (Default)

* Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode.

NSDL DP Name	DP ID	I N	Beneficiary Account No.
CDSL DP Name	Beneficiary Account No.		

* Investor opting to hold units in Demat Form, may provide a copy of the DP statement enable us to match Demat details as stated in the Application Form.

11. NOMINATION DETAILS (Mandatory) Please tick Nominee Opt-In or Nominee Opt-Out as appropriate.

☐ **Nominee Opt-In:** I/We hereby nominate the below mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company.

Name and Address of Nominee(s)	Relationship with Applicant	(To be furnished in case Nominee is a Minor)		Signature of Nominee (Optional)/Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee‡
		Date of Birth	Name and Address of Guardian		
Nominee 1					
Nominee 2					
Nominee 3					

‡ the aggregate total should be 100%.

OR

☐ **Nominee Opt-Out:** I/We hereby confirm that I/we do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unitholders in the folio, my/our legal heirs would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio(s).

SIGNATURE(S)		
		
Sole/First Applicant/Guardian	Second Applicant	Third Applicant

(Mandatorily signed by all the unit holders irrespective of mode of holding.)

11. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum and subsequent amendments and agreed to the contents thereto, including the section on "Who cannot invest", "Prevention of Money Laundering" and "Know Your Customer". I/We hereby apply to the Trustee of ITI Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and provide any additional information, as may be required. I/We further declare, I am/we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws issued by any statutory authority. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any Regulation, including SEBI. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme(s) is equal to or more than 25% of the corpus of the Scheme, then ITI Asset Management Ltd. has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We hereby authorise ITI Mutual Fund, its Investment Manager and its agents to disclose details relating to me or my investments to my bank(s)/ITI Mutual Fund's bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided, or to disclose to such service providers as may be required for the regular conduct of business. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, update to such information as and when provided by me/us to ITI Mutual Fund/AMC to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies without obligation, including any service providers of the Fund/AMC for regular conduct of business. I/We authorise ITI Mutual Fund to reject the application, reverse the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes, recover/debit my/our folios(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned by my/our banker for any reason whatsoever or if any of the above specified information is found to be false, untrue, misleading or misrepresenting.

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.

I/We hereby, further agree that the Fund can directly credit all the Income Distribution cum Capital Withdrawal payouts and redemption amount to my bank details given above. I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. I/We hereby declare that the particulars stated above are correct.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them, unless specifically disallowed by me/us.

Applicable to investors who have not opted for nomination facility – I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by ITI Mutual Fund.

I/We confirm that I am/We are not resident(s) of United States under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

I/We are aware that ITI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform ITI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

Applicable to NRI only: I/We confirm that I am/We are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (✓) (Including amount of Additional Purchase Transaction made in future)

☐ Repatriation ☐ Non-Repatriation

SIGNATURE(S) as per ITI Mutual Fund Records			
Date DDMMYYYY			
Place	Sole/First Applicant/Guardian/ PoA/Authorised Signatory	Second Applicant/PoA	Third Applicant/PoA

SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form with Goal SIP & Top-Up Facility

Please read Product Labeling available on the front inside cover page of KIM and instructions before filling this form

☐ New SIP Registration ☐ Change in Bank Account (for SIP earlier registered)

Application No. **S**

DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
Distributor Name & Code	Sub-Distributor Code	Internal Code for Sub-Broker/Employee	EUIN*	RIA Code	Registrar/Bank Serial No.	Date and Time of Receipt
ARN-	ARN-					

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor.
"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction."
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.

First/Sole Unit Holder/ Guardian	Second Unit Holder/Guardian	Third Unit Holder/Guardian
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1. UNITHOLDER INFORMATION

Folio No. Application No.

1st/Sole Unit Holder Name

2. SCHEME DETAILS (Choice of Plan [Please ✓]) (Please refer to instruction No. 31 for more details of IDCW Frequency Sub-Options.)

Scheme ITI Plan (Please ✓) ☐ Regular ☐ Direct

Option: ☐ Growth ☐ IDCW# Reinvest ☐ IDCW# Payout (Default Option will be Growth in case option not selected or in case of any ambiguity.) IDCW# Reinvest option is not available for ITI ELSS Tax Saver Fund.

IDCW# Frequency Sub-Options: [Please tick (✓) any one]: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

* Income Distribution cum Capital Withdrawal

3. SIP DETAILS

SIP TYPE: ☐ SIP with first installment through cheque ☐ SIP with first installment through One Time Mandate (OTM)** ☐ SIP without first installment

** This facility is available only for investors whose OTM is already registered in the folio mentioned in the application form.

OTM Ref. No.

Enrolment Period: From Date To Date (Note: Enrollment periode should be less than or equal to 40 years.)

First SIP Instalment via: Cheque No. Drawn on Bank and Branch

Amount: A/c. No.

Each SIP Amount: Amount in Words

Frequency: ☐ Daily (SIP) ☐ Weekly (SIP) ☐ Monthly (SIP)

(Please ✓) ☐ All Business Days ☐ (Please mention any day between Monday to Friday) Date: Preferred Debit Date (Any day from 1st to 28th of the month)

4. ITI GOAL SIP- DO YOU WANT TO ALLOCATE A GOAL FOR YOUR SIP: ☐ Yes ☐ No [If yes please select (✓) your goal] Refer Instruction No. 33

Please specify your goal amount ☐ Kids Marriage ☐ Kids Education ☐ Retirement Planning (Default) ☐ Tax Savings

☐ Dream House ☐ Dream Car ☐ Dream Vacation ☐ Others

5. UNIT HOLDING OPTION ☐ Demat Mode* ☐ Physical Mode (Default)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode.

NSDL DP Name DP ID Beneficiary Account No.

CDSL DP Name Beneficiary Account No.

*Investor opting to hold units in Demat Form, may provide a copy of the DP statement enable us to match Demat details as stated in the Application Form.

6. SIP TOP-UP FACILITY (You can start SIP Top-Up Facility after minimum 6 Months from 1st SIP) Refer Instruction No. 32, on SIP Top-up

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

Top-up Amount: (₹) (minimum ₹500/- & in multiples of ₹500/- only) Top-up Start Month: Top-up End Month:

Frequency: (Please ✓) ☐ Half Yearly ☐ Yearly (Default)

7. DECLARATION & SIGNATURE(S)

I/We declare that the particulars furnished here are correct. I/We authorize ITI Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform ITI Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in ITI Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of ITI Mutual Fund using this facility.

Date	SIGNATURE(S) as per ITI Mutual Fund Records.		
	Sole/First Unit Holder/Guardian	Second Unit Holder	Third Unit Holder

ONE TIME BANK MANDATE (NACH/OTM/Direct Debit Mandate Form)

UMRN Date

Tick (✓) ☐ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize ITI MUTUAL FUND to debit (tick ✓) ☐ SB/CA/CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees Amount in words ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented

PAN

Scheme Name ALL SCHEMES OF ITI MUTUAL FUND

Note: Maximum period of validity of this mandate is 40 years only.

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From							
To							

Signature Primary holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized the debit.