

# 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  
 Naman Midtown, 'A' Wing, 21st Floor, Senapati Bapat Marg  
 Prabhadevi, Mumbai 400 013 CIN : U67100MH2008PLC177677



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

Application No. **C**

Distributor/ RIA Code	ARN-	Sub-Distributor Code	ARN-	Branch Code	EUIN	For Office use only (Time Stamp)
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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
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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. \_\_\_\_\_ 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** Applications from residence of USA & Canada will not be accepted.

**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                      Nationality \_\_\_\_\_ PAN/PEKRN# \_\_\_\_\_

Aadhaar Card No. \_\_\_\_\_ KIN‡ \_\_\_\_\_  Proof Attach

**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 \_\_\_\_\_

Please select the box for email id & Mobile No.:  Primary Holder's email id  Family Member's email id

Primary Holder's own email address and mobile number should be provided.

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

**Overseas Address for NRIs/PIOs/FIIs (Mandatory)** \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Gross Annual Income (₹)* (Please ✓)	Occupation* (Please ✓)	Legal Status* (Please ✓)
<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> 25 Lacs-1Crore <input type="radio"/> >1Crore Net worth (Mandatory for Non-Individuals) ₹ _____ as on _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (not older than 1 year)	<input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Defence <input type="radio"/> Proprietorship <input type="radio"/> Others _____ For Individual Investor* Politically Exposed Person (PEP) <input type="radio"/> Yes <input type="radio"/> No Related to PEP <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Resident Individual <input type="radio"/> NRI-Repatriable <input type="radio"/> NRI-Non Repatriable <input type="radio"/> PIO/OCI <input type="radio"/> HUF <input type="radio"/> Minor (through Guardian) <input type="radio"/> LLP <input type="radio"/> FII <input type="radio"/> Sole-Proprietorship <input type="radio"/> Partnership Firm <input type="radio"/> Company <input type="radio"/> Bank <input type="radio"/> Financial Institution <input type="radio"/> Other Body Corporate <input type="radio"/> Trust <input type="radio"/> AOP/BOI <input type="radio"/> Charitable/Religious/Non-profit Organisation <input type="radio"/> Others _____

Mandatory for Non-Individual Investor	Is the entity involved/providing any of the following services <input type="radio"/> Yes <input type="radio"/> No [(Also attach Ultimate Beneficiary Ownership form)]
	<input type="radio"/> For Foreign Exchange/Money Changer Services <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Money Lending/Pawning <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Gaming/Gambling/Lottery Services (e.g. casinos, betting syndicates) <input type="radio"/> Yes <input type="radio"/> No

\* 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 system will be required to fill the new CKYC form while investing with the Fund.

++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

...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:**  
022-66214999

**Email:**  
mfassist@itiorg.com

**Website:**  
www.itimf.com



**7. INVESTMENT DETAILS: Scheme/Plan/Option**

Regular Plan (Purchase/Subscription routed through Distributor) mention valid ARN No.  Direct Plan (Purchase/Subscription made directly with the fund)

Scheme

Option  Growth  Dividend-Reinvest  Dividend-Payout **Dividend Frequency**  Daily  Weekly  Fortnightly  Monthly  Annually

Default Option will be Growth in case option not selected by investor or in case of any ambiguity. **Default Frequency will be Daily, in case frequency not selected by investor or in case of any ambiguity. Dividend Frequency is not applicable for Equity Scheme. Dividend Frequencies of Daily and Weekly are not applicable for Dividend-Payout.**

**8. PAYMENT DETAILS: Please issue separate Cheque/DD favouring the Scheme Name you wish to invest**

**Payment Type** (Please  Self  Third Party Payment (Please fill the 'Third Party Payment Declaration Form') **Payment Mode**  Cheque  DD  RTGS/NEFT  Funds Transfer

Amount (₹) (i)  Instrument No.  Date

DD charges, (₹) (ii)  Account No.  Account Type  Current  Savings  NRO  NRE  FCNR

