COMMON TRANSACTION FORM

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

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 Elphinstone Road, Mumbai 400 013 CIN: U67100MH2008PLC177677



DISTRIBUTOR INFORMATION					FOR O	FFICE USE ONLY	
Distributor Name & Code	Sub-Distributor Code	Internal Code for Sub-Broker/Employee	EUIN*	RIA Code	Registrar/Bank Serial No.	Date and Time of Receipt	
ARN-4464	ARN-		E032737				
*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 and 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. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.							
First/Sole Unit H	Iolder/ Guardian	Second U	nit Holder/Guardi	an	Third Unit I	Holder/Guardian	
1. Folio No.			Application	on No.			
1st/Sole Unit Holder N	lame						
2. SCHEME DETAILS							
Scheme							
3. UNIT HOLDING OPTION Demat Mode* Physical Mode (Default) *Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode.							
NSDL DP Name		D	PIDIN	Be	eneficiary Account No.		
cDSL DP Name	its in Demat Form, may provi	de a copy of the NP statemer	Beneficiary		ated in the Application Fo	rm	
*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. 4. ADDITIONAL PURCHASE REQUEST							
Payment Options Ocheque/DD ORTGS/NEFT OTransfer One Time Mandate Others							
Amount (₹) (i)		L Cheque/DD N	lo.		Dated	D D M M Y Y Y Y	
DD charges (₹) (ii)		Bank Name					
Net Amount (₹) (i) + (ii	iln f i g u	r e s Branch and C	city Label Label				
Amount in words	helf almost medianos de la con-	OTM is not as sistered also	SII OTM Farmer to me de		i. OTM		
*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. 5. REDEMPTION							
O Amount: ₹ or O No. of Units: or O No. of Units: or O All Units (Please ✓) For Investor, who has registered for the multiple Bank A/cs.: The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us (This bank account has already been registered in the folio): Please credit the redemption proceeds to the following Bank Account which has been registered with you (Applicable only in case multiple banks are registered. Bank details are not 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 No.:	Acc	ount Type:	B	ank City:			
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 above, the redemption will 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 unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.							
6. SWITCH			- -				
From Scheme ITI	On United	On O All I	To Schen				
Amount (₹) Plan/Option/Sub Opt	Or Units:	Or O All U	Jnits Plan/Opti				
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 Memorandum (KIM) and 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 Scheme(s) is derived 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 various Mutual Funds from amongst which the Scheme is being recommended to me/us.							
					IGNATURE(S)		
Date DDMMY	Y Y Y Y	A					
Place	Sole/F	irst Unit Holder/Guardian In case of Joint Holder		econd Unit Holder nust sign this form	1.	Third Unit Holder	
ACKNOWLEDGEMENT SLIP (To be filled in by the investor) For Office use							
Received from: Mr./Ms./M/s.							
Folio No.:							
O Additional Purchase: Chec						nature of receiving authority)	
○ Redemption ○ Switch: Ar	nount (₹)	or Units		or O All	Unit [Date and Time of Receipt:	

Non Toll Free Number:

022-66214999

Email:

mfassist@itiorg.com

Website:

www.itimf.com

Toll Free Number.

1800-266-9603