

COMMON APPLICATION FORM

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

Sponsors: The Investment Trust of India Limited and Fortune Credit Capital Limited
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 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 - 92245	ARN-		E092536			

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.

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

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. [] Name of First Applicant []

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. Minor Individual Non Individual (Mandatorily fill separate FATCA/CRS & UBO form)

Non-Individual investors please fill Ultimate Beneficial Ownership (UBO) Declaration Form and submit with Application Form

Name []

Date of Birth*/Incorporation [D][I][D][I][M][I][Y][Y][Y][Y] Nationality [] PAN/PEKRN# []

Aadhaar Card No. [] KIN‡ [] Proof Attach

Legal Entity Identifier (LEI) Code (Mandatory for Non Individual only) [] Validity till [D][I][D][I][M][I][Y][Y][Y][Y]

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. Name []

Aadhaar Card No. [] PAN/PEKRN# [] KIN‡ [] Proof Attach

Nationality [] Designation [] Contact No. []

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 []

Correspondence Address []

[]

City [] State [] Pin Code []

Contact Details Country Code [] STD Code [] Tel. []

Mobile No. [] Email ID []

Primary Holder's own email address and mobile number should be provided. If email id of Primary Holder is not available, please select any of one's email id: Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian. All communications will be sent by default to the registered E-mail ID/Mobile No. In case you wish to receive physical communication, please tick

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

Overseas Address for NRIs/PIOs/FIIs (Mandatory) []

[]

City [] Country [] Zip Code []

TAX STATUS (Applicable for First / Sole Applicant)

Resident Individual FIIs NRI-NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE Bank & FI

Sole Proprietor Partnership Firm QFI Provident Fund Others []

II. Name of Second Applicant Mr./Ms. []

Date of Birth [D][I][D][I][M][I][Y][Y][Y][Y] Nationality [] PAN/PEKRN# []

Aadhaar Card No. [] KIN‡ [] Proof Attach

III. Name of Third Applicant Mr./Ms. []

Date of Birth [D][I][D][I][M][I][Y][Y][Y][Y] Nationality [] PAN/PEKRN# []

Aadhaar Card No. [] KIN‡ [] Proof Attach

* Mandatory Fields; ‡ W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA ...continued overleaf



Acknowledgement Slip
(To be filled in by the Applicant)

Application No. **C**

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

ISC Stamp, Date & Signature

Toll Free Number:
1800-266-9603

Non Toll Free Number:
022-69153500

Email:
mfassist@itiorg.com

Website:
www.itiamc.com

Additional KYC Details

MANDATORY	Occupation Details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
	Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others (Please specify)									
Non-Individual Investors involved / providing any of the mentioned services						<input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above			
Gross Annual Income Range ()	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range ()	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 - 25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac - 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5- 10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in () (Mandatory for Non-Individuals not older than 1 year)						as on <input type="text" value="DDMMYYYY"/>			

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

Aadhaar Card No. 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	<input type="checkbox"/> Third Applicant <input type="checkbox"/> PoA
City & State of Birth	City _____ State _____	City _____ State _____	City _____ State _____
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____
Address Type (for KYC Address)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you a tax resident (i.e. are you assessed for Tax) in any other Country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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 _____			

6. 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

QUICK CHECKLIST

<input type="checkbox"/> KYC acknowledgement letter attached	<input type="checkbox"/> Self attested PAN card copy attached	<input type="checkbox"/> Email id and mobile number provided (for online transaction facility)
<input type="checkbox"/> Plan/Option/Sub Option mentioned	<input type="checkbox"/> FATCA & CRS Certification for Non-Individual Investors attached	<input type="checkbox"/> UBO Declaration for Non-Individual Investors attached
<input type="checkbox"/> Additional documents for Third Party payments attached	<input type="checkbox"/> Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts)	<input type="checkbox"/> Relationship proof between Guardian and Minor attached (if application is in the name of a Minor)

7. INVESTMENT DETAILS: Scheme/Plan/Option

Scheme _____

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# Re-investment is not available for ITI Long Term Equity Fund. Please refer SID of the respective scheme.

IDCW# Frequency is only applicable for Debt Funds

IDCW# Frequency: Daily Weekly Fortnightly Monthly Annually

Default Frequency will be Daily, in case frequency not selected or in case of any ambiguity.

IDCW# Frequencies of Daily and Weekly are not applicable for IDCW# Payout.

IDCW# Frequency for ITI Dynamic Bond Fund: Monthly Quarterly Half Yearly Annually

Default Frequency will be Monthly Reinvestment of IDCW#, in case frequency not selected or in case of any ambiguity.

IDCW# Frequency for ITI Conservative Hybrid Fund: Quarterly Half Yearly Annually

Default Frequency will be Quarterly Reinvestment of IDCW#, in case frequency not selected or in case of any ambiguity.

