

**COMMON APPLICATION FORM**

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  
**Trustee Company:** ITI Mutual Fund Trustee Private Limited

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



All sections should be filled in English and in BLOCK LETTERS only.

Application No.

Distributor/RIA Code	ARN-4464	Sub-Distributor Code	ARN-	Branch Code	EUIN	E032737	For Office use only (Time Stamp)
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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.

**EUIN Declaration:** I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

**RIA Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/RIA.

First/Sole Applicant/Guardian/POA Holder	Second Applicant/Guardian/POA Holder	Third Applicant/Guardian/POA Holder
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**TRANSACTION CHARGES for ₹ 10,000/- and above** (✓ any one) :  I am a first time investor across Mutual Funds OR  I am an existing investor in Mutual Funds  
 In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive transaction charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

**Make your selection before filling the form.** (Please ✓) :  Invest Now  Zero Balance Folio

**1. EXISTING INVESTOR/EXISTING ZERO BALANCE FOLIO NO.** (If you have existing folio, please fill in Section 1 and proceed to Section 6)

Folio No. \_\_\_\_\_ Name of First Applicant \_\_\_\_\_

The details in our records under the Folio number mentioned above will apply for this application.

**2. MODE OF HOLDING (please ✓)**  Single  Anyone or Survivor  Joint\*\* (\*\*Default, in case of more than one applicant and not ticked)

**3. APPLICANT'S INFORMATION**

Applications from residence of USA & Canada will not be accepted.

**First/Sole Applicant**  Mr.  Ms.  M/s.  Minor  Individual  Non Individual (Mandatorily fill separate FATCA/CRS & UBO form)

Non-Individual investors please fill Ultimate Beneficial Ownership (UBO) Declaration Form and submit with Application Form

Name \_\_\_\_\_

Date of Birth\*/Incorporation [D][D][M][M][Y][Y][Y][Y] Nationality \_\_\_\_\_ PAN/PEKRN# \_\_\_\_\_

Aadhar Card No. \_\_\_\_\_ KIN# \_\_\_\_\_  Proof Attach

**Name of Guardian** (in case of First/Sole Applicant is a minor)/**Name of Contact Person** (in case of Non-Individual Investors only)

Mr.  Ms. Name \_\_\_\_\_

Aadhar Card No. \_\_\_\_\_ PAN/PEKRN# \_\_\_\_\_ KIN# \_\_\_\_\_  Proof Attach

Nationality \_\_\_\_\_ Designation \_\_\_\_\_ Contact No. \_\_\_\_\_

**Relationship with Minor (Mandatory)**  Father  Mother  Court Appointed Legal Guardian\*\*  Proof of relationship attached

**For Investment "on behalf of Minor"**  Birth Certificate  School Certificate  Passport  Other \_\_\_\_\_

**Correspondence Address** \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

**Contact Details** Country Code \_\_\_\_\_ STD Code \_\_\_\_\_ Tel. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Please select the box for email id & Mobile No.:  Primary Holder's email id  Family Member's email id

Primary Holder's own email address and mobile number should be provided.

All communications will be sent by default to the registered E-mail ID/Mobile No. In case you wish to receive physical communication please tick

**Overseas Address for NRIs/PIOs/FILs (Mandatory)** \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>Gross Annual Income (₹)* (Please ✓)</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> 25 Lacs-1Cr <input type="radio"/> >1Cr Net worth (Mandatory for Non-Individuals) ₹ _____ as on [D][D][M][M][Y][Y][Y][Y] (not older than 1 year)	<b>Occupation* (Please ✓)</b> <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Defence <input type="radio"/> Proprietorship <input type="radio"/> Others _____ <b>For Individual Investor*</b> Politically Exposed Person (PEP) <input type="radio"/> Yes <input type="radio"/> No Related to PEP <input type="radio"/> Yes <input type="radio"/> No	<b>Legal Status* (Please ✓)</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI-Repatriable <input type="radio"/> NRI-Non Repatriable <input type="radio"/> PIO/OCI <input type="radio"/> HUF <input type="radio"/> Minor (through Guardian) <input type="radio"/> LLP <input type="radio"/> FII <input type="radio"/> Sole- Proprietorship <input type="radio"/> Partnership Firm <input type="radio"/> Company <input type="radio"/> Bank <input type="radio"/> Financial Institution <input type="radio"/> Other Body Corporate <input type="radio"/> Trust <input type="radio"/> AOP/BOI <input type="radio"/> Charitable/Religious/Non-profit Organisation <input type="radio"/> Others _____
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**Mandatory for Non-Individual Investor** Is the entity involved/providing any of the following services  Yes  No [(Also attach Ultimate Beneficiary Ownership form)]  
 • For Foreign Exchange/Money Changer Services  Yes  No • Gaming/Gambling/Lottery Services (e.g. casinos, betting syndicates)  Yes  No  
 • Money Lending/Pawning  Yes  No

