## **COMMON APPLICATION FORM**

Toll Free Number:

1800-266-9603

Non Toll Free Number.

022-66214999

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

Sponsors: The Investment Trust of India Limited and Fortune Credit Capital Limited

Investment Manager: ITI Asset Management Limited Naman Midtown, 'A' Wing, 21st Floor, Senapati Bapat Marg Prabhadevi, Mumbai 400 013 CIN: U67100MH2008PLC177677



All sections	s should be filled in English and ir	BLOCK LETTERS	S only.		Application No	o. <b>C</b>
Distributor/ RIA Code	ARN-	Sub-Distributor Code	ARN-	Branch Code	EUIN	For Office use only (Time Stamp)
by the distrib EUIN Declara relationship is sales person RIA Declaration all Scheme	mission shall be paid directly by the i butor. Ition: I/We hereby confirm that the EUI manager/sales person of the above di of the distributor/sub broker. ion: I/We hereby give you my/our con es managed by you, to the above mer I/Sole Applicant/Guardian/POA Holde	IN box has been inte istributor/sub broke sent to share/provi ntioned SEBI-Regist	entionally left blank by me/us or or notwithstanding the adv de the transactions data feed	as this transaction ice of in-appropria I/portfolio holding A.	is executed without any into teness, if any, provided by th s/NAV etc. in respect of my,	eraction or advice by the employed the employee/relationship manage
In case the s	TION CHARGES for ₹ 10,000/- an subscription amount is ₹ 10,000/- or m rst time mutual fund investor) will be d	ore and your distrib	utor has opted to receive trans	saction charges, ₹ 1	50/- (for first time mutual fu	nd investor) or ₹ 100/- (for investo
Make your	selection before filling the form	. (Please ✓) : 🗖 Inv	rest Now 🔲 Zero Balance Fol	io		
Folio No.	NG INVESTOR/EXISTING ZERO	Name of Fir	st Applicant		n Section 1 and proceed to	Section 6)
2. MODE	OF HOLDING (please √) □	Single 🗖 Anyor	ne or Survivor 🔲 Joint**	(**[	Default, in case of more tha	an one applicant and not ticked)
3. APPLIC	CANT'S INFORMATION					
First/Sole A	Applicant Mr. Ms. Ms. M/s.	Minor		ndividual 🔘	Non Individual (Mandatorily	fill separate FATCA/CRS & UBO form
Name	al investors please fill Ultimate Benef	ficial Ownership (UBo	<u></u>	nit with Application	n Form  PAN/PEKRN#  Proof Att	
Name of Gu	uardian (in case of First/Sole Applicant	is a Minor) <b>/Name o</b>	f Contact Person (in case o	f Non-Individual Inve	estors only)	
☐ Mr. ☐ M	s. Name					
Aadhaar Car Nationality	rd No.		N/PEKRN <sup>#</sup>	<b>K</b>	CIN‡ Contact No.	Proof Attac
	p with Minor (Mandatory) nent "on behalf of Minor"		other Court Appointed Late CSchool Certificate	-		ionship attached
Correspond	lence Address					
City						
Contact Deta	ails Country Code	STD	) Code	Tel.		
Mobile No.		Email ID				
<b>Primary Ho</b>	ect the box for email id & Mobile N Ider's own email address and mo nications will be sent by default t	bile number shou	ıld be provided.	•		ication please tick 🖸
Overseas Ad	ddress for NRIs/PIOs/FIIs (Mandato		Country			Zip Code
Groce Appl	ual Income (₹)* (Please ✓)	Occupation* (Pl	2000		egal Status∗ (Please √)	
☐ Below 1 I ☐ 10-25 La	Lac 1-5 Lacs 5-10 Lacs cs 25 Lacs-1Crore 7-10 Crore landatory for Non-Individuals) as on	Private Secto Government Agriculturist Defence For Individual	or Service Public Sector Service Business Pr Retired Housewife Proprietorship Others Politically Exposed Person (PER Related to PEP Yes No	Service ofessional Student  P) Yes No	Resident Individual NRI- PIO/OCI HUF Mind Sole- Proprietorship Par Financial Institution	Repatriable NRI-Non Repatriable or (through Guardian) LLP Fitnership Firm Company Bank Other Body Corporate Trus ligious/Non-profit Organisation
Mandatory Non-Individ Investor		Changer Services				] etting syndicates) 🔲 Yes 🔲 No
‡ W.e.f. Fe KRA sys	ory Fields ebruary 1, 2017, New individual inves stem will be required to fill the new Cl of Legal Guardian, please submit atto	KYC form while inve	esting with the Fund.	,	,, ,	C is not registered or verified in th
Long-term wealth			Acknowledgement : (To be filled in by the App		Application	No. C
	ealization, verification and conditions)					
Scheme		Plan	Option			
Cheque/DD N		Dated	Drawn on Bank		ISC S	Stamp, Date & Signature
Account No	l.	Amount (₹)	Branch			

