## **REQUEST FORM FOR CHANGE OF STATUS**

This Form should be completed in **English** and in **BLOCK LETTERS** only.

Investment Manager: ITI Asset Management Limited Naman Midtown, 'A' - Wing, 21st Floor, Senapati Bapat Marg, Prabhadevi, Mumbai - 400 013. CIN: U67100MH2008PLC177677 Sponsors: The Investment Trust of India Limited and Fortune Credit Capital Limited
Trustee Company: ITI Mutual Fund Trustee Private Limited



. UNITHOLD	ER INFORMATION										
Unit Holder I	Name Mr.  Ms.		<u> </u>								
, ,											
I would like t	I would like to inform you that the Investment(s) in the above Folio(s) was made when I was minor and same was represented by										
I request you	ı to change my status in the Folio	and remove th	•	•			,				
Date of Birth	# (Mandatory) DDMM	/   Y   Y   Y	Proof Attack		ite  Passport C	Marksheet issued by H	ISC/State Board(please specify)				
			1 1	PAN /PEKRN#		others	(please specify)				
Aadhar Card	NO										
KIN <sup>#</sup>			Proof Attach	Nationality							
Contact Deta	ails Country Code			STD Code		1	1				
Tel. (0)			(R)			(					
Mobile No.			Email ID <sup>1</sup>								
# Please attac	•	heme wise Annu	al Report or an	Abridged Summary the	eof / account stat	ements / statutory and oth	her documents by email.				
^ On providing email-id, investors shall receive scheme wise Annual Report or an Abridged Summary thereof / account statements / statutory and other documents by email.  BANK ACCOUNT DETAILS* OF THE FIRST / SOLE UNITHOLDER											
Bank Name											
Branch Nam	e & Address										
			City			Pin Code	e				
Bank A/c. No	0.			√c. Type ○ Savings (	○ Current ○ NRE	○ NRO ○ FCNR ○ Othe	rs				
MICR Code		RTGS IFSC Co	de		NEFT IFS	C Code					
Preferred m	ode of payment: Electronic Cred	dit / RTGS / NE	FT / ECS (ECS	only for dividend pa	yout).						
* Mandatory	y – Please attach cancelled orig					ank Statement / first p					
	ng account number and first un locument in case of: a) Registra					nk Statement) is requir ) Subsequent change i					
additional d Mandate											
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additional d Mandate.  NOMINATION [Please ( ) a	ocument in case of: a) Registra ON DETAILS	to Nominate	estor's Bank I	Mandate at the time	of investment b		n the investor's Bank				
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Nominee 1  Nominee 2  Nominee 3  ‡ the aggregat  ADDITIONA  Gross Annua  Below 1 L  10-25 Lac  Occupation	DON DETAILS and sign]   I/We do not wish OR I/We hereby nominate the under and Address of Nominee(s)  L KYC INFORMATION (Mandate al Income (₹) (Please ✓) ac   1-5 Lacs   5 ac   25 Lacs-1Crore   > corrected by the second	retion of the inverse to Nominate er following pe  Relationship with Applicant  Pory)  3-10 Lacs 1Crore  Service G	rson(s):  Date of Birth  OR	Name and Address (in case Nomine	gnature of applic s of Guardian e is minor)  or Non-Individual	sant (erstwhile Minor, no Signature of Nominee (Optional) / Guardian of Nominee (Mandatory)  s) ₹ t older than 1 year)	ow Major)  Proportion (%) in which the units will be shared by each Nominee <sup>‡</sup>				
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## ARN-4464 E032737 VIKRAM S. BAGADTHEY

