SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form with Goal SIP & Top-Up Facility

Please read Product Labeling available on the front inside cover page of KIM and instructions before filling this form



New SIP Registration				Application No. S			
		R INFORMATION				CE 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 per "I/We hereby confirm that the EUIN box has be or notwithstanding the advice of in-appropriat Upfront commission shall be paid directly by mention 'Direct' in the column 'Name & Distrib	son who has advised the investor. If en intentionally left blank by me/us a eness, if any, provided by the employ the investor to the AMFI registered lutor Code.	left blank, the fund will assume f s this is an "execution-only" trans ree/relationship manager/sales p Distributors based on the investo	ollowing declaration by the in action without any interaction erson of the distributor and t rs' assessment of various fa	nvestor. n or advice by the employ he distributor has not ch actors including the serv	ree/relationship manager/sales narged any advisory fees on thi ice rendered by the distributor.	s person of the above distributor s transaction." For Direct investments, please	
First/Sole Unit Holder	/ Guardian	Second Unit H	older/Guardian		Third Unit Holder/	Guardian	
1. UNITHOLDER INFORMA	TION					I	
Folio No.			Application No.				
2. SCHEME DETAILS (Choice	ce of Plan [Please √]) (Ple	ease refer to instruction l	No. 31 for more detail	s of IDCW Freque	ncy Sub-Options.)		
Scheme ITI Option: Growth DDCW# Re IDCW# Frequency Sub-Option # Income Distribution cum Capi	ns: [Please tick (✓) any one]		e option not selected or in cas	se of any ambiguity.) IDC		able for ITI ELSS Tax Saver Fund.	
3. SIP DETAILS							
SIP TYPE: OSIP with first inst ** This facility is available only for	• .		tallment through One Ti	, ,	SIP withou	t first installment	
OTM Ref. No.				ion ionn.			
Enrolment Period: From Da	te M M Y Y Y Y	To Date M M Y Y	Y Y (Note: End date	e should be less tha	n or equal to 30 years from	n the application date.)	
First SIP Instalment via: Chequ	ле No	Drawn on Bank and	Branch				
Amount:		A/c. No					
Each SIP Amount: Frequency: O Daily (SIP)		Amount in Words Weekly (SIP)			O Monthly (SIP)		
(Please ✓) All Business Days	S (Ple	ease mention any day between	Monday to Friday) Date:	DD Preferred D	ebit Date (Any day from	1st to 28th of the month)	
4. ITI GOAL SIP- DO YOU W	ANT TO ALLOCATE A	GOAL FOR YOUR SI	P: O Yes O No [If yes please selec	ct (√) your goal] Re	fer Instruction No. 33	
Please specify your goal an			e O Kids Education	O Retirement P	Planning (Default)	Tax Savings	
○ Dream House ○ Dream5. UNIT HOLDING OPTION		Others Ophysical Mode (De	ofault)				
*Demat Account details are mandat			siduit)		ı		