\* Mandatory Fields

† W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

...continued overleaf



**ACKNOWLEDGEMENT SLIP**  
(To be filled in by the Applicant)

Application No.

Received from: Mr./Ms./M/s. \_\_\_\_\_  
 (subject to realization, verification and conditions)

Scheme	Plan	Option
Cheque/DD No.	Dated	Drawn on Bank
Account No.	Amount (₹)	Branch

ISC Stamp, Date &amp; Signature

**Toll Free Number:**  
18002669603

**Non Toll Free Number:**  
022-66214999

**Email:**  
mfassist@itiorg.com

**Website:**  
www.itimf.com

**Name of Second Applicant** Mr./Ms. \_\_\_\_\_

Date of Birth  Nationality \_\_\_\_\_ PAN/PEKRN# \_\_\_\_\_

Aadhaar Card No. \_\_\_\_\_ KIN‡ \_\_\_\_\_  Proof Attach

Gross Annual Income (₹)* (Please ✓)	Occupation* (Please ✓)	Legal Status* (Please ✓)
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1Crore <input type="checkbox"/> >1Crore Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="DDMMYYYY"/> (not older than 1year)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> PIO/OCI <input type="checkbox"/> HUF <input type="checkbox"/> Minor (through Guardian) <input type="checkbox"/> LLP <input type="checkbox"/> FII <input type="checkbox"/> Sole- Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Company <input type="checkbox"/> Bank <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Charitable/Religious/Non-profit Organisation <input type="checkbox"/> Others _____

**Name of Third Applicant** Mr./Ms. \_\_\_\_\_

Date of Birth  Nationality \_\_\_\_\_ PAN/PEKRN# \_\_\_\_\_

Aadhaar Card No. \_\_\_\_\_ KIN‡ \_\_\_\_\_  Proof Attach

Gross Annual Income (₹)* (Please ✓)	Occupation* (Please ✓)	Legal Status* (Please ✓)
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1Crore <input type="checkbox"/> >1Crore Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="DDMMYYYY"/> (not older than 1year)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> PIO/OCI <input type="checkbox"/> HUF <input type="checkbox"/> Minor (through Guardian) <input type="checkbox"/> LLP <input type="checkbox"/> FII <input type="checkbox"/> Sole- Proprietorship <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Company <input type="checkbox"/> Bank <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Charitable/Religious/Non-profit Organisation <input type="checkbox"/> Others _____

**4. POWER OF ATTORNEY (POA) HOLDER DETAILS** (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

PoA Name  \_\_\_\_\_

Aadhaar Card No. \_\_\_\_\_ PAN/PEKRN# \_\_\_\_\_ KIN‡ \_\_\_\_\_

Enclosed  PAN card proof  KYC Confirmation proof

PoA copy notarised or the original copy of PoA needs to be submitted in case of Investment through PoA.

**5. CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) INFORMATION**

FATCA and CRS Certification for Individual Investors [Mandatory for all investors including NRI, Guardian (in case of Minor), Joint Holder(s) and POA Holder]

Non Individual investors, including HUF should mandatorily fill separate FATCA/CRS form.

Details under Foreign Tax Laws:	First Applicant (including Minor)	Second Applicant/Guardian	<input type="checkbox"/> Third Applicant <input type="checkbox"/> PoA
Place & City of Birth	Place _____ City _____	Place _____ City _____	Place _____ City _____
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____
Address Type (for KYC Address)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
<b>Are you a tax resident (i.e. are you assessed for Tax) in any other Country outside India?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide 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)			
Country of Tax Residency (3)			
Tax Identification No.			
Identification Type (TIN or Other, pl. specify)			

**6. BANK ACCOUNT DETAILS** (For Redemption/Dividend 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 \_\_\_\_\_ City \_\_\_\_\_ Pin Code \_\_\_\_\_