Email:

mfassist@itiorg.com

Website:

www.itimf.com

Name of Second Applicant Mr./Ms.								
Date of Birth D D M M Y Y Y Y	Nationality		PAN/PEKRI	1#				
Aadhaar Card No.	KIN‡			O Proof Attach				
Gross Annual Income (₹)* (Please ✓)	Occupation∗ (Please ✓)	Lega	al Status* (Pleas	se √)				
Below 1 Lac 1-5 Lacs 5-10 Lacs	Private Sector Service Public S	Sector Service R	esident Individua	NRI-Repatriable NRI-Non Repatriable				
10-25 Lacs 25 Lacs-1Crore >1Crore	e ☐ Government Service ☐ Business ☐ Agriculturist ☐ Retired ☐ Hous	s OProtessional OP ewife OStudent OS	10/0CI 🗀 HUF ole- Proprietorsh	☐ Minor (through Guardian) ☐ LLP ☐ FII ip ☐ Partnership Firm ☐ Company ☐ Bank				
Net worth (Mandatory for Non-Individuals) ₹ as on	Defence Proprietorship Ot	hers F	inancial Instituti	on 🔲 Other Body Corporate 🔲 Trust				
D D M M Y Y Y Y Y (not older than 1year)	For Individual Politically Exposed Pers Related to PEP Yes	70.1 (1 2.1 ) M 1 00 M 1.10	AOP/BOI Charitable/Religious/Non-profit Organisation Others					
Name of Third Applicant Mr./Ms.								
Date of Birth   D   M   M   Y   Y   Y   Nationality								
Aadhaar Card No.	KIN±			O Proof Attach				
Gross Annual Income (₹)* (Please ✓)	Occupation∗ (Please ✓)	Lega	al Status* (Pleas					
Below 1 Lac 1-5 Lacs 5-10 Lacs	Private Sector Service Public S		Resident Individual NRI-Repatriable NRI-Non Repatriable					
□ 10-25 Lacs □ 25 Lacs-1Crore □ >1Crore  Net worth (Mandatory for Non-Individuals)	e ☐ Government Service ☐ Business ☐ Agriculturist ☐ Retired ☐ Hous		PIO/OCI  HUF  Minor (through Guardian) LLP FII Sole- Proprietorship Partnership Firm Company Bank					
₹ as on	☐ Defence ☐ Proprietorship ☐ Ot	hers F	Financial Institution   Other Body Corporate   Trust					
D   D   M   M   Y   Y   Y   Y   (not older than 1year)	For Individual Politically Exposed Pers Related to PEP Yes	7011 (1 21 ) 22 1 00 22 1 10	AOP/BOI Charitable/Religious/Non-profit Organisation Others					
4. POWER OF ATTORNEY (POA) HOLDE	R DETAILS (If the investment is being n	nade by a Constituted Attor	ney, please furr	ish the details of POA Holder)				
PoA Name Mr/Ms./M/s.								
Aadhaar Card No.	PAN/PEKRN#		KIN±					
Enclosed PAN card proof KYC			N.114					
PoA copy notorised or the original copy of Po	A needs to be submitted in case of Inves	stment through PoA.						
5. CONFIRMATION UNDER THE FOREIGN	ACCOUNT TAX COMPLIANCE ACT (	FATCA) AND COMMON R	REPORTING ST	TANDARD (CRS) INFORMATION				
FATCA and CRS Certification for Individual In	vestors [Mandatory for all investors inclu	ding NRI, Guardian (in case o	of Minor), Joint	Holder(s) and POA Holder]				
Non Individual investors, including HUF should i	mandatorily fill separate FATCA/CRS form							
Details under Foreign Tax Laws:	First Applicant (including Minor)	Second Applicant/Guard	ian	☐ Third Applicant ☐ PoA				
	City	City		City				
City & State of Birth	State	State		State				
Country of Rirth	State	State		State				
Country of Birth	□ Indian □ US	☐ Indian ☐ US		☐ Indian ☐ US				
Nationality	Others (Please Specify)	Others (Please Specify)		Others (Please Specify)				