NSDL DP Name		DP ID			ary Account No.		
*Investor opting to hold units in Den	nat Form, may provide a copy of	the DP statement enable us to	Beneficiary Account of match Demat details as		ion Form.		
6. SIP TOP-UP FACILITY (No. 32, on SIP Top-up	
All Applicants have to submi							
Top-up Amount: (₹) Frequency: (Please ✓) ○ Ha	(minimum ₹500/- & Ilf Yearly ○ Yearly (Defaul) Top-up Start M	ionth: [M]M]Y]Y	Y Y Top-up End Mo	ntn: [M]M]Y]Y]Y]Y	
7. DECLARATION & SIGNA	TURE(S)	<i>′</i>					
I/We declare that the particulars furnished an Electronic Debit arrangement/NACH (I here are correct. I/We authorize ITI M National Automated Clearing House)	lutual Fund acting through its servi as per my request from time to tin	ce providers to debit my/our bane. If the transaction is delayed	ank account towards pay d or not effected at all fo	ment of SIP installments and/or r reasons of incomplete or inco	any lumpsum payments through rect information, I/we would not	
hold the user institution responsible. I/W debit to my/our account directly or through	e will also inform ITI Mutual Fund abo jh NACH. I/We hereby authorize to ho	out any changes in my bank accou nour such payments and have sign	int. This is to inform you that I ned and endorsed the Mandat	I/We have registered for e Form. Further, I authoriz	making payment towards my in ze my representative (the bearer	vestments in ITI Mutual Fund by of this request) to get the above	
Mandate verified. Mandate verification of Date	arges, if any, may be charged to my/o	our account. I also nereby agree to	TURE(S) as per ITI	AI of the mutual fund bef	ore investing in any scheme of i	I I Mutual Fund using this facility.	
Date		€ n	(0) 40 poi 111	<u></u>			
D D M M Y Y Y	Y	,		,			
	Sole/First Unit Ho	older/Guardian	Second Unit	Holder	Third U	nit Holder	
ITI MUTUAL FUND		NE TIME BA					
ng-term wealth creators		ACH/OTM/Direct [epit Wandate F	orm)			
	UMRN FOR	OFFIC	E US	E O N	L Y Date	DMMYYY	
ck (✓) Sponsor Bank Co	de		Utility Cod	de			
REATE ✓ I/We hereby author	ize	ITI MUTUAL FUND		to debit (tid	k√) SB CA CC SE	B-NRE SB-NRO Othe	
MODIFY CANCEL Bank a/c numb	ner						
	ne of customers bank	IFSC			or MICR		
			de				
amount of Rupees	, M U Valia M Valia	Amount in wor		DIT TVDE KA		Maximum Amau	
REQUENCY Methly Quily	y 🖾 H-Yrly 🖾 Yrly	✓ As & when presente	u DE	BIT TYPE Phone No.	Fixed Amount	✓ Maximum Amount	
AN	ALL SCHEMES OF	FITI MUTUAL FUND	1	_			
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PERIOD	Jamiy charges by the ballk	whom I am authorizing to	, acon my account as	אטוופטו איים ומוכטו	ic or charges of the par	IN•	
from D D M M Y Y	YY						
	Signatur	re Primary Account hole	der Signature	of Account hold	er Signat	ure of Account holder	
V	No.	no oo in bonk roosado	Nama		Name		

