

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. _____

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
EUIIN 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	

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 8)

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 as per PAN	<input type="text"/>
Date of Birth*/Incorporation (DoB as per PAN)	<input type="text"/>
PAN/ PEKRN*	<input type="text"/>
KIN	<input type="text"/>
<input type="radio"/> Proof Attach	

Legal Entity Identifier (LEI) Code Validity till
(Mandatory for Non Individual only)

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

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

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

Correspondence Address## ##Please note the address details will be updated as per your KYC records with CKYC/KRA		Overseas Address (Mandatory for NRIs/PIOs/FIIs Applicants)	
<input type="text"/>		<input type="text"/>	
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: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of Minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			
Email ID provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of Minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			
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. <input type="radio"/>			

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. Second Applicant	
Name as per PAN	Mr. Ms.
PAN/PEKRN*	KIN
Mobile No.	Email ID
Mobile No. provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of Minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS	
Email ID provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of Minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS	

*Mandatory Fields



Acknowledgement Slip (To be filled in by the Applicant)

Application No. _____

Name of the Investor Mr/Ms/M/s : _____

Scheme/Plan/Option: _____

Payment Details: Amount ₹ _____ Instrument No. _____ Date: _____ Drawn on Bank _____

ISC Stamp, Date & Signature

Toll Free Number:
1800-266-9603

Non Toll Free Number:
022-69153500

Email:
mfassist@itiorg.com

Website:
www.itiamc.com

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: <input type="radio"/> Direct <input type="radio"/> Regular Scheme Name	Option/Sub-option	Investment Amount (₹)	Mode of Payment	Date & Cheque/DD No./UTR No.(In case of NEFT/RTGS)
	<input type="radio"/> Growth <input type="radio"/> IDCW [#] Reinvest <input type="radio"/> IDCW [#] Payout Sub-Option: _____		<input type="radio"/> Cheque/DD <input type="radio"/> RTGS/NEFT <input type="radio"/> Fund Transfer <input type="radio"/> OTM	
	<input type="radio"/> Growth <input type="radio"/> IDCW [#] Reinvest <input type="radio"/> IDCW [#] Payout Sub-Option: _____		<input type="radio"/> Cheque/DD <input type="radio"/> RTGS/NEFT <input type="radio"/> Fund Transfer <input type="radio"/> OTM	
	<input type="radio"/> Growth <input type="radio"/> IDCW [#] Reinvest <input type="radio"/> IDCW [#] Payout Sub-Option: _____		<input type="radio"/> Cheque/DD <input type="radio"/> RTGS/NEFT <input type="radio"/> Fund Transfer <input type="radio"/> 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) UMRN No.

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

No. of cheques enclosed including first cheque	<input type="text"/>	Drawn on Bank and Branch	<input type="text"/>
Account type	<input type="text"/>	Cheque No. should be in continuous series	From <input type="text"/> To <input type="text"/>

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	<input type="text"/>	DP ID	<input type="text"/>	I	<input type="text"/>	N	<input type="text"/>	Beneficiary Account No.	<input type="text"/>
CDSL DP Name	<input type="text"/>	Beneficiary Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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. Please refer point XIII in instructions.

☐ **Nominee Opt-In:** I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)

NOMINATION DETAILS

Mandatory Details						Additional Details****	
Name of nominee	Share of nominee (%)**	Relationship	Postal Address	Mobile number & E-mail	Identity Number ***	D.o.B. of nominee	Guardian
Nominee 1							
Nominee 2							
Nominee 3							

DECLARATION

- 1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) ☐ Name of nominee(s) ☐ Nomination: Yes / No
- 2) I hereby authorize _____ (nominee number _____) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to _____ % of assets in the account / folio or Rs. _____. (Optional) (strike off portions that are not relevant)
- 3) This nomination shall supersede any prior nomination made by me / us, if any.

Name(s) of holder(s)	Signature(s) of holder	Witness Signature	Name of Witness & Address (wherever applicable)
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

Signature(s) – As per the mode of holding in demat account(s) / MF folio(s)
(Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.)

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.)

12. 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 these 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 <input type="text" value="DDMMYYYY"/>			
Place <input type="text"/>	Sole/First Applicant/Guardian/ PoA/Authorised Signatory	Second Applicant/PoA	Third Applicant/PoA