

# COMMON APPLICATION FORM

Please read Key Information Memorandum, the Instructions and Product Labelling 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  
ITI House, Building no. 36, Dr. R. K. Shirodkar Marg,  
Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677



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

Application No. **C**

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-					

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

**I. 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][I][D][I][M][I][M][I][Y][Y][Y][Y] Nationality [ ] PAN/PEKRN\* [ ]  
(DoB is mandatory for Minor)

Aadhaar Card No. [ ] KIN [ ]  Proof Attach

Legal Entity Identifier (LEI) Code (Mandatory for Non Individual only) [ ] Validity till [D][I][D][I][M][I][M][I][Y][Y][Y][Y]

Legal Entity Identifier Number is Mandatory for Transaction value of INR 50 crore and above for Non-Individual investors. [Please refer instruction no.II(17)]

**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 [ ]

Aadhaar 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 [ ]

Primary Holder's own email address and mobile number should be provided. If email id of Primary Holder is not available, please select any of one's email id:  Spouse,  Dependent Children,  Dependent Siblings,  Dependent Parents,  Guardian. 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

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

**Overseas Address for NRIs/PIOs/FIIs (Mandatory)** [ ]

[ ]

City [ ] Country [ ] Zip Code [ ]

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual  FIIs  NRI-NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  Trust  NRI - NRE  Bank & FI

Sole Proprietor  Partnership Firm  QFI  Provident Fund  Others [ ]

**II. Name of Second Applicant** Mr./Ms. [ ]

Date of Birth [D][I][D][I][M][I][M][I][Y][Y][Y][Y] Nationality [ ] PAN/PEKRN\* [ ]

Aadhaar Card No. [ ] KIN [ ]  Proof Attach

Mobile No. [ ] Email ID [ ]

**III. Name of Third Applicant** Mr./Ms. [ ]

Date of Birth [D][I][D][I][M][I][M][I][Y][Y][Y][Y] Nationality [ ] PAN/PEKRN\* [ ]

Aadhaar Card No. [ ] KIN [ ]  Proof Attach

Mobile No. [ ] Email ID [ ]

\*Mandatory Fields



**Acknowledgement Slip**  
(To be filled in by the Applicant)

Application No. **C**

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 & Signature

**Toll Free Number:**  
1800-266-9603

**Non Toll Free Number:**  
022-69153500

**Email:**  
mfassist@itiorg.com

**Website:**  
www.itiamc.com

**Additional KYC Details**

MANDATORY	Occupation Details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
	Private Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Sector Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others (Please specify)	_____	_____	_____	_____					

**Non-Individual Investors involved / providing any of the mentioned services**  Foreign Exchange/Money Changer Services  Gaming / Gambling / Lottery / Casino Services  
 Money Lending / Pawning  None of the above

Gross Annual Income Range (₹)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Gross Annual Income Range ( )	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 - 25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 lac - 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5- 10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	> 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in (₹) (Mandatory for Non-Individuals not older than 1 year) \_\_\_\_\_ as on

**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
City & State of Birth	City _____ State _____	City _____ State _____	City _____ State _____
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

**Are you a tax resident (i.e. are you assessed for Tax) in any other Country outside India?**  Yes  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)			
If TIN is not available please tick (✓) the reason A, B or C (as defined)	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

\* Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents

\* Reason B - No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

\* Reason C - Others, please state the reason thereof \_\_\_\_\_

**6. BANK ACCOUNT DETAILS (For Redemption/Income Distribution cum Capital Withdrawal 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  IFSC Code

9 digit code appears on your Cheque next to your Cheque No. 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**

Scheme  Plan (Please ✓)  Regular  Direct

Option  Growth  IDCW# Reinvest  IDCW# Payout (Default Option will be Growth in case option is not selected or in case of any ambiguity.)  
IDCW# Re-investment is not available for ITI Long Term Equity Fund. (Please refer SID of the respective scheme.)

