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.

Toll Free Number: 1800-266-9603 Non Toll Free Number: 022-69153500

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Email:

mfassist@itiorg.com

Website:

www.itiamc.com

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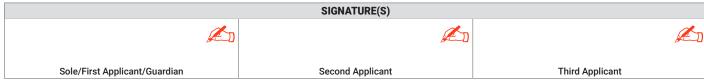
Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts)

Relationship proof between Guardian and Minor attached (if application is in the name of a Minor)

Additional documents for Third Party payments attached

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). 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		Cit	ty		PIN	Code					
MICR Code 9 digit code appears on your Cheque next to your Cheque No	IFSC Cod		de 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/D Plan: Direct Regular	,	in favour of " IT	,		C". of Payment	Date & (heaue/	DD No	/IITR		
Scheme Name	Οριιοίί/30	ы-орион	(b) DD charges (c) Total Amount (a+b=c) (₹)	Wiode	or r dyment	Date & Cheque/DD No./UTR No.(In case of NEFT/RTGS)/ UMRN No. (In case of OTM)					
	○ Growth ○ I ○ IDCW# Payout Sub-Option:		, , , ,	O Cheque							
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Total	in Wo	ords		O Tuna II			In figur	res			
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)	OTM Ref. No	o								
9. SIP DETAILS Opted for SIP: O Yes	○ No (In case, yo	ou have opted t	for SIP, it is mandatory to s	submit SIP	/Multiple SIP Re	gistration	Form.)				
9A. SIP THROUGH POST DATED CHEQU	ES										
No. of cheques enclosed including first chequ			awn on Bank and Branch ontinuous series From			То					
10. UNIT HOLDING OPTION Operat I		sical Mode (D				10					
* Demat Account details are mandatory if the inve		•	,								
NSDL DP Name		DP ID I N		Beneficia	ry Account No.			\perp			
* Investor opting to hold units in Demat Form, may pro	vide a copy of the DP		ficiary Account No.	stated in the	Application Form.						
*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.											
Nominee Opt-In: I/We hereby nominate the below mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company.											
Name and Address of Nominee(s)	Relationship with Applicant	(To be fu	rnished in case Nominee is a M Name and Address of Guardian		Signature of N (Optional)/Gua Nominee (Ma	ardian of	the unit	Proportion (%) in which the units will be share by each Nominee‡			
Nominee 1											
Nominee 2											
Nominee 3											

O 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).



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

11. 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 DIDIMIMIYIYIYIY	SIGNATURE(S) as per ITI Mutual Fund Records											
Date D D M M T T T T T	of the second											
Place												
	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



Application No. S O New SIP Registration Change in Bank Account (for SIP earlier registered) DISTRIBUTOR INFORMATION FOR OFFICE USE ONLY Internal Code for Sub-Broker/Employee FIIIN Registrar/Bank Serial No. Distributor Name & Code Sub-Distributor Code RIA Code 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' 1. UNITHOLDER INFORMATION Application No. 1st/Sole Unit Holder Name SCHEME DETAILS (Choice of Plan [Please \(\frac{1}{2} \)) (Please refer to instruction No. 31 for more details of IDCW Frequency Sub-Options. Scheme ITI Plan (Please ✓) ○ Regular ○ Direct Option: Growth IDCW# Reinvest DDCW# 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 SIP TYPE: O SIP with first installment through cheque ○ SIP with first installment through One Time Mandate (OTM)** O SIP without first installment ** This facility is available only for investors whose OTM is already registered in the folio mentioned in the application form. Enrolment Period: From Date M M Y Y Y Y To Date M M Y Y Y Y Y (Note: Enrollment periode should be less than or equal to 40 years.) Drawn on Bank and Branch First SIP Instalment via: Cheque No. Amount: A/c. No. Each SIP Amount: Amount in Words O Monthly (SIP) Frequency: O Daily (SIP) O Weekly (SIP) (Please √) (Please mention any day between Monday to Friday) Date: Date: Preferred Debit Date (Any day from 1st to 28th of the month) All Business Days 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 O Demat Mode* UNIT HOLDING OPTION O 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. SIP TOP-UP FACILITY (You can start SIP Top-Up Facility after minimum 6 Months from 1st SIP) Refer Instruction No. 32, on SIP Top All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (minimum ₹500/- & in multiples of ₹500/- only) Top-up Start Month: MMYYYYY Top-up End Month: MMYYYYYY Top-up Amount: (₹) Frequency: (Please ✓) ○ Half Yearly O Yearly (Default) **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 the Mandate Form. Further, I authorize my representative (the bearer of this request) og et the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account flusted from the mutual fund before investing in any scheme of ITI Mutual Fund using this facility. SIGNATURE(S) as per ITI Mutual Fund Records. Date Sole/First Unit Holder/Guardian Second Unit Holder **Third Unit Holder** ITI ONE TIME BANK MANDATE MUTUAL FUND (NACH/OTM/Direct Debit Mandate Form) g-term wealth creators UMRN **Utility Code** Sponsor Bank Code Tick (√) CREATE ✓ SB CA CC SB-NRE SB-NRO Other I/We hereby authorize to debit (tick√) ITI MUTUAL FUND MODIFY Bank a/c number CANCEL or MICR with Bank **IFSC** ₹ an amount of Rupees ☑ Yrly DEBIT TYPE FREQUENCY Mthly ☑ Qtly ☑ H-Yrly As & when presented ✓ Maximum Amount Phone No. PAN **ALL SCHEMES OF ITI MUTUAL FUND Email ID** Scheme Name 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 То