Address Type (for KYC Address)	Residential Registered Office	Residential Registered Office		Residential Registered Office				
,	Business	Business		Business				
Are you a tax resident (i.e. are you assessed	for Tax) in any other Country outside Ind	lia? 🔲 Yes 🔟 No (If Yes, p	olease provide t	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)								
Identification Type (TIN or Other, pl. specify)  Country of Tax Residency (3)								
Country of Tax Residency (3)								
Country of Tax Residency (3)  Tax Identification No.								
Country of Tax Residency (3)  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)  6. BANK ACCOUNT DETAILS (For Reden		e hank account)						
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p	ayout bank account is different from the		uurrent \( \backsquare \) NRE	ONBO DECNR				
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the plank A/c. No.	ayout bank account is different from the		urrent NRE	NRO OFCNR				
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p	ayout bank account is different from the		urrent NRE	NRO OFCNR				
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p	ayout bank account is different from the		urrent NRE	NRO FCNR  Pin Code				
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Redem (Mandatory to attach proof, in case the p)  Bank A/c. No.	ayout bank account is different from the	c. Type Savings CC	urrent NRE					
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p)  Bank A/c. No.  Bank Name  Branch Name	ayout bank account is different from the	c. Type Savings CC						
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p)  Bank A/c. No.  Bank Name  Branch Name  MICR Code	ayout bank account is different from the	c. Type Savings CC						
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p)  Bank A/c. No.  Bank Name  Branch Name  MICR Code	ayout bank account is different from the	c. Type Savings CC						
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p)  Bank A/c. No.  Bank Name  Branch Name  MICR Code	A/out bank account is different from the A/o	c. Type Savings C						
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p)  Bank A/c. No.  Bank Name  Branch Name	ayout bank account is different from the	c. Type Savings C	IFSC Code	Pin Code				
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Reden (Mandatory to attach proof, in case the p)  Bank A/c. No.  Bank Name  Branch Name	A/G  A/G  A/G  A/G  A/G  City  RTGS IFSC Code  O  O  O  O  O  Self attested PAN card of	c. Type Savings C  NEFT S Two lakhs and above	IFSC Code  Email id a transaction	Pin Code				
Country of Tax Residency (3)  Tax Identification No.  Identification Type (TIN or Other, pl. specify)  6. BANK ACCOUNT DETAILS (For Redem (Mandatory to attach proof, in case the p)  Bank A/c. No.  Bank Name  Branch Name  MICR Code  9 digit code appears on your Cheque next to your Cheque N	A/out bank account is different from the A/o	c. Type Savings C  Sovings C  NEFT  S Two lakhs and above  ECKLIST  Copy attached  on for Non-Individual	IFSC Code  Email id a transaction	Pin Code				