MICR Code \_\_\_\_\_ RTGS IFSC Code \_\_\_\_\_ NEFT IFSC Code \_\_\_\_\_

9 digit code appears on your Cheque next to your Cheque No. For Rupees Two lakhs and above 11 character code appearing on your Cheque leaf

QUICK CHECKLIST		
<input type="checkbox"/> KYC acknowledgement letter attached	<input type="checkbox"/> Self attested PAN card copy attached	<input type="checkbox"/> Email id and mobile number provided (for online transaction facility)
<input type="checkbox"/> Plan/Option/Sub Option mentioned	<input type="checkbox"/> FATCA & CRS Certification for Non-Individual Investors attached	<input type="checkbox"/> UBO Declaration for Non-Individual Investors attached
<input type="checkbox"/> Additional documents for Third Party payments attached	<input type="checkbox"/> Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts)	<input type="checkbox"/> Relationship proof between Guardian and Minor attached (if application is in the name of a Minor)

**7. INVESTMENT DETAILS: Scheme/Plan/Option**

Regular Plan (Purchase/Subscription routed through Distributor) mention valid ARN No.  Direct Plan (Purchase/Subscription made directly with the fund)

Scheme

Option  Growth  Dividend-Reinvest  Dividend-Payout  Dividend Frequency  Daily  Weekly  Fortnightly  Monthly  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

Amount (₹) (i)  Instrument No.  Date

DD charges, (₹) (ii)  Account No.  Account Type  Current  Savings  NRO  NRE  FCNR

Total Amount (₹) (i) + (ii)  Bank Name  Branch & City

Amount

**9. DEMAT ACCOUNT DETAILS (Switch not allowed for Demat holdings, Redemption through Stock Exchange Platforms/DPs only)**

Investors opting for units in demat form may please fill the details below. Nomination provided in Demat Account shall be considered

NSDL OR  CDSL Depository Participant (DP) Name  DP ID (NSDL Only)

Beneficiary Account No. (CDSL)  Beneficiary Account No. (NSDL)

**10. NOMINATION DETAILS (Mandatory)**

I/We hereby nominate the under 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 furnished in case Nominee is a Minor)		Signature of Nominee (Optional)/Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee‡
		Date of Birth	Name and Address of Guardian		
Nominee 1					
Nominee 2					
Nominee 3					

‡ the aggregate total should be 100%.

OR

Please  I/We do not wish to Nominate

**11. DECLARATION & SIGNATURES**

Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments 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. 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 or notifications, directions issued by the governmental or statutory authority from time to time. 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., Investment Manager to the ITI Mutual Fund, 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 of my investment to my bank(s)/ITI Mutual Fund's bank(s) and/or Distributor/Broker/Investment Advisor. 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/ITI Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies without obligation on advising me/us of the same. I/We authorise ITI Mutual Fund to reject the application, revert the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes of the Fund, 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. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby further agree that the Fund can directly credit all the dividend 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.

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).

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 <input type="text" value="DDMMYYYY"/>	<b>SIGNATURE(S)</b>		
Place <input type="text" value=""/>			
	Sole/First Applicant/Guardian/ PoA/Authorised Signatory	Second Applicant/PoA	Third Applicant/PoA

**CHECKLIST (Please submit the following documents with your application (where applicable)).**

Documents	Companies/Trusts/Societies/ Partnership Firms/LLP/Flls*	FPI	NRI/OCI /PIO	Individual/ Minor	Investments through Constituted Attorney
1. Board/Committee Resolution/Authority Letter	✓				
2. List of Authorised Signatories with Specimen Signature(s)@	✓	✓			✓
3. Notarised Power of Attorney					✓
4. Account Debit Certificate in case payment is made by DD from NRE/FCNR A/c. where applicable			✓		
5. PAN Proof	✓	✓	✓	✓#	✓
6. KYC Acknowledgement Letter/Print out of KYC Compliance Status downloaded from any of the KRA's website	✓	✓	✓	✓#	✓
7. Proof of Date of Birth				✓	
8. Proof of Relationship with Guardian				✓	
9. PIO/OCI Card (as applicable)			✓		
10. Certificate of registration granted by Designated Depository Participant on behalf of SEBI		✓			
11. Ultimate Beneficial Owner	✓	✓			✓
12. FATCA & CRS	✓	✓	✓	✓	✓

@ Should be original or true copy certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public, as applicable.

\* For Flls, copy of SEBI registration certificate should be provided.

# If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.