5. (	ONFIRMATION UNDER THE FOREIGN ACCOUN	T TAX COMPLIA	NCE ACT (FAT	CA) AI	ND COMMON REPORTING STANDARD (	CRS) INFORMATION					
	Category Information										
F	Place & City of Birth	City									
(	Country of Birth										
1	Nationality	O Indian	US	Othe	rs (Please Specify)						
	# Please indicates all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification e.g.: TIN etc										
(	Country of Tax Residency (1)										
-	Tax Identification No. (1)										
ī	dentification Type (TIN or Other, pl. specify) (1)										
(	Country of Tax Residency (2)										
-	Fax Identification No. (2)										
	dentification Type (TIN or Other, pl. specify) 2)										
	Country of Tax Residency (3)										
	Fax Identification No. (3)										
	dentification Type (TIN or Other, pl. specify) (3)										
	To also include USA, where the individual is a citizer	/ n/ green card hold	er of USA. ^In c	ase Tax	(Identification Number is not available, kin	dly provide its functio	nal equivalent.				
	DECLARATIONS & SIGNATURE(S)	, 5,			,	,					
5   [   5   t   6	/ We am / are not prohibited from accessing capital markets under any order / ruling / judgement etc., of any regulation, including in its including its including its including its including Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards ("CRS") instructions] and hereby onfirm and declare that, the information provided by me / us in this Request Form is true, correct and complete and is duly upported by the documentary evidence / proof enclosed along with the Request Form. Further I / We hereby agree and undertake to intimate / inform promptly the AMC / Fund / Trustee / RTA, of any modification to the above mentioned information. I / We further gree to abide by all the Terms and Conditions and the Provisions of the Scheme related document(s).  or Foreign Nationals Resident in India only: I / We will redeem my / our entire investment/s before I / We change my our Indian esidency status. I / We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account						Specimen signature of the Unit holder who has attained Majority:				
F	of change in residential status. For NRIs / PIO / OCIs only: I / We confirm that my a Please (✓) ○ Yes ○ No If y	ble Indian and foreign laws.  ○ Non-repatriation basis	Date   D   D   M   M   Y   Y   Y   Y								
Please (🗸) Yes No If yes (🗸) Repatriation basis Non-repatriation basis											
1	ame of the Bank official						Signature of Bank Official				
1	Name of the Bank		with Bank's Seal								
E	Bank Account Number										
	Designation Employee Code										
	Contact Number										
-	n support of my current signature:		U	R							
	I am submitting this request during a persor	nal visit to your	Investor Servi	ce Cer	ntre along with my original PAN / Pass	port					
FOR OFFICE USE ONLY											
Attestation by AMC / KARVY official: I have verified the above signature against the PAN / Passport of the unit holder and the signature has been made in my presence.							Signature				
Name	e:		~0								
Designation: Employee Code:											
HISC/CISC:											
UNITHOLDER'S CHECKLIST:											
I am submitting the following documents herewith:											
Sr. No.	Documents  * Documentary proof of bank account currents	antly registered	Status [Please (✓)]	Sr. No.	Documents  New bank account proposed to be rec	nistered (reflecting	Status [Please (✓)]				
1	(reflecting name and account number)	, regiotered	0	2	name and account number)	g.o.c.ca (remeding	0				
3	KYC acknowledgement letter		0	4	Attested age proof		0				
5	Declaration for investors who are US persons	s (if applicable)	0								
* Valid	Documentary proof:										

Cancelled original cheque leaf (reflecting name and account number) / photocopy of cheque leaf (reflecting name and account number) accompanied with the original cheque leaf for verification at the offices of ITI Asset Management Limited / bank passbook or bank account statement (certified by the bank manager) /letter from the bank for the new bank account / Passbook.

## Instructions:

- 1. Unitholder will have to produce the originals of the documents mentioned above, along with the photocopies, at the counter, we shall verify them and return the originals to you, or photocopies can be submitted attested by the Bank Manager, (name, designation, employee code and seal should be affixed, clearly on the copy).
- 2. Address shall be updated in the folio as per the records in CVL.
- 3. Request for change of status should be submitted prior to the submission of any request of processing any financial transaction. If a combined request to change the status along with request to process any financial transaction is submitted, then only change in status request will be processed and such other request will be liable to be rejected.
- 4. Incase, of systematic transactions like Systematic Investment Plan (SIP), Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP) etc., the request for execution of such SIP, STP & SWP shall be terminated within 30 calendar days, in case of SIP and 10 Business days, in case of STP and SWP, from the date of receiving the request to change the status of the folio from Minor to Major.