

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
 ITI House, Building no. 36, Dr. R. K. Shirodkar Marg, Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677



| DISTRIBUTOR INFORMATION | | | | | FOR OFFICE 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- 64917 | ARN- | | E434563 | | | |

*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 Holder/ Guardian | Second Unit Holder/Guardian | Third Unit Holder/Guardian |
|----------------------------------|-----------------------------|----------------------------|

1. Folio No. Application No.
 1st/Sole Unit Holder Name
 Legal Entity Identifier (LEI) Code Validity till
 Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors.

2. SCHEME DETAILS
 Scheme Plan (Please Regular Direct)
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 available for ITI Long Term Equity Fund.
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, Fortnightly, Monthly and Annually (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 case of any ambiguity.)
 • **ITI Dynamic Bond Fund:** Monthly, Quarterly, Half Yearly and Annually. (Default Frequency will be Monthly Reinvestment of IDCW#, in case frequency is not selected or in case of any ambiguity.)
 • **ITI Conservative Hybrid Fund:** Quarterly, Half Yearly and Annually. (Default Frequency will be Quarterly Reinvestment of IDCW#, in case frequency is not selected or in case of any ambiguity.)
 # Income Distribution cum Capital Withdrawal

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 **DP ID** **Beneficiary Account No.**
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.

4. ADDITIONAL PURCHASE REQUEST
Payment Options Cheque/DD RTGS/NEFT Transfer One Time Mandate Others
Amount (₹) (i) **Cheque/DD No.** **Dated**
DD charges (₹) (ii) **Bank Name**
Net Amount (₹) (i) + (ii) **Branch and City**
Amount 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.

5. 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 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.: **Account Type:** **Bank 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 **To Scheme**
Amount (₹) **Or Units:** **Or All Units**
Plan/Option/Sub Option: **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 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.

| SIGNATURE(S) | | | |
|----------------------------|---------------------------------|--------------------|-------------------|
| Date <input type="text"/> | | | |
| Place <input type="text"/> | Sole/First Unit Holder/Guardian | Second Unit Holder | Third Unit Holder |

All Joint holders should sign, even in case of 'Anyone or Survivor'.

| ACKNOWLEDGEMENT SLIP (To be filled in by the investor) | For Office use | | |
|--|--|--------------------------------------|-----------------------------------|
| Received from: Mr./Ms./M/s. <input type="text"/> | (Signature of receiving authority) | | |
| Folio No.: <input type="text"/> Scheme: <input type="text"/> | | | |
| Plan: <input type="text"/> Option: <input type="text"/> | | | |
| ○ Additional Purchase: Cheque No.: <input type="text"/> Dated: <input type="text"/> Drawn on <input type="text"/> | | | |
| ○ Redemption <input type="radio"/> Switch: Amount (₹) <input type="text"/> or Units <input type="text"/> or <input type="radio"/> All Unit | Date and Time of Receipt: <input type="text"/> | | |
| Toll Free Number: 1800-266-9603 | Non Toll Free Number: 022-69153500 | Email: mfassist@itiorg.com | Website: www.itiamp.com |

COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTIONS

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
 ITI House, Building no. 36, Dr. R. K. Shirodkar Marg,
 Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677



Long-term wealth creators

ARN-64917 E434563

| | | | | | | | | |
|-----------------|--|---|---|---|---|---|--|---|
| Request For | <input type="radio"/> Change of Bank Details/ Mode of Payout | <input type="radio"/> New Contact Details | <input type="radio"/> Consolidation of Folios | <input type="radio"/> Change of IDCW Option | <input type="radio"/> Change of Mode of Holding | <input type="radio"/> Revalidation of Dividend/ Redemption Cheque | <input type="radio"/> POA Registration | <input type="radio"/> Updation of PAN & KYC |
| Fill Section(s) | A+B+J | A+C+J | A+D+J | A+E+J | A+F+J | A+B+G+J | A+H+J | A+I+J |

For Existing Unitholder(s) holding units in physical mode. Please read documentation requirements and Terms and Conditions overleaf. Please fill in the information below legibly in English and in CAPITALS.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

Date:

A. UNIT HOLDER INFORMATION

Folio No.

1st/Sole Unit Holder Name

Legal Entity Identifier (LEI) Code (Mandatory for Non Individual only) Validity till

B. CHANGE OF BANK MANDATE/MODE OF PAYMENT [Refer (i) from instructions overleaf]

If you wish to change the mode of payout in your folio(s) to 'NEFT/RTGS', fill only the IFSC Code section below and submit a cancelled original cheque leaf or a copy of cheque leaf.

Bank A/c. No. A/c. Type : Savings Current NRO NRE FCNR Others (please specify)

Bank Name

Branch Address

Branch City: State:

Pin Code MICR Code IFSC Code

Note: Unitholders will receive redemption/IDCW# proceeds directly into their bank account via Direct Credit/NEFT/ECS facility.
 I/We want to receive the redemption/IDCW# proceeds (if any) by way of a cheque/demand draft instead of direct credit/credit through NEFT system/credit through ECS (only for IDCW#) into my/our bank account. Please tick (✓) # Income Distribution cum Capital Withdrawal

C. NEW CONTACT DETAILS

I. First/Sole Unit Holder

Tel. No. (O) (R) Fax

Mobile No. Email ID

Mobile No. pertains to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian
 Email id pertains to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

II. Second Unit Holder

Mobile No. Email ID

Mobile No. pertains to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian
 Email id pertains to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

III. Third Unit Holder

Mobile No. Email ID

Mobile No. pertains to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian
 Email id pertains to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements/statutory and other documents by email. It is deemed that the unit holder is aware of all the security risks associated with online communication including possible third party interceptions of documents sent via email. Please tick if you wish to receive scheme wise Annual Report or Abridged Summary through physical mode.

D. CONSOLIDATION OF FOLIOS [Refer (ii) from instructions overleaf]

I/We wish to consolidate all my/our investments under specified folios into one folio. Folios to be consolidated (i.e. source folios):

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

NOTE: For additional folios, if any, use a separate form.

Target folio-[MANDATORY]: 1. This folio has to be one of the source folios. 2. After consolidation, the unit holder(s) agree that the details in the target folio will be applicable even if there were different details in source folio(s). 3. All Joint holders should sign, even in case of 'Anyone or Survivor'.

E. CHANGE OF IDCW OPTION

| SCHEME NAME | OPTIONS |
|----------------------|---|
| <input type="text"/> | <input type="radio"/> Payout To Reinvestment <input type="radio"/> Reinvestment To Payout |
| <input type="text"/> | <input type="radio"/> Payout To Reinvestment <input type="radio"/> Reinvestment To Payout |
| <input type="text"/> | <input type="radio"/> Payout To Reinvestment <input type="radio"/> Reinvestment To Payout |



Acknowledgement Slip
(To be filled by the Investor)

Folio No.

Received from: Mr./Ms./M/s. _____

Change of Bank Details/Mode of payout Updation of contact details Consolidation of Folios Change of IDCW Option
 Change in Mode of Holding Revalidation of Dividend/Redemption Cheque POA Registration Updation of PAN & KYC

For Office use

Signature of receiving authority

Date and Time of receipt :

Toll Free Number: 1800-266-9603

Non Toll Free Number: 022-69153500

Email: mfasstit@itiorg.com

Website: www.itiamc.com

