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. C
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	DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY
Distributor Code (ARN) & RIA Co	ode Sub-Distributor Code	Internal Code for Sub-Broker/Employee EUIN*	Registrar/ Bank Serial No. Date and Time of Receipt
the above distributor/sub broker or notwithstanding t	the advice of in-appropriateness, if any, provided by	the employee/relationship manager/sales person of	advice by the employee/relationship manager/sales person of the distributor/sub broker. • RIA Declaration: I/We hereby givenes managed by you, to the above mentioned SEBI-Registere
First/Sole Applicant/Guardian/POA	A Holder Second Applica	nt/Guardian/POA Holder	Third Applicant/Guardian/POA Holder
the subscription amount is ₹ 10,000/- or more and	your distributor has opted to receive transaction ch	oss Mutual Funds OR O I am an existing investor in N arges, ₹ 150/- (for first time mutual fund investor) or ne distributor. Units will be issued against the balance	·₹ 100/- (for investor the form. (Please ✓):
·	<u> </u>	ou have existing folio, please fill in Section	,
Folio No.	The details in our reco	ords under the Folio number mentioned al	pove will apply for this application.
2. MODE OF HOLDING (please ✓)			
3. APPLICANT'S INFORMATION	Single Anyone or Survivor	Joint (**Delauit, in	case of more than one applicant and not ticked,
I. First/Sole Applicant	○ M/s.	O Individual	Non Individual
Non-Individual investors should mandatori			
Name			
Date of Birth*/Incorporation	A Y Y Y PAN/	KIN	
DoB is mandatory for Minor)	PEKRN*		Proof Attac
egal Entity Identifier (LEI) Code Mandatory for Non Individual only)			Validity till
	ory 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 Ap	oplicant is a Minor) / Name of Contact Per	rson (in case of Non-Individual Investors only)	
○ Mr. ○ Ms.			
PAN/	KIN		○ Proof Attach
PEKRN*	_		
Relationship with Minor (Mandatory)	Father Mother	Court Appointed Legal Guardian	n Proof of relationship attached
For Investment "on behalf of Minor"	Birth Certificate School Certific	ate O Passport Other	
CONTACT DETAILS OF SOLE/FIRST AF			
Correspondence Address (P.O. Box is not	nt sufficient)	Overseas Address (Mandatory for NF	tls/PIOs/FIIs Applicants)
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holder is aware of all the security risks associated	ed with online communication including possible		nail. Please tick if you wish to receive scheme wise Annua
Report or Abridged Summary through phisical mo	vde. ()		
TAX STATUS (Applicable for First / Sole			
Resident Individual On behalf of Min Partnership Firm AOP/BOI Private	nor OHUF OFinancial Institution (e Limited Company OPublic Limited Compa		dy Corporate OCI Trust/Society/NGO nment Body FII/FPI Sole Proprietorship
○ Non Profit Organization/Charities ○ QF	NPS Trust Operate Establishmer	nt OBank OMutual Fund OFund of Fu	unds Others (Please specify)
I. Name of Second Applicant Mr. Ms.			
PAN/PEKRN*	KIN		
Mobile No.	Email ID		
Mobile No. provided pertains to: Self	Spouse Dependent Children	Dependent Siblings Dependent Paren	ts A Guardian in case of Minor
Email ID provided pertains to: Self	Spouse Dependent Children	Dependent Siblings Dependent Paren	ts A Guardian in case of Minor
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Subject to realization, verification and condi	Itions)	Option	
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Account No.	Amount (₹)	Branch	
Toll Free Number:	Non Toll Free Number:	Email:	Website:
1800-266-9603	022-69153500	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

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6. NON PROFIT ORGANIZATION (NPO) We are falling under "Non-Profit Organization" [NPO] which	n has been constituted	for religious or cha													
(15) of section 2 of the Income-tax Act, 1961 (43 of 1961) 1860 (21 of 1860) or any similar State legislation or a Com							○ No								
If yes, please quote Registration No. of Darpan po	rtal of Niti Aayog.														