Total Amount (₹) (i) + (ii)  Bank Name  Branch & City

Amount

**9. DEMAT ACCOUNT DETAILS (Switch not allowed for Demat holdings, Redemption through Stock Exchange Platforms/DPs only)**

Investors opting for units in demat form may please fill the details below. Nomination provided in Demat Account shall be considered

NSDL  OR  CDSL Depository Participant (DP) Name  DP ID (NSDL Only)

Beneficiary Account No. (CDSL)  Beneficiary Account No. (NSDL)

**10. 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

**11. 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 of my investment to my bank(s)/ITI Mutual Fund's bank(s) and/or Distributor/Broker/Investment Advisor. 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. 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 dividend 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).

**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="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<b>SIGNATURE(S)</b>		
Place <input type="text" value=""/>	<b>Sole/First Applicant/Guardian/ PoA/Authorised Signatory</b>	<b>Second Applicant/PoA</b>	<b>Third Applicant/PoA</b>

# SIP REGISTRATION FORM & NACH/AUTO DEBIT MANDATE

Please read Product Labeling available on the front inside cover page of KIM and instructions before filling this 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  
 Naman Midtown, 'A' Wing, 21st Floor, Senapati Bapat Marg  
 Prabhadevi, Mumbai 400 013 CIN: U67100MH2008PLC177677



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

Application No. \_\_\_\_\_

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

Scheme  I  T  I \_\_\_\_\_ Plan (Please ✓)  Regular  Direct  
 Option  Growth  Dividend-Reinvest  Dividend-Payout      Dividend Frequency  Daily  Weekly  Fortnightly  Monthly  Annually  
 Default Option will be Growth in case option not selected or in case of any ambiguity.      Default Frequency will be Daily, in case frequency not selected or in case of any ambiguity.  
 Dividend Frequency is not applicable for Equity Scheme.  
 Dividend Frequencies of Daily and Weekly are not applicable for Dividend-Payout.

Enrolment Period: From Date  M  M  Y  Y  Y  Y To Date  M  M  Y  Y  Y  Y 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 (Please ✓)

<input type="radio"/> Daily (SIP) All Business Days	<input type="radio"/> Weekly (SIP) <input type="radio"/> 7th, <input type="radio"/> 14th, <input type="radio"/> 21st, <input type="radio"/> 28th of any month	<input type="radio"/> Monthly (SIP) <input type="radio"/> 1st <input type="radio"/> 7th, <input type="radio"/> 14th, <input type="radio"/> 21st, <input type="radio"/> 28th of any month
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I/We hereby authorize ITI Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing/Auto Debit for collection of SIP payments. **Note:** Please allow 1 month for Auto Debit to register and start.

## 3. 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 instalments through an Electronic Debit arrangement. 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 <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	SIGNATURE(S) as per ITI Mutual Fund records		
	<input type="text"/> _____ Sole/First Unit Holder/Guardian	<input type="text"/> _____ Second Unit Holder	<input type="text"/> _____ Third Unit Holder



## DEBIT MANDATE FORM NACH

UMRN  F  O  R  O  F  F  I  C  E  U  S  E  O  N  L  Y Date  D  D  M  M  Y  Y  Y  Y

Tick (✓) Sponsor Bank Code \_\_\_\_\_ Utility Code \_\_\_\_\_

CREATE  MODIFY  CANCEL 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 DEBIT TYPE  Fixed Amount  Maximum Amount

Reference/Folio No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Scheme Name **ALL SCHEMES OF ITI MUTUAL FUND** 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  D  D  M  M  Y  Y  Y  Y  
 To  D  D  M  M  Y  Y  Y  Y  
 Or  Until Cancelled

1.  \_\_\_\_\_ Signature Primary Account holder      2.  \_\_\_\_\_ Signature of Account holder      3.  \_\_\_\_\_ Signature of Account holder

Name as in bank records      Name as in bank records      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.