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

**8. PAYMENT DETAILS:**

Payment Type (Please ✓)  Self  Third Party Payment (Please fill the 'Third Party Payment Declaration Form')

**Mode of Payment:**

Cheque/DD  RTGS/NEFT  Fund Transfer  One Time Mandate Cheque/DD/UTR Ref. No.  Dated

OTM Ref. No.   Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank A/c. No.  A/c. Type  Savings  Current  NRE  NRO  FCNR

Drawn on Bank/Branch

MICR Code  IFSC Code   
9 digit code appears on your Cheque next to your Cheque No. 11 character code appearing on your Cheque leaf

**8A. MULTIPLE INVESTMENTS AND PAYMENT DETAILS: Please issue separate Cheque/DD favouring the Scheme Name (Refer Instruction VI & VII)**

*Cheque/DD Favouring Scheme Name	Plan/Option/Sub-option	Amount Invested (₹)	Date & Cheque/DD No./UTR No./ OTM Ref. No.	Bank & Branch and Account Number (for Cheque/DD)
Total	in Words			In figures

OTM Ref. No.   Use Existing One Time Debit Mandate (if already registered in the Folio)

**8B. SIP DETAILS Opted for SIP:**  Yes  No (In case, you have opted for SIP, it is mandatory to submit SIP/Multiple SIP Registration Form.)

**8C. SIP THROUGH POST DATED CHEQUES**

No. of cheques enclosed including first cheque  Drawn on Bank and Branch   
 Account type  Cheque No. should be in continuous series From  To

**9. 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.

**10. NOMINATION DETAILS (Mandatory)**

I/We hereby nominate the below 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

I/We hereby confirm that I/we do not wish to appoint any nominee(s).

**Note: If you do not wish to nominate, please fill up the DECLARATION FORM FOR OPTING OUT OF NOMINATION.**

SIGNATURE(S)		
Sole/First Applicant/Guardian	Second Applicant	Third Applicant

Mandatorily signed by all the unit holders irrespective of mode of holding.

## 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 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 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, 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 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 Income Distribution cum Capital Withdrawal 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).

I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of ITI Mutual Fund. I/We are aware that ITI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform ITI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). 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 have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of ITI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

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

## CHECKLIST FOR DOCUMENTATION

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

Documents	Individuals	NRIs	Minors	Companies/ Body Corporates	Trusts	Societies	HUF	Partnership Firms	FPIs	LLP/ FILs*	Investments through Constituted Attorney
1. Certificate of Incorporation/Registration				✓	✓			✓	✓	✓	
2. Resolution/Authorisation to invest				✓	✓	✓		✓	✓	✓	
3. List of Authorised Signatories with Specimen Signature(s)@				✓	✓	✓		✓	✓	✓	✓
4. Memorandum & Articles of Association				✓							
5. Trust Deed					✓					✓	
6. Bye-Laws						✓					
7. Partnership Deed/Deed of Declaration							✓	✓			
8. Notarised Power of Attorney											✓
9. Proof of PAN (including for guardian)	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
10. Proof of KYC/CKYC - KIN number	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
11. Proof of Aadhaar Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. Overseas Auditor's Certificate (applicable for DTAA)		✓							✓		
13. Foreign Inward Remittance Certificate		✓							✓		
14. Date of Birth Certificate or School Living Certificate or Passport of Minor			✓								
15. Document evidencing relationship with Guardian			✓								
16. Declaration for Identification of Beneficial ownership				✓	✓	✓		✓	✓	✓	
17. FATCA/CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

All documents for entities above should be originals/true copies certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

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

\* For FPIs, 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.

# DECLARATION FORM FOR OPTING OUT OF NOMINATION

**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





To  
ITI Mutual Fund  
ITI House, Building no. 36,  
Dr. R. K. Shirodkar Marg,  
Parel, Mumbai 400 012.

Date: <\/input> / <\/input> / <\/input>

Folio Number/ Application Number		
Sole / First Holder Name		PAN
Second Holder Name		PAN
Third Holder Name		PAN

I / We hereby confirm that I / we do not wish to appoint any nominee(s) for my/our mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

NAME AND SIGNATURE OF UNITHOLDER(S)		
 First Unitholder's Signature	 Second Unitholder's Signature	 Third Unitholder's Signature
Name of First Unitholder	Name of Second Unitholder	Name of Third Unitholder

Mandatorily signed by all the unit holders irrespective of mode of holding.

**Toll Free Number:**  
1800-266-9603

**Non Toll Free Number:**  
022-69153500

**Email:**  
mfassist@itiorg.com

**Website:**  
www.itiamc.com