7. INVESTMENT DETAILS: Schen	ne/Plan/Օլ	ption								
Regular Plan (Purchase/Subscription routed through Distributor) mention valid ARN No.										
Scheme I   T   I										
Option Growth Dividen	nd-Reinves	st 🖸 Dividend-Pa	ayout	Dividend Frequency Daily D	Weekly 🖸 Fortnightly 🗖 M	onthly 🖸 Annually				
Default Option will be Growth in case option not selected by investor or in case of any ambiguity.  Default Frequency will be Daily, in case frequency not selected by investor 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.										
8. PAYMENT DETAILS: Please issue separate Cheque/DD favouring the Scheme Name you wish to invest										
Payment Type (Please ✓) Self Third Party Payment (Please fill the 'Third Party Payment Declaration Form') Payment Mode Cheque DD RTGS/NEFT Funds Transfer										
Data DIDIMINIVIVIVIVI										
Amount (₹) (i)		Account No.								
DD charges, (x) (III)										
Total Amount (₹) (i) + (ii)										
	Switch not	allowed for Dem	at holdings. Red	demption through Stock Exchange Pla	tforms/DPs only)					
			•	n provided in Demat Account shall be co						
NSDL OR CDSL Deposi	tory Partici	pant (DP) Name		·	DP ID (NSDL Only)	N				
Beneficiary Account No. (CDSL)		pa (2. )a		Beneficiary Account No. (NSDL)		IN I I I I				
				Deficition Account No. (NSDL)						
10. NOMINATION DETAILS (Mand	• /									
I/We hereby nominate the under m settlements made to such Nominee sl				to my/our credit in event of my/our d al Fund/Trustee Company.	leath. I/We also understand	I that all payments and				
		Polationahin	(To be furnished in case Nominee is a Minor)		Signature of Nominee (Optional)/Guardian of	Proportion (%) in which				
Name and Address of Nominee	(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Nominee (Mandatory)	the units will be shared by each Nominee‡				
Nominee 1										
Nominee 2										
Nominee 3										
‡ the aggregate total should be 100%.										
OR Please (✓) □ I/We do not wish to No										
. , _										
11. DECLARATION & SIGNATURE		ahama Informatio	on Decument of	the Coheme and Ctatement of Addition	al Information and aubassus	ont amondments therets				
including the section on who cannot in				the Scheme and Statement of Additiona "Know Your Customer", I/We hereby ap						
Scheme as indicated above and agree to & that the amount invested by me/us in	abide by th	ne terms and cond	ditions, rules and	I regulations of the Scheme. I/We further	declare, I am/we are authori	sed to invest the amount				
acts, rules, regulations or any statute of	r legislatior	nentioned Schem or any other app	olicable laws or i	notifications, directions issued by the go	overnmental or statutory aut	hority from time to time				
				udgment etc., of any Regulation, includir heme(s) and the AMC/Trustee/Fund wo						
•				neme(s) and the AMC/Trustee/Fund wo We agree that in case my/our investme	•					
				the ITI Mutual Fund, has full right to refu r indirectly in making this investments. I,						
Manager and its agents to disclose deta	ails of my ii	nvestment to my	bank(s)/ITI Mut	ual Fund's bank(s) and/or Distributor/Br	roker/Investment Advisor. I/V	We hereby authorize you				
to disclose, share, remit in any form, mo				ovided by me/us, including all changes, u overnmental or statutory or judicial autho						
investigation agencies without obligation	on on advisi	ing me/us of the s	same. I/We auth	orise ITI Mutual Fund to reject the applic	cation, revert the units credit	ed/redeem units created				
				e Schemes of the Fund, recover/debit n returned by my/our banker for any reas		al interest and take any				
I/We undertake that these investments	•					documents as required				
1 /		,,		nd can directly credit all the dividend p	,	,				
investment. I/We hereby declare that th				any indicative portfolio and/or any indi	cative yield by the Fulld/Alvi	C/Its distributor for this				
				nmission or any other mode), payable to						
Mutual Funds from amongst which the offered by them.	Scheme is	being recommer	nded to me/us. I	/We further agree that the Fund/AMC ca	an send us all types of SMS	relating to the products				
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										
				nited States or resident(s) of Canada. Ir	n case of change to this stat	us, I/We shall notify the				
AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).  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 chan	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	า									
				SIGNATURE(S)						
Date DIDIMIMIYIYIY			~	SIGNATURE(S)	~	~				
Place										
Sole/First Applicant/Guardian/										
	Po	A/Authorised Sig	natory	Second Applicant/PoA	Third Ap	plicant/PoA				