MULTIPLE SIP REGISTRATION FORM

Registration Cum Mandate Form

D D M M Y Y Y Y

Sole/First Unit Holder/Guardian

Please read Product Labeling available on the front inside cover page of KIM and instructions before filling this form



				Aį	pplication No. S	
		R INFORMATION				ICE 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
RN- 64917	ARN-	Cas Bronon, Employee	E434563	3		
vestors should mention the EUIN We hereby confirm that the EUII httonship manager/sales persor son of the distributor and the di- front commission shall be paid the distributor. For Direct investr	N box has been intentionally n of the above distributor or stributor has not charged any directly by the investor to the	left blank by me/us as thi notwithstanding the advi advisory fees on this trans AMFI registered Distributo in the column 'Name & Di	s is an "execution ce of in-appropri saction." ors based on the stributor Code'.	n-only" transaction wi ateness, if any, provid	ithout any interaction or ded by the employee/rel t of various factors inclu	ationship manager/s
First/Sole Unit Holde	r/ Guardian	Second Unit Ho	lder/Guardian		Third Unit Holder/	Guardian
SIP TYPE ○ SIP with first installment ** This facility is available only	y for investors whose OTM is	with first installment the already registered in the fo		O SIP without fi the application form.		
. UNITHOLDER INFORMA	ATION			A 1: .: N		
Folio No.				Application No	1	
Name of Sole/1st Holder				PAN No./ PAN No./		
Name of 2nd Holder Name of 3rd Holder						
. INITIAL INVESTMENT DE	TAUC			PAN No./	PERRN	
mentioned below.) Cheque/DD No. Bank Name: SIP DETAILS	Cheque/DD Date	DIDIMIMIYIYIYIY	DD Charge Branch:		Net Amount City:	
Sche	me / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP A	Amount
l		O Daily O Weekly Monthly	D D For weekly	From M M Y Y Y To M M M Y Y	Amt. in Words	
II		Monthly	D D For weekly	From M M M Y Y Y To M M M Y Y	Amt. in Words	
III		O Daily Weekly Monthly	D D For weekly	From M M Y Y Y To M M M Y Y	Amt. in Words	
IV		O Daily Weekly Monthly	D D For weekly	From M M Y Y To M M Y Y	Amt. in Words	
V		Weekly Monthly	D D For weekly	From M M Y Y To M M Y Y	Amt. in Words	
OTM Ref. No.		between Monday to Friday;		•	Debit Mandate (if alread 18th of the month ** Defa	
 UNIT HOLDING OPTION *Demat Account details are m 		O Physical Mode (De	,			
NSDL DP Name		DP ID			iary Account No.	
CDSL DP Name			Beneficiary Acco		lary Account No.	
*Investor opting to hold units	in Demat Form, may provide a				stated in the Application	Form.
I/We would like to invest in abov (KIM) and subsequent amendmen services. By filling up this form I or Time Bank Mandate Form. I/We he through legitimate sources only a by the Government of India or any liability. I understand that the ITI of the service charges as applicatifierent competing Schemes of vand particulars given by me/us are paid to the distributors. I confirm that I am resident of from abroad through normal banfolio will also be from funds receil/We, have invested in the Schem	re mentioned scheme subject to nts thereto. I/We have read, under understand that the amount toware not received nor been induced is not designed for the purpose. Statutory Authority. I accept and MMC may, at its absolute discretic able from time to time. The ARN various Mutual Funds from among ecorrect and complete. Further, India. I/We confirm that I aking channels or from funds in neved from abroad through approve	rstood (before filling applicated by any lumpsum / systemated by any rebate or gifts, directed by any rebate or gifts, directed of contravention or evasion agree to be bound by the said on, discontinue any of the series of the	ion form) and is/ar ic investment plan tly or indirectly, in r n of any Act / Regud Terms and Conditivices completely or is all the commissing recommended to the regular of the policy of the properties of the p	e bound by the details o (SIP) transaction will be making this investment. I llations / Rules / Notifica ions including those exci- partially without any pri- ons (in the form of trail o me/us. I hereby declare) shall be deducted from rigin and I/We hereby cout/FCNR Account. I/We u E/FCNR Account.	f the SAI, SID & KIM including debited from bank accountly (we declare that the amountations /Directions or any other luding/ limiting the ITI Asset or notice to me. I agree ITI / commission or any other me that the above information in the subscription amount a nfirm that the funds for subsidiertake that all additional	ng details relating to var t details provided in my nt invested in the Scher ter Applicable Laws ena t Management Ltd (ITI A MC can debit from my oode), payable to him fo is given by the undersi nd the said charges sha

SIGNATURE(S) as per ITI Mutual Fund records

Second Unit Holder

Third Unit Holder

SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM Please read the Instructions before filling this form

STP/SWP amount per instalment

₹ _

Sponsors: The Investment Trust of India Limited [erstwhile, Fortune Financial Services (India) Ltd.] and ITI Credit Limited (formerly known as Fortune Credit Capital Ltd.)
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



ISC Stamp, Date & Signature

Enrolment Form No.

