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

O Additional Purchase: Cheque No.:

○ Redemption ○ Switch: Amount (₹)

Toll Free Number:

1800-266-9603

Dated: _

Non Toll Free Number:

022-69153500

Drawn on ..

or O All Unit

Email:

mfassist@itiorg.com

or Units

Investment Manager: ITI Asset Management Limited ITI House, Building no. 36, Dr. R. K. Shirodkar Marg, Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677

DISTRIBUTOR INFORMATION



(Signature of receiving authority)

Date and Time of Receipt:

Website:

www.itiamc.com

TOD OFFICE HOF ONLY

Die	tuibustas Nama (Cada		I OR INFORMATION	EUIN*	RIA Code		Pate and Time of Descint		
DIS	tributor Name & Code	Sub-Distributor Code	Internal Code for Sub-Broker/Employee	-	RIA Code	Registrar/Bank Serial No.	Date and Time of Receipt		
	- 64917	ARN-		E434563					
I/We sales nas n	hereby confirm that the EU person of the above distrib of charged any advisory fe	IN box has been intentionally outor or notwithstanding the a es on this transaction."		an "execution-only" tra f any, provided by the	nsaction without any employee/relationship	interaction or advice by to manager/sales person	the employee/relationship manager of the distributor and the distributor e service rendered by the distributo		
	First/Sole Unit H	lolder/ Guardian	Second U	nit Holder/Guardi	an	Third Unit	Holder/Guardian		
	Legal Entity Identifier (
_	SCHEME DETAILS								
; ; ;	Scheme IT 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.) TITI Dynamic Bond Fund: Monthly, 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.) TITI 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.)								
3.	# Income Distribution cum Capital Withdrawal UNIT HOLDING OPTION Openat 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 I N Beneficiary Account No. CDSL DP Name Beneficiary Account No.								
						ed in the Application For	m.		
_	*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								
I	Payment Options	○ Cheque/DD ○ RTGS	S/NEFT O Transfer O	One Time Manda	ite Others				
,	Amount (₹) (i) Dated D_D No Dated D_D M_M Y Y Y Y								
	DD charges (₹) (ii) Bank Name Net Amount (₹) (i) + (ii) Branch and City								
	Amount in words								
	REDEMPTION	ily II, aiready registered. In casi	e OTM is not registered, please	IIII O I M Form to make	ruture transactions via	тотм.			
(Amount: For Investor, who has replay me/us (This bank accorded)	gistered for the multiple Boont has already been registion proceeds to the follow	istered in the folio):	should be processe as been registered v the default bank ma	rith you (Applicable	only in case multiple b the folio).	Please ✓) the payout mechanism indicate panks are registered. Bank detail		
	Account No.:		ount Type:		nk City:				
١	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 redemptic 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 the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.								
_	SWITCH	proceeds into any of the ba	ank accounts registered wit	in us for the aforesa	ia folio.				
	From Scheme ITI			To Schem	e ITI				
	Amount (₹)	Or Units:	Or O All U						
	Plan/Option/Sub Opt			Sub Optio					
	DECLARATION								
I t	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 DDMM	/ Y Y Y Y	Å						
	Place	Sole/I	First Unit Holder/Guardian		econd Unit Holder		Third Unit Holder		
			_ All Joint holders should	sign, even in case of	'Anyone or Survivor'.				
ACI	KNOWLEDGEMENT	SLIP (To be filled in by t	the investor)				For Office use		
Rece	ived from: Mr./Ms./M/s								
olio	No.:	Schem	e:						
Plan:			Option:						

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



Request For Change of Bank Details/ O New Contact Consolidation Change of O Change of Revalidation of Dividend/ POA Updation Mode of Payout **IDCW Option** Mode of Holding Registration of PAN & KYC **Details** of Folios **Redemption Cheque** 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

