COMMON TRANSACTION FORM

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

○ Redemption ○ Switch: Amount (₹)

Toll Free Number:

1800-266-9603

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



DISTRIBUTOR INFORMATION											FOR	FOR OFFICE USE ONLY	
Distril	butor I	Name &	Code	Sub-Distrib	utor Code		nal Code for oker/Employee	_	EUIN*	RIA Code	Registrar/Bank Serial No.		
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 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 by the distributor code. Distributor Code.													
	Fir	rst/Sole	Unit Ho	older/ Guard	lian		Sec	cond Un	it Holder		Thir	rd Unit Holder	
1. Fo	1. Folio No Application No												
Le Le	1st/Sole Unit Holder Name												
	SCHEME DETAILS Scheme TI												
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 avail IDCW# Frequency Sub-Options [Please tick (*/) any one]: Daily Weekly Fortnightly Monthly Quarterly Half Yearly Annually IDCW# Frequency Sub-Options are applicable for below schemes only: ITI Liquid Fund and ITI Overnight Fund: Daily, Weekly, Fortnight (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 ITI Dynamic Bond Fund: Monthly, Quarterly, Half Yearly and Annually. (Default Frequency will be Quarterly Reinvestment of IDCW#, in case frequency is not selected it ITI Conservative Hybrid Fund: Quarterly, Half Yearly and Annually. (Default Frequency will be Quarterly Reinvestment of IDCW#, in case frequency is not selected.										nually , Fortnightly, Monthly and Annually ected or in case of any ambiguity.) not selected or in case of any ambiguity.)			
	NIT HOLDING OPTION O Demat Mode* Physical Mode (Default) mat Account details are mandatory if the investor wishes to hold the units in Demat Mode.												
	NSDL DP Name											o.	
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. ADDITIONAL PURCHASE REQUEST											orm.	
Pa	nyment Options O Cheque/DD O RTGS/NEFT O Transfer O One Time Mandate O Others												
Am	mount (₹) (i) Dated D MMY												
DD charges (₹) (ii)													
	let Amount (₹) (i) + (ii) in f i g u r e s Branch and City												
	mount in words												
	OTM facility can be used only if, already registered. In case OTM is not registered, please fill OTM Form to make future transactions via OTM.												
O / For me Ple	REDEMPTION ○ Amount: or ○ No. of Units: or ○ All Units (Please ✓) For Investor, who has registered for the multiple Bank A/cs.: The redemption should be processed into the below bank account as per the payout mechanis me/us (This bank account has already been registered in the folio): Please credit the redemption proceeds to the below Bank Account which has been registered with you (Applicable only in case multiple banks are registered. B									he payout mechanism indicated by			
	required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).												
Bank Name: Branch: Account Type: Bank City:													
Imp will the	Important Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled abowill be processed into the "Default" bank account registered for the aforesaid folio. ITI Asset Management Ltd. will not be liable for any loss arising to the uthe credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.										are not filled above, the redemption s arising to the unitholder(s) due to		
	WITC		l ITI						To Oak	ITI			
		cheme	ITI		1	1			To Scheme	ITI		1	
	mount	` ' _		1	Or Units	:	Or O All	l Units	Plan/Option				
			ub Optic	on:					Sub Option				
7. DECLARATION I/We have read and understood the contents of the Statement of Additional Information (SAI) & respective Scheme Information Document (SID) and Key Information Mem Addendums. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to time. Amount invested/to be invested in the Schemo(s) through legitimate sources. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of va from amongst which the Scheme is being recommended to me/us. SIGNATURE(S)													
D	Date DDMMYYYYY										d'a	d.	
D	lace					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_		<i>M</i> — U	_	
	Sole/First Unit Holder/Guardian Second Unit Holder All Joint holders should sign, even in case of 'Anyone or Survivor'.									Third Unit Holder			
						_ All J0	onit riolaers shoul	u sign, ev	en in case of A	ilyone or Survivor.			
				LIP (To be	•		•					For Office use	
Receive													
Folio No													
												Signature of receiving systemity.	
O Addit	ional I	Purchas	e: Chear	ıe No.:		Date	ed: I	Drawn or	1		(8	Signature of receiving authority)	

or Units

Non Toll Free Number:

022-69153500

or O All Unit

Email:

mfassist@itiorg.com

Date and Time of Receipt:

Website:

www.itiamc.com