

# COMMON TRANSACTION FORM

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

**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



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. Folio No.	Application No.
1st/Sole Unit Holder Name	

## 2. SCHEME DETAILS

Scheme	Plan (Please <input checked="" type="radio"/> Regular <input type="radio"/> Direct)
Option <input type="radio"/> Growth <input type="radio"/> Dividend-Reinvest <input type="radio"/> Dividend-Payout	Dividend Frequency <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> 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.

## 3. ADDITIONAL PURCHASE REQUEST

Payment Options <input type="radio"/> Cheque/DD <input type="radio"/> RTGS/NEFT <input type="radio"/> Transfer <input type="radio"/> Others	
Amount (₹) (i)	Cheque/DD No.
DD charges (₹) (ii)	Bank Name
Net Amount (₹) (i) + (ii)	Branch and City
Amount in words	

## 4. REDEMPTION

☐ Amount: ₹ ☐ No. of Units: ☐ All Units (Please ☒)

**For Investor, who has registered for the multiple Bank A/cs.:** The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us (This bank account has already been registered in the folio):

Please credit the redemption proceeds to the following Bank Account which has been registered with you (Applicable only in case multiple banks are registered. Bank details are not required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).

Bank Name: Branch:

Account No.: Account Type: Bank City:

**Important Note:** If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. ITI Asset Management Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

## 5. SWITCH

From Scheme	To Scheme
Amount (₹)	Plan/Option
Or Units:	Sub Option
Or <input type="radio"/> All Units	
Plan/Option/Sub Option:	

## 6. DECLARATION

I/We have read and understood the contents of the Statement of Additional Information (SAI) & respective Scheme Information Document (SID) and Key Information Memorandum (KIM) and Addendums. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to time. Amount invested/to be invested in the Scheme(s) is derived through legitimate sources.

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.

SIGNATURE(S)		
Date		
Place		
	Sole/First Unit Holder/Guardian	Second Unit Holder
		Third Unit Holder

In case of Joint Holders, all unit holders must sign this form.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)	For Office use
Received from: Mr./Ms./M/s.	
Folio No.:	
Plan:	
Option:	
<input type="radio"/> Additional Purchase: Cheque No.:	(Signature of receiving authority)
Dated:	
Drawn on	
₹	
<input type="radio"/> Redemption <input type="radio"/> Switch: Amount (₹)	Date and Time of Receipt:
or Units	
or <input type="radio"/> All Unit	
Toll Free Number: 1800-266-9603	Non Toll Free Number: 022-66214999
Email: mfassist@itiorg.com	Website: www.itimf.com