

MULTIPLE SIP REGISTRATION FORM

Registration Cum Mandate Form

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



Application No. **S**

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

*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
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1. SIP TYPE

SIP with first installment through cheque SIP with first installment through OTM** SIP without first installment

** This facility is available only for investors whose OTM is already registered in the folio mentioned in the application form.

2. UNITHOLDER INFORMATION

Folio No. Application No.

Name of Sole/1st Holder PAN No./PEKRN

Name of 2nd Holder PAN No./PEKRN

Name of 3rd Holder PAN No./PEKRN

3. INITIAL INVESTMENT DETAILS

The Cheque / DD should be drawn in favour of "ITI Mutual Fund SUBSCRIPTION POOL A/C" dated and duly signed.
 (Note: Payment initiated through Cheque/ DD, shall be considered as SIP first instalment and cheque amount should be equal to total SIP amount of all the scheme mentioned below.)

Cheque/DD No. Cheque/DD Date DD Charge Net Amount

Bank Name: Branch: City:

4. SIP DETAILS

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount
I. <input type="text"/>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text"/> For weekly	From <input type="text"/> To <input type="text"/>	<input type="text"/> Amt. in Words <input type="text"/>
II. <input type="text"/>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text"/> For weekly	From <input type="text"/> To <input type="text"/>	<input type="text"/> Amt. in Words <input type="text"/>
III. <input type="text"/>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text"/> For weekly	From <input type="text"/> To <input type="text"/>	<input type="text"/> Amt. in Words <input type="text"/>
IV. <input type="text"/>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text"/> For weekly	From <input type="text"/> To <input type="text"/>	<input type="text"/> Amt. in Words <input type="text"/>
V. <input type="text"/>	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly	<input type="text"/> For weekly	From <input type="text"/> To <input type="text"/>	<input type="text"/> Amt. in Words <input type="text"/>

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

* Daily SIP dates - All Business Days; Weekly SIP Day - Any day between Monday to Friday; Monthly SIP dates - Any day from 1st to 28th of the month ** Default SIP date will be 7th

Note: Enrollment period should be less than or equal to 40 years.

5. 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.

6. DECLARATION & SIGNATURE(S)

I/We would like to invest in above mentioned scheme subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filling up this form I understand that the amount towards my Lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications /Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the ITI Asset Management Ltd (ITI AMC) liability. I understand that the ITI AMC may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree ITI AMC can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

I confirm that I am resident of India. 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 normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. 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 Mutual Fund Distributor / SEBI-Registered Investment Adviser. I hereby authorize the representatives of ITI AMC and its Associates to contact me through any mode of communication.

Date	SIGNATURE(S) as per ITI Mutual Fund records		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sole/First Unit Holder/Guardian	Second Unit Holder	Third Unit Holder

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold ITI Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I hereby authorize the representatives of ITI Asset Management Limited and its Associates to contact me through any mode of communication.

Authorisation to Bank: I/We wish to inform you that I/we have registered with ITI Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled in by Investor)	
Affix Barcode	Date and Time Stamp No.



INSTRUCTIONS TO FILL THE NACH DEBIT MANDATE FORM

1. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
3. Investors are deemed to have read and understood the terms and conditions of NACH Facility, SIP registration through NACH facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addendum issued from time to time of the respective Scheme(s) of ITI Mutual Fund.
4. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
5. Please mention the amount in figures and words.
6. Please fill all the required details in the Debit Mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
7. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
8. The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Toll Free Number: 1800-266-9603	Non Toll Free Number: 022-69153500	Email: mfassist@itiorg.com	Website: