COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTIONS

Please fill in the information below legibly in English and in CAPITALS

Toll Free Number: 1800-266-9603

Non Toll Free Number: 022-66214999

Email: mfassist@itiorg.com

Website: www.itiamc.com

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



Reque	est For	Change of Bank Details/ Mode of payout	O Updation of contact details	O Consolidation of Folios	O Nominee Updation/ Cancellation	Change of IDCW Option	Change of Mode of Holding	Revalidation of Dividend/ Redemption Cheque	O POA Registration	O Updation of PAN & KYC	
Fill Sec	ection(s)	A+B+K	A+C+K	A+D+K	A+E+K	A+F+K	A+G+K	A+B+H+K	A+I+K	A+J+K	
For Exis	sting Unit	tholder(s) holding	units in physical	mode. Please read on and in CAPITALS.	documentation r	equirements and	Terms and Cond	litions overleaf.			
				at is (are) not use	d by you to prev	ent any unauth	orized use.		Date: D D	MMYY	
A. U	JNIT HO	LDER INFORMA	ATION								
Fo	Folio No.										
18	1st/Sole Unit Holder Name										
Le	Legal Entity Identifier (LEI) Code (Mandatory for Non Individual only)							/alidity till DDD	MMYYYYY		
		h to change the m neque leaf.	node of payout ir	n your folio(s) to 'N	EFT/RTGS', fill o	only the IFSC Cod	de section belov	w and submit a cance	lled original che	que leaf or a	
Ва	Bank A/c. No. A/c. Type: Savings Current NRO NRE FCNR Others						NR Others	(please specify)			
Ba	Bank Name										
Br	ranch Ad	dress									
Br	Branch Ci	•				State:					
N.	Pin Code MICR Code IFSC Code MICR CO										
1/V	We want	to receive the rede	mption/IDCW# pro	oceeds (if any) by w				it/credit through NEFT			
_ =		o my/our bank acco		k (✓)				# Income Distrib	ution cum Capital	Withdrawal	
	IEW CO el. No. ((NTACT DETAILS	3	 	<u>a</u>	1 1 1 1 1		Fax			
	Nobile No	'			nail ID^						
_	Primary Holder's own email address and mobile number should be provided. If email id of Primary Holder is not available, please tick C Family Member's email id										
All	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.										
D. C	CONSOLIDATION OF FOLIOS [Refer (ii) from instructions overleaf]										
1/\	I/We wish to consolidate all my/our investments under specified folios into one folio. Folios to be consolidated (i.e. source folios):										
	NOTE: For additional folios, if any, use a separate form.						51 11 75				
th	Targetfolio~[MANDATORY]: 1. This folio has to be one of the source folios. 2. After consolidation, the unit that the details in the target folio will be applicable even if there were different details in source folio(s). 3. All Joint holders should sign, even in case of 'Anyo 4. In case there is no nominee in the target folio, please fill section E.							, , ,			
E. RI	REGISTR	RATION/CHANG	E/CANCELLAT	TION OF NOMINA	ATION [Refer (iii) from instru	ctions overlea	af]			
-		sh to nominate	O I/We do not w		haraundar/and+/	annal the namina	tion made by ma	/us on the day of in resp	act of the Unite II	ndar Falia Na	
				lders should sign, ev			tion made by me,	rus on the day of in lest	iect of the offits u	iluei Folio No.	
	Nar	ne and address of	Nominee(s)	Date of Birth	Name & Add	ress of the Guard		ature of Nominee/ of Nominee (Optional		by which the units	
					(to be furnish	ed in case the No			, will be offured t	y caon ronnice	
		Nominee	1								
		Nominee									
		Nominee	3								
		Nominee	3 uld be in whole n		y decimals mak	ting a total of 10	0 percent. If the	percentage of share	is not mentioned	d then the claim	
		Nominee	3 uld be in whole n		ny decimals mak	ing a total of 10	0 percent. If the	percentage of share	is not mentioned	d then the claim	
		Nominee	3 uld be in whole n ngst all the indic	ated nominee(s).	ny decimals mak	ing a total of 10	0 percent. If the	percentage of share	is not mentioned	I then the claim	
_ wi	vill be set	Nominee cation/share shoutled equally amou	3 uld be in whole n ngst all the indic	ated nominee(s).	y decimals mak	ing a total of 10	0 percent. If the	percentage of share			
wi	vill be set	Nominee cation/share shoutled equally amou	3 uld be in whole n ngst all the indic	ated nominee(s).	ny decimals mak	ing a total of 10	0 percent. If the	percentage of share	is not mentioned		
Long-term w	vill be set	Nominee cation/share shottled equally amon	auld be in whole n ngst all the indic Acknowledg (To be filled by	ated nominee(s).	Folio No.			si			

F.	CHANGE OF IDCW OPTION							
	SCHEME NAME	OPTIONS						
		O Payout To Reinvestment O Reinvestment To Payout						
		O Payout To Reinvestment O Reinvestment To Payout						
		O Payout To Reinvestment O Reinvestment To Payout						
G.	CHANGE IN MODE OF HOLDING FROM JOINT TO ANYONE OR SURVIVOR OR VICE-V	/ERSA						
	All unit holders should sign the form irrespective of mode of holding in the folio	Please tick (🗸) 🔾 Joint 💢 Anyone or Survivor						
H.	REVALIDATION OF DIVIDEND/ REDEMPTION CHEQUE							
	I/We are in receipt of Redemption/ Dividend warrant as below:							
	Cheque No.	Cheque Amount						
	I/ We are herewith enclosing the warrant as I/ We could not deposit the same due to							
	○ Bank account number incorrectly mentioned ○ Bank account mentio ○ Warrant validity period has expired ○ Other	oned was inactive/ closed						
	I request to reissue the said warrant after necessary revalidation without change i	in bank Mandate.						
	\bigcirc I request you to update the above new bank details and make payment in new bank	nk through NEFT/RTGS.						
	(**NOTE: Above Point No. B should be mandatorily filled to facilitate NEFT/RTGS)							
I.	POA (POWER OF ATTORNEY) REGISTRATION DETAILS							
	Name of the POA holder							
	PAN of the POA holder Attack	hed KYC Copy (Mandatory) ONotarized copy of POA						
J.	UPDATION OF PAN & KYC							
	PAN of Sole/ First Applicant/ Guardian	○ KYC Copy ○ Self-attested copy of PAN						
	PAN of Second Applicant	○ KYC Copy ○ Self-attested copy of PAN						
	PAN of Third Applicant	○ KYC Copy ○ Self-attested copy of PAN						
K.	UNITHOLDER(S) DECLARATION & SIGNATURE(S)							
	Note: To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/cancellation of nomination and/or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'. Alterations in the form, if any should be countersigned.							
	Declaration:							
	wing read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subs nendments thereto including the section on "Who cannot invest", "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to the TITI 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 thorise 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(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 nduct 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 anges, update to such information as and when provided by me/us to ITI Mutual Fund/ITI Asset Management Limited to any Indian or foreign governmentatutory or judicial authorities /agencies, the tax/revenue authority and other investigation agencies without obligation on advising me/us of the same, into y 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/refits 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 erest 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 whatson we hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongway.							
	e hereby declare and confirm that the information provided in this form is true and confect and is duly supported by the document proof enclosed alongwing. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the Al trual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Fiejected.							
	Date SIGNAT	TURE(S)						
	M M Y Y Y Y							
	Place Sole/First Unit Holder/Guardian Second U	Unit Holder Third Unit Holder						