If not, please register immediately and confirm wi will force ITI Mutual Fund / ITI Asset Managemen that we may be liable for it for any fines or conseq to me/us or collect such fines/charges in any other	nt Limited to regist uences as required	er your entity nar I under the respe	ne in the abov	e portal an	d ma	y report to	the relev	ant aut	horiti	es a	s app	licab	le. W	e ar	e aware
7. BANK ACCOUNT DETAILS (For Redemption (Mandatory to attach proof, in case the payor															
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Bank Name															
Branch Name		Cit	у					PI	N Co	de					
MICR Code 9 digit code appears on your Cheque next to your Cheque No.	IFSC Cod		de appearing on y	our Cheque l	eaf										
8. INVESTMENTS AND PAYMENT DETA	AILS:														
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Please issue separate Cheque/DD favouring the	Scheme Name (our Cheque i	ear										
In case of Multiple SIP, a consolidated Cheque/DI	D should be drawn	in favour of "IT	Mutual Fund												
Plan: ○ Direct ○ Regular Scheme Name	Option/Su	ıb-option	(c) Tota	nent Amou charges al Amount n=c) (₹)	ınt	Mode	of Paym	ent	1	No.(n cas	se of	NEF	T/R	./UTR TGS)/ OTM)
	Growth IDCW# Payout		(312	9) (1)		○ Cheque ○ RTGS/I ○ Fund Tr	NEFT	⊃ OTM	ı						
	Growth IDCW# Payout					○ Cheque ○ RTGS/N ○ Fund Tr	IEFT	⊃ OTM	ı						
	○ Growth ○ I ○ IDCW# Payout					○ Cheque	IEFT								
	Sub-Option:					O Fund Tr	ansfer (OTM	I						
Total Please refer to instruction No. VI(3) for more details of IDC	in Wo		n will he Growth	in case ontic	n is no	nt selected o	r anv amh	iauitv				In fig	ures		
IDCW# Re-investment is not available for ITI ELSS Tax Save															
O Use Existing One Time Debit Mandate (if already in	registered in the Folio)	OTM Ref. No	o												
9. SIP DETAILS Opted for SIP: O Yes	○ No (In case, yo	ou have opted t	or SIP, it is n	nandatory	to su	ubmit SIP,	/Multiple	e SIP F	Regis	trat	ion F	orm.	.)		
9A. SIP THROUGH POST DATED CHEQUI	ES														
No. of cheques enclosed including first cheque		Dra	wn on Bank a	ind Branch	1										
Account type	Cheque No	. should be in co	ontinuous ser	ies From	1				То						
10. UNIT HOLDING OPTION O Demat M		ysical Mode (D	•												
* Demat Account details are mandatory if the inves	stor wishes to hold					D6-:	- · A · · ·	-4 NI -							
NSDL DP Name		DP ID I N		+ No		Beneficia	y Accour	it No.					-		
* Investor opting to hold units in Demat Form, may prov	ide a copy of the DP		iciary Accoun		as sta	ated in the A	oplication	n Form.							
11. NOMINATION DETAILS (Mandatory)							• •								
O Nominee Opt-In: I/We hereby nominate the all payments and settlements made to such Nor								ny/our	death	1. I/\	Ve al	so ur	nders	stan	d that
Name and Address of Nominee(s)	Relationship with Applicant		nished in case		a Mir dress	· .	Signa (Opti	ature of onal)/G iinee (N	uardia	an of	f	he ur	nits v	/ill b	in which e shared ninee‡
Nominee 1				50010101	•			•							
remines i											-				
Nominee 2															

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	SIGI	NATURE(S) as per ITI Mutual Fund Reco	rds
Place	—————————————————————————————————————		3
	Sole/First Applicant/Guardian/ PoA/Authorised Signatory	Second Applicant/PoA	Third Applicant/PoA