Income Distribution cum Capital Withdrawal

8. PAYMENT DETAILS: Please issue separate Cheque/DD favouring the Scheme Name (Refer Instruction VII, IX & X)

Payment Type (Please ✓) Self Third Party Payment (Please fill the "Third Party Payment Declaration Form")

8A. MULTIPLE INVESTMENTS

*Cheque/DD Favouring Scheme Name	Plan/Option	Amount Invested ()	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number (for Cheque/DD)
Total				in Words
				in Figures

8B. SIP DETAILS

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount
I. _____	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text" value="DD"/> For weekly	From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> OR <input type="radio"/> 1 2 9 9	<input type="text" value="SIP Amount"/> Amt. in Words _____
II. _____	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text" value="DD"/> For weekly	From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> OR <input type="radio"/> 1 2 9 9	<input type="text" value="SIP Amount"/> Amt. in Words _____
III. _____	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text" value="DD"/> For weekly	From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> OR <input type="radio"/> 1 2 9 9	<input type="text" value="SIP Amount"/> Amt. in Words _____
IV. _____	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text" value="DD"/> For weekly	From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> OR <input type="radio"/> 1 2 9 9	<input type="text" value="SIP Amount"/> Amt. in Words _____
V. _____	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text" value="DD"/> For weekly	From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> OR <input type="radio"/> 1 2 9 9	<input type="text" value="SIP Amount"/> Amt. in Words _____

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

* Daily SIP dates - All Business Days; Weekly SIP Day - Any day between Monday to Friday; Monthly SIP dates - Any day from 1st to 28th of the month. ** Default SIP date will be 7th

8C. 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 _____

9. 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.

10. POA (Power of Attorney) REGISTRATION DETAILS

Name of the POA holder _____

PAN of the POA holder _____ Attached: KYC Letter (Mandatory) Notarized copy of POA

11. NOMINATION DETAILS (Mandatory)

I/We hereby nominate the under 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

Please (✓) I/We do not wish to Nominate

12. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments 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. 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 or notifications, directions issued by the governmental or statutory authority from time to time. 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., Investment Manager to the ITI Mutual Fund, 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/ITI Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies without obligation on advising me/us of the same, including any service providers of the Fund/AMC for regular conduct of business. I/We authorise ITI Mutual Fund to reject the application, revert the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes of the Fund, 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.

I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. 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.




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 hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of ITI Mutual Fund. 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). 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 have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of ITI Mutual Fund. 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

Date	<input type="text" value="DDMMYYYY"/>	SIGNATURE(S)		
Place	<input type="text"/>			
		Sole/First Applicant/Guardian/ PoA/Authorised Signatory	Second Applicant/PoA	Third Applicant/PoA

CHECKLIST FOR DOCUMENTATION

Please submit the following documents with your application (where applicable).

Documents	Individuals	NRIs	Minors	Companies/ Body Corporates	Trusts	Societies	HUF	Partnership Firms	FPIs	LLP/ Flls*	Investments through Constituted Attorney
1. Certificate of Incorporation/Registration				✓	✓			✓	✓	✓	
2. Resolution/Authorisation to invest				✓	✓	✓		✓	✓	✓	
3. List of Authorised Signatories with Specimen Signature(s)@				✓	✓	✓		✓	✓	✓	✓
4. Memorandum & Articles of Association				✓							
5. Trust Deed					✓					✓	
6. Bye-Laws						✓					
7. Partnership Deed/Deed of Declaration							✓	✓			
8. Notarised Power of Attorney											✓
9. Proof of PAN (including for guardian)	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
10. Proof of KYC/CKYC - KIN number	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
11. Proof of Aadhaar Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. Overseas Auditor's Certificate (applicable for DTAA)		✓							✓		
13. Foreign Inward Remittance Certificate		✓							✓		
14. Date of Birth Certificate or School Living Certificate or Passport of Minor			✓								
15. Document evidencing relationship with Guardian			✓								
16. Declaration for Identification of Beneficial ownership				✓	✓	✓		✓	✓	✓	
17. FATCA/CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

All documents for entities above should be originals/true copies certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

@ Should be original or true copy certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public, as applicable.

* For Flls, copy of SEBI registration certificate should be provided.

If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

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 - 92245	ARN-		E092536			

*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. INVESTMENT DETAILS (Choice of Plan [Please ✓])

Scheme 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 Long Term Equity Fund.
 IDCW# Frequency: Daily Weekly Fortnightly Monthly Annually IDCW# Frequency for ITI Dynamic Bond Fund: Monthly Quarterly Half Yearly Annually
 Default Frequency will be Daily, in case frequency not selected or in case of any ambiguity. Default Frequency will be Monthly Reinvestment of IDCW#, in case frequency not selected or in case of any ambiguity.
 IDCW# Frequency for ITI Conservative Hybrid Fund: Quarterly Half Yearly Annually Default Frequency will be Quarterly Reinvestment of IDCW#, in case frequency not selected or in case of any ambiguity.
 IDCW# Frequency is not applicable for Equity Scheme. IDCW# Frequencies of Daily and Weekly are not applicable for IDCW# Payout.
 Enrolment Period: From Date To Date OR Perpetual (99 years) (Default)
 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)

I/We hereby authorize ITI Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments.
 # Income Distribution cum Capital Withdrawal

3. ITI GOAL SIP- Do you want to allocate a goal for your SIP: Yes No if yes please select (✓) your goal Refer Instruction No. 32

Please specify your goal amount Kids Marriage Kids Education Retirement Planning (Default) Tax Savings
 Dream House Dream Car Dream Vacation Others

4. 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.

5. SIP TOP-UP FACILITY (You can start SIP Top-Up Facility after minimum 6 Months from 1st SIP) Refer Instruction No. 31, 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)

6. 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		
<input type="text" value="DDMMYYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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 to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank IFSC or MICR

an amount of Rupees Amount in words ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN Phone No.

Scheme Name Email ID

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 Account holder Signature of Account holder Signature of Account holder

Or Until Cancelled 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 of the bank where I have authorized the debit.