			LIIIOI		
Distribute 11 of 5 in		RINFORMATION	F1112.4	PIA C. I	FOR OFFICE USE ONLY
Distributor Name & Code	Sub-Distributor Code	Internal Code for Sub-Broker/Employee	EUIN*	RIA Code	Date and Time of Receipt
arn- 64917	ARN-		E434563		
We hereby confirm that the Belationship manager/sales per of the distributor and distributor a	rson of the above distributor or no butor has not charged any advisor aid directly by the investor to the A tments, please mention 'Direct' in	eft blank by me/us as this twithstanding the advice of y fees on this transaction". MFI registered Distributors	is an "execution-only" in-appropriateness, if a based on the investors outor Code'.	transaction with any, provided by t	ation by the investor. nout any interaction or advice by the employe the employee/relationship manager/sales pers various factors including the service rendered Third Unit Holder
		Second on	t Holder		Tillia oliit Holaei
UNITHOLDER INFORM/ Folio No 1st/Sole Unit Holder Name	ATION				PAN
○ STP / ○ SWP FREQU	ENCY [Please tick () in the	e appropriate box]			
O Daily STP	O Weekly STP	0	Monthly STP/SWP ([Default)	O Quarterly STP/SWP
All Business Days	(Please mention any day from Mono		○7th ○14th ○2	1st 0 28th	○1st ○7th ○14th ○21st ○28th
Default Frequency will be Mont	thly, in case frequency not selecte	d or in case of any ambigui	ty.		
SYSTEMATIC TRANSF	ER PLAN (STP) DETAILS (I	Not applicable for ELS	S Scheme)		
From Scheme: ITI			Plan: ○ Regular ○ D	irect Option:	Growth ○ IDCW# Reinvest ○ IDCW# Payor
DCW# Frequency: O Daily	○ Weekly ○ Fortnightly	○ Monthly ○ Qua	rterly O Half Yearl	y O Annuall	у
o Scheme: ITI			Plan: ○ Regular ○ D	irect Option*:	○ Growth ○ IDCW# Reinvest ○ IDCW# Payo
DCW# Frequency: O Daily	○ Weekly ○ Fortnightly	○ Monthly ○ Qua	rterly O Half Yearl	y O Annuall	у
Amount per instalment ₹		Amount (in word	ls)		
Fransfer Period From D D	MMMYYYYY	o of Transfers		OR O Till Fur	ther Instruction
Hybrid Fund: Quarterly, Half	ight Fund: Daily, Weekly, Fortnig Yearly & Annually.		·	•	rterly, Half Yearly & Annually. ITI Conservat
·	·				Quarterly Options available)
From Scheme: ITI	(-			-	Growth ○ IDCW# Reinvest ○ IDCW# Payo
Amount per instalment ₹			ls)		
•	om Date MMYYYYY	`,		OR O Per	petual (99 years) (Default)
DECLARATION & SIGNA					
we hereby apply to the Trustee regulations of the Scheme(s). I not held or designed for the pural governmental or statutory auth SEBI. It is expressly understood be responsible if the investmen or gifts, directly or indirectly in	e of ITI Mutual Fund for enrolment /We further declare, I am/we are a prose of contravention of any acts sority from time to time. I/We am/a t that I/We have the express authon t is ultra vires thereto and the inver- making this investments.	under the STP/SWP of the uthorised to invest the am , rules, regulations or any s ire not prohibited from accurity from our constitutional stment is contrary to the re	e Scheme as indicated punt and that the amou tatute or legislation or a essing capital markets documents to invest in levant constitutional do	above and agree int invested by many other applica under any order/ the units of the ocuments. I/ We	rmation and subsequent amendments theretoe to abide by the terms and conditions, rules a e/us is derived through legitimate sources and the laws or notifications, directions issued by ruling/judgment etc., of any Regulation, includ Scheme(s) and the AMC/Trustee/Fund would have not received nor been induced by any rebilete or incorrect information, I/we would not he
Date		SIGNATUI	RE(S) as per ITI Mu	itual Fund Red	cords.
1			₽		
D D M M Y Y Y	Sole/First Unit Hold	er/Guardian	Second Unit Ho	lder	Third Unit Holder
	ACKNOWLEDGEMENT		 the Unit holder)	 Enrolmen	
Received from: Mr./Ms./M/	1				
	<u> </u>				
an application for (pease ✓))	DI-	^	ation	
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JOTTI TIOM OUNCELLE			VI		

_ per ○ Day ○ Week ○ Month ○ Quarter