Fill Section(s) 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. **UNIT HOLDER INFORMATION** 1st/Sole Unit Holder Name Validity till D D M M Y Legal Entity Identifier (LEI) Code (Mandatory for Non Individual only) 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 : O Savings O Current NRO NRE FCNR Others Bank Name **Branch Address** Branch City 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#) #Income Distribution cum Capital Withdrawal into my/our bank account. ○ Please tick (✓) **NEW CONTACT DETAILS** I. First/Sole Unit Holder Tel. No. (0) Fax Email ID Mobile No. O Spouse Mobile No. pertains to: O Dependent Children Dependent Siblings O Dependent Parents O Guardian Email id pertains to: ○ Self O Dependent Children O Dependent Siblings O Dependent Parents II. Second Unit Holder Mobile No. Email ID Mobile No. pertains to: O Self O Spouse O Spouse O Dependent Children
O Dependent Children Dependent Siblings Dependent Parents Guardian
Guardian O Dependent Siblings O Dependent Parents Email id pertains to: Email ID Mobile No. Mobile No. pertains to: Guardian
Guardian O Self Dependent Children Dependent Siblings Spouse Dependent Parents Email id pertains to: ○ Spouse O Dependent Children O Dependent Siblings Openendent Parents 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 phisical mode. **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): 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'. **CHANGE OF IDCW OPTION** SCHEME NAME OPTIONS O Payout To Reinvestment Reinvestment To Pavout O Payout To Reinvestment ○ Reinvestment To Payout Payout To Reinvestment Reinvestment To Payout Acknowledgement Slip (To be filled by the Investor) For Office use Folio No.

	ITI Mutual Fund
Long-	term wealth creators

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

Signature of receiving authority

○ 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

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F.	CHANGE IN MODE OF HOLDING FROM JOINT TO ANYONE OR SURVIVOR OR VICE-VERSA							
	Il unit holders should sign the form irrespective of mode of holding in the folio Please tick (✓) ○ Joint ○ Anyone or Survivor							
G.	REVALIDATION OF DIVIDEND/ REDEMPTION CHEQUE							
	I/We are in receipt of Redemption/ Dividend warrant as below:							
	heque No. Cheque Date D D M M Y Y Y Y Cheque Amount Cheque Amount							
I/ We are herewith enclosing the warrant as I/ We could not deposit the same due to the below reason:								
	○ Bank account number incorrectly mentioned ○ Bank account mentioned was inactive/ closed ○ Warrant validity period has expired ○ Other							
I request to reissue the said warrant after necessary revalidation without change in bank Mandate.								
	I request you to update the above new bank details and make payment in new bank through NEFT/RTGS.							
	(**NOTE: Above Point No. B should be mandatorily filled to facilitate NEFT/RTGS)							
H.	POA (POWER OF ATTORNEY) REGISTRATION DETAILS							
	Name of the POA holder							
	PAN of the POA holder Attached KYC Copy (Mandatory) Notarized copy of POA							
I.	UPDATION OF PAN & KYC							
	PAN of Sole/ First Applicant/ Guardian KYC Copy Self-attested copy of PAN							
	PAN of Second Applicant							
	PAN of Third Applicant							
J.	UNITHOLDER(S) DECLARATION & SIGNATURE(S)							
	Note:							
	 To be signed by all unit holders, if mode of holding is Joint. In case you have opted for Consolidation of Folios, all unit holders should sign irrespective of m of holding. Alterations in the form, if any should be countersigned. Declaration:							
	 Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendment							
	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 Mutua							
	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 hereby authorise IT Mutual Fund, its Investment Manager and its agents to disclose details relating to me or my investments to my bank(s)/ITI Mutual Fund's bank(s) and/or Distributor							
	Broker/Investment Advisor and to verify my/our bank details provided, or to disclose to such service providers as may be required for the regular conduct of business							
	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 sucl 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 authoritie.							
	/agencies, the tax/revenue authority and other investigation agencies without obligation on advising me/us of the same, including any service providers of the Fund							
	AMC for regular conduct of business. I/We authorise ITI Mutual Fund to reject the application, revert the units credited/redeem units created at applicable N							
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 a action against me/us in case the cheque(s)/payment instrument is/are returned by my/our banker for any reason whatsoever.								
	I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the							
	form. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AM							
	Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Forn is rejected.							
	Date SIGNATURE(S)							
Place								
	Sole/First Unit Holder/Guardian Second Unit Holder Third Unit Holder							

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