

ONE TIME MANDATE (OTM) 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



Name of Applicant											
PAN No.						Mobile No.					
Email ID											
Bank Name											
Account No.											

DECLARATION

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.

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/We 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.

I/We request you to make provisions for me/us and/or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from ITI Mutual Fund.

I give my consent to ITI Asset Management Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/non-commercial transactions/promotional/potential investments and other communication/material irrespective of my blocking preferences with the Customer Preference Registration Facility.

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



ONE TIME BANK MANDATE (NACH/OTM/Direct Debit Mandate Form) (applicable for Lumpsum Additional Purchase as well as SIP Registrations)

Tick (✓)	UMRN	<input type="text"/>										Date	<input type="text"/>								
Create (✓)	Sponsor Bank Code	<input type="text"/>					Utility Code	<input type="text"/>													
Modify (x)	I/We hereby authorize	ITI MUTUAL FUND					To Debit (✓)	SB / CA / CC SB NRE / SB NRO / Other													
Cancel (x)	Bank A/c. Number	<input type="text"/>																			
	With Bank	<input type="text"/>					IFSC	<input type="text"/>					or MICR	<input type="text"/>							
	An Amount of Rupees	<input type="text"/>										₹	<input type="text"/>								
	FREQUENCY	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount												
	PAN	<input type="text"/>					Phone No.	<input type="text"/>													
	Scheme Name	ALL SCHEMES OF ITI MUTUAL FUND					Email ID	<input type="text"/>													
	I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.																				
	PERIOD	<input type="text"/>					Signature Primary Account holder					Signature Account holder									
	From	<input type="text"/>					1. Name as in Bank Records					2. Name as in Bank Records									
	To	<input type="text"/>					3. Name as in Bank Records														
	Or	<input type="checkbox"/> Until Cancelled																			

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

MANDATORY FIELDS : • Instrument Date • Bank Name • IFSC code or MICR code (as per the cheque/pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.	<input type="text"/>					PAN No.	<input type="text"/>					Stamp & Signature
Investor Name	<input type="text"/>											