COMMON APPLICATION FORM

Please read Key Information Memorandum, the Instructions and Product Labelling before filling this Application Form.

ITI Mutual Fund
Long-term wealth creators

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

Application No.

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
ARN-95070 Code (ARN) & RIA Code	Sub-Distributor Code	Internal Code for Sub-Broker/Employee	E-101834	Registrar/ Bank Serial No.	Date and Time of Receipt

Please sign alongside in case the EUIN is left blank/not provided. 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

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

Date of Birth*/Incorporation (DoB as per PAN) D D M M Y Y Y Y **PAN/ PEKRN*** **KIN** ◯ Proof Attach

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

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)			
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: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ 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 phisical mode. ◯

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: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

*Mandatory Fields

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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:	Non Toll Free Number:	Email:	Website:
1800-266-9603	022-69153500	mfassist@itiorg.com	www.itiamc.com

III. Third Applicant
Name as per PAN Mr. Ms.

PAN/PEKRN*		KIN	
Mobile No.		Email ID	

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

Additional KYC Details

MANDATORY

Occupation Details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector Service	○	○	○	○
Public Sector Service	○	○	○	○
Government Service	○	○	○	○
Business	○	○	○	○
Professional	○	○	○	○
Agriculturist	○	○	○	○
Retired	○	○	○	○
Housewife	○	○	○	○
Student	○	○	○	○
Proprietorship	○	○	○	○
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1st Applicant	○	○	○
2nd Applicant	○	○	○
3rd Applicant	○	○	○
Guardian	○	○	○
Authorised Signatories	○	○	○
Promoters	○	○	○
Partners	○	○	○
Karta	○	○	○
Whole-time Directors	○	○	○
Trustee	○	○	○

Non-Individual Investors involved / providing any of the mentioned services
○ Foreign Exchange/Money Changer Services ○ Gaming / Gambling / Lottery / Casino Services
○ Money Lending / Pawning ○ None of the above

Gross Annual Income Range (₹)	1st Applicant	2nd Applicant	3rd Applicant	Guardian
10 - 25 lac	○	○	○	○
25 lac - 1 cr	○	○	○	○
> 1 cr	○	○	○	○

Gross Annual Income Range (₹)	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Below 1 lac	○	○	○	○
1 - 5 lac	○	○	○	○
5- 10 lac	○	○	○	○

OR Networth in (₹) (Mandatory for Non-Individuals not older than 1 year) _____ as on D D M M Y Y Y Y

4. POWER OF ATTORNEY (POA) HOLDER DETAILS *(If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)*

PoA Name	Mr. Ms. M/s.		
PAN/PEKRN*		KIN	

Enclosed ○ PAN card proof ○ KYC Confirmation proof | PoA copy notorised or the original copy of PoA needs to be submitted in case of Investment through PoA.

5. CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) INFORMATION

FATCA and CRS Certification for Individual Investors [Mandatory for all investors including NRI, Guardian (in case of Minor), Joint Holder(s) and POA Holder]

Non Individual investors, including HUF should mandatorily fill separate FATCA/CRS form.

Details under Foreign Tax Laws:	First Applicant (including Minor)	Second Applicant/Guardian	○ Third Applicant ○ PoA
City & State of Birth	City _____ State _____	City _____ State _____	City _____ State _____
Country of Birth			
Nationality	○ Indian ○ US ○ Others ____ (Please Specify)	○ Indian ○ US ○ Others ____ (Please Specify)	○ Indian ○ US ○ Others ____ (Please Specify)
Address Type (for KYC Address)	○ Residential ○ Registered Office ○ Business	○ Residential ○ Registered Office ○ Business	○ Residential ○ Registered Office ○ Business
Are you a tax resident (i.e. are you assessed for Tax) in any other Country outside India? ○ Yes ○ No (If Yes, please provide the following (Mandatory) Information			
Country of Tax Residency (1)			
Tax Identification No.			
Identification Type (TIN or Other, pl. specify)			
Country of Tax Residency (2)			
Tax Identification No.			
Identification Type (TIN or Other, pl. specify)			
Country of Tax Residency (3)			
Tax Identification No.			
Identification Type (TIN or Other, pl. specify)			
If TIN is not available please tick (✓) the reason A, B or C (as defined)	Reason ○ A ○ B ○ C	Reason ○ A ○ B ○ C	Reason ○ A ○ B ○ C

* Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents
* Reason B - No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)
* Reason C - Others, please state the reason thereof _____

**Mandatory Fields*

QUICK CHECKLIST

○ KYC acknowledgement letter attached	○ Self attested PAN card copy attached	○ Email id and mobile number provided (for online transaction facility)
○ Plan/Option/Sub Option mentioned	○ FATCA & CRS Certification for Non-Individual Investors attached	○ UBO Declaration for Non-Individual Investors attached
○ Additional documents for Third Party payments attached	○ Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts)	○ Relationship proof between Guardian and Minor attached (if application is in the name of a Minor)

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**

If registered bank details are the same, please tick here. ○ 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: ○ Direct ○ Regular **Scheme Name**	**Option/Sub-option**	**Investment Amount** (₹)	**Mode of Payment**	**Date & Cheque/DD No./UTR No.**(In case of NEFT/RTGS)
	○ **Growth** ○ **IDCW# Reinvest** ○ **IDCW# Payout** Sub-Option: _____		○ Cheque/DD ○ RTGS/NEFT ○ Fund Transfer ○ OTM	
	○ **Growth** ○ **IDCW# Reinvest** ○ **IDCW# Payout** Sub-Option: _____		○ Cheque/DD ○ RTGS/NEFT ○ Fund Transfer ○ OTM	
	○ **Growth** ○ **IDCW# Reinvest** ○ **IDCW# Payout** Sub-Option: _____		○ Cheque/DD ○ RTGS/NEFT ○ Fund Transfer ○ 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		Drawn on Bank and Branch			
Account type		Cheque No. should be in continuous series	From	To	

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		DP ID	**I**	**N**	Beneficiary Account No.	
CDSL DP Name		Beneficiary Account No.				

* 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.

○ **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).

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.)				

(Mandatorily signed by all the unit holders irrespective of mode of holding.)

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.)

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 this 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

Date D D M M Y Y Y Y Place	**SIGNATURE(S) as per ITI Mutual Fund Records**		
	Sole/First Applicant/Guardian/ PoA/Authorised Signatory	**Second Applicant/PoA**	**Third Applicant/PoA**

SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form with Goal SIP & Top-Up Facility

Please read Product Labeling available on the front inside cover page of KIM and instructions before filling this form

ITI Mutual Fund
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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- 95070	ARN-		E-101834			

*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

1. UNITHOLDER INFORMATION

Folio No. | **Application No.**

1st/Sole Unit Holder Name

2. SCHEME DETAILS (Choice of Plan [Please ✓])

Scheme ITI **Plan** (Please ✓) ○ Regular ○ Direct

Option: ○ Growth ○ IDCW# Reinvest ○ IDCW# Payout (Default Option will be Growth in case option not selected or in case of any ambiguity.) IDCW# Reinvest option is not available for ITI ELSS Tax Saver Fund.

IDCW# Frequency Sub-Options: *[Please tick (✓) any one]*: ○ Daily ○ Weekly ○ Fortnightly ○ Monthly ○ Quarterly ○ Half Yearly ○ Annually

Income Distribution cum Capital Withdrawal

3. SIP DETAILS

SIP TYPE: ○ SIP with first installment through cheque ○ SIP with first installment through One Time Mandate (OTM)** ○ SIP without first installment

** This facility is available only for investors whose OTM is already registered in the folio mentioned in the application form.

OTM Ref. No.

Enrolment Period: From Date M M Y Y Y Y To Date M M Y Y Y Y (Note: Enrollment periode should be less than or equal to 40 years.)

First SIP Instalment via: Cheque No. Drawn on Bank and Branch

Amount: r A/c. No.

Each SIP Amount: ₹ Amount in Words

Frequency: (Please ✓)	○ **Daily (SIP)**	○ **Weekly (SIP)**	○ **Monthly (SIP)**
	All Business Days	(Please mention any day between Monday to Friday)	Date: D D Preferred Debit Date (Any day from 1st to 31st of the month)

4. ITI GOAL SIP- DO YOU WANT TO ALLOCATE A GOAL FOR YOUR SIP: ○ Yes ○ No *[If yes please select (✓) your goal]*

Please specify your goal amount ₹ ○ Kids Marriage ○ Kids Education ○ Retirement Planning (Default) ○ Tax Savings

○ Dream House ○ Dream Car ○ Dream Vacation ○ Others

5. 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 DP ID I N Beneficiary Account No.

CDSL DP Name Beneficiary Account No.

*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.

6. SIP TOP-UP FACILITY (You can start SIP Top-Up Facility after minimum 6 Months from 1st SIP)

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

Top-up Amount: (₹) (minimum ₹ 500/- & in multiples of ₹ 500/- only) Top-up Start Month: M M Y Y Y Y Top-up End Month: M M Y Y Y Y

Frequency: (Please ✓) ○ Half Yearly ○ Yearly (Default)

7. 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 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. 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	**SIGNATURE(S) as per ITI Mutual Fund Records.**		
D D M M Y Y Y Y	✕		
	Sole/First Unit Holder/Guardian	**Second Unit Holder**	**Third Unit Holder**

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ONE TIME BANK MANDATE

(NACH/OTM/Direct Debit Mandate Form)

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 (✓)

CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code **Utility Code**

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

PAN **Phone No.**

Scheme Name ALL SCHEMES OF ITI MUTUAL FUND **Email ID**

Note: Maximum period of validity of this mandate is 40 years only.

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

✕ Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. 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 or the bank where I have authorized the debit.

TERMS AND CONDITIONS

1. Please refer SID for minimum SIP investment amount under each Scheme.
2. Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective Scheme before investing.
3. Complete Application form and SIP Enrollment Form along with the first cheque should be submitted to the AMC/KFin Tech ISC's.
4. Investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH is to be registered.
5. First SIP cheque and subsequent SIP installments via NACH should be of the same amount.
6. If any chosen day falls on a non business day, the next business day will be considered as the transaction date. If the selected date does not occur in a particular month (e.g., 30th or 31st in February), the transaction will be executed on the first business day of the following month.
7. Incorrect/Incomplete applications are liable to be rejected.
8. ITI Asset Management Ltd. reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SIP.
9. NACH instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in SID.
10. The mandate registration form will be submitted through National Automated Clearing House (NACH) and Banks participating in Direct Debit Facility. This facility is offered to investors having Bank accounts in select banks mentioned in the link under Product and Services tab The Banks http://www.npci.org.in/ in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation.
11. Incase investors bank account is available under NACH Facility; registration will be done through NACH platform.
12. Existing Unit holders in Scheme(s) of ITI Mutual Fund are required to submit only the SIP NACH Mandate. Existing unit holders should note that the unit holder's details & the mode of holding will be as per the existing account. New investors, who wish to enroll for SIP through NACH, should fill the Common Application Form & SIP NACH Mandate.
13. Initial cheque should be drawn on any bank, which is situated at & is a member of the Banker's Clearing House located at the place where the SIP application is submitted or payable at par & should participate in local MICR clearing. Please contact the nearest designated Investor Service Centre for the updated list. For outstation applications, the initial DD has to be payable at the nearest AMC locations. No outstation cheques will be accepted. The cheque should be drawn in favor of the Scheme chosen (e.g. Pay ********** [Scheme name] & crossed "A/c Payee Only".
14. Payments will be accepted by NACH mode. For this purpose, investors/unit holders are required to give NACH Mandate Form to debit their bank accounts at periodic intervals & credit the subscription proceeds to ITI Mutual Fund Bank Account.
15. Returned/Dishonored cheque/NACH Rejects will not be presented again for collection. If the 1st installment cheque is dishonored, the SIP processing/registration will be rejected.
16. The SIP Enrollment will be discontinued in cases where three consecutive SIP installments are not honored or the bank account is closed and no request for change in bank account has been submitted.
17. If investor has not provided the SIP frequency/period/date, the default SIP frequency would be Monthly & the SIP installments would be the minimum number of installments of the respective Schemes as specified in the SID. The default date will be considered as 7th of the month for Monthly option.
18. If an Existing investor wants to enroll in another Scheme & continue for the existing folio, then the investor has to submit a duly filled & signed SIP NACH Mandate along with the first cheque (if investment is in the new Scheme).
19. You can choose to discontinue this facility by giving 30 Calendar days written notice to any of AMC/Registrar Investor Service centers.
20. Request for change in bank mandate to be submitted atleast 30 Calendar days before the due date of next SIP installment.
21. The bank account provided for NACH (Debit) should be in the list of banks participating in NACH.
22. MICR code or IFSC code should be mandatory filled on NACH mandate, MICR code starting and/or ending with 000 are not valid for NACH.
23. The investor agrees to abide by the terms and conditions of NACH facility of NPCI as applicable at the time of investment and as may be modified from time to time.
24. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned SID. The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
25. Investors will not hold ITI Asset Management Ltd., its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to the local holidays or any other reason.
26. ITI Asset Management Ltd. reserves the right to reject any application without assigning any reason thereof.
27. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
28. To avail of SIP in separate Schemes via NACH facility, an investor will have to fill a separate form for each Scheme. A single form cannot be used for different Schemes simultaneously.
29. As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant. For more details please refer point on "Instructions to Investor" for Filling up the Application Form.
30. As per NPCI circular NPCI/ NACH/OC No.012/2023-24 dated December 29, 2023, mandate is to be issued for a maximum duration of 40 years from the date of issuance of mandate.
31. **Employee Unique Identification Number (EUIN):**
SEBI has made it compulsory for every employee/relationship manager/sales person of the distributor of Mutual Fund products to quote the EUIN obtained by him/her from AMFI in the Application Form. EUIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing. Mutual Fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIN of the Sales Person (if any) in the EUIN space.
32. ***IDCW Frequency Sub-Options are applicable for below schemes only:*** **ITI Liquid Fund** and **ITI Overnight Fund:** Daily, Weekly, Fortnightly, Monthly and Annually (Daily and Weekly are not applicable for IDCW Payout.) *(Default Frequency will be Daily Reinvestment of IDCW, in case frequency is not selected or in case of any ambiguity.)* • **ITI Dynamic Bond Fund:** Monthly, Quarterly, Half Yearly and Annually. *(Default Frequency will be Monthly Reinvestment of IDCW, in case frequency is not selected or in case of any ambiguity.)* • **ITI Conservative Hybrid Fund:** *Quarterly, Half Yearly and Annually. (Default Frequency will be Quarterly Reinvestment of IDCW, in case frequency is not selected or in case of any ambiguity.)*
33. **SIP Top-Up:** An investor can select this facility to increase the amount of the SIP installment by a fixed amount at pre-defined intervals during the tenure of the SIP. The features, terms and conditions for availing 'Top-Up' facility are as follows:
    1. This facility shall be available under all the Schemes where SIP facility is being offered.
    2. SIP Top-up will be allowed in case of Micro Investments subject to the condition that total investments including SIP Top-up by the investor does not exceed 50,000/- in a rolling 12 months period or in a financial year i.e. April to March i.e. the limit on Micro Investments.
    3. The minimum Top-up amount is Rs. 500/- and in multiples of Rs. 500/- thereafter.
    4. If the investor does not specify the Top-up amount, the default amount for Top-up will be considered as Rs. 500/-, and the application form shall be processed accordingly.
    5. SIP Top-Up facility can be availed at half yearly and yearly intervals. In case the Top-Up frequency is not specified, Default will be considered as yearly frequency.
    6. SIP top-up facility is currently available only for SIP registration and installment payments made directly with the fund and through modes like NACH/ECS/Auto Debit mode.
    7. SIP Top up facility is currently not available for SIP registration made through (i) Post-dated cheques (PDCs). (ii) Channel Partners, (iii) SIPs.
    8. Top-Up facility would be available to all existing and new SIP enrolments. Existing investors who have enrolled for SIP are also eligible to avail Top-Up facility and will be required to submit 'Systematic Investment Plan (SIP) with Top-up Facility' at least 30 calendar days prior to the Top-Up start month. In case the request is not received at least 30 days prior to the SIP date, the Top-up will be applicable from the next effective SIP installment.
    9. Once enrolled, in case the Investor wants to modify the Top-up details, the investor must cancel the existing SIP Top-up and enroll for a new SIP Top-up with the desired Top-up details.
    10. SIP Top-up facility can be started after minimum 6 months from the date of 1st SIP for both New and Existing SIP Investors. If the end-date of the Top-up facility is not mentioned the Top-up facility will be continued till the tenure of the SIP. For example, if the SIP is registered till 2099, and the end date of the Top-up facility is not mentioned; then the Top-up will continue till 2099.
    11. In case, the SIP Top up is cancelled, the SIP will be ceased.
    12. SIP Top Up facility can be availed by Existing Investors who have already registered any SIP with the fund, after a gap of 6 months from the date of submission of such Top Up application request and after the subsequent cycle date SIP has been processed. For Example if for an Existing SIP, the First SIP date is 15th of each Month from Jan 2019; and the Top-Up application request is submitted on 22nd Feb, 2019. The Next SIP date will be 15th of March, 2019; therefore the Top Up will start after 6 Months from 15th of September, 2019.
    13. All other terms & conditions applicable for regular SIP Facility will also be applicable to Top-up Facility.

    An Illustration: The Top-Up facility will work as follows:

Details of SIP registered	Details of Top-up opted for
• Fixed SIP Installment amount: ₹ 5,000/- • SIP Period: 01-April-2019 till 31-March-2022 (3 years) • SIP Date: 1st of every month (36 installments)	Example: • Top-Up Amount: ₹ 1,000/- • Top-Up Frequency: Every 6 months

Based on above details, SIP Installments shall be as follows:

Installment No(s).	SIP Installment (in ₹) (A)	Top-Up amount (in ₹) (B)	Monthly SIP Installment amount after Top-up (in ₹) (A+B)
1 to 6	5000	NA	5000
7 to 12	5000	1000	6000
13 to 18	6000	1000	7000
19 to 24	7000	1000	8000
25 to 30	8000	1000	9000
31 to 36	9000	1000	10000* *(At-least amount to be filled on NACH Mandate)

The Trustee/AMC reserves the right to change/ modify the terms and conditions of the "Top up Facility" at a later date on a prospective basis.

34. **Terms & Conditions - SIP:**
We help you to record the financial goal you are investing for. Investors can now record the specific financial goal the investor is endeavoring to achieve using the investment in specific scheme/plan. Unit holders are requested to note that:
    - Only one financial goal can be indicated per scheme/plan.
    - In case a different financial goal is indicated for a subsequent investment in the same scheme/Plan within the same folio, the earlier financial goal would be over written.
    - Goal Amount & type of Goal are mandatory for each Goal SIP Application. Default option will be Retirement Planning where no Goal is selected. If no Goal amount is mentioned on the SIP application in section 3, then the SIP will be registered as a regular SIP & not as Goal SIP.
    - Investors may kindly note that the status of Goal sip cannot be changed once registered. Investors will have a choice to discontinue the Goal SIP, with a prior notice of 30 days.
    - All other conditions generally applicable for SIP shall also be applicable for Goal SIP.

Investors should seek appropriate advice if in doubt about whether the Scheme is suitable to meet their Financial Goals.

INSTRUCTIONS TO FILL THE NACH DEBIT MANDATE FORM

1. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
3. Investors are deemed to have read and understood the terms and conditions of NACH Facility, SIP registration through NACH facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addendum issued from time to time of the respective Scheme(s) of ITI Mutual Fund.
4. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
5. Please mention the amount in figures and words.
6. Please fill all the required details in the Debit Mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
7. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
8. The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Toll Free Number:	Non Toll Free Number:	Email:	Website:
1800-266-9603	022-69153500	mfassist@itiorg.com	www.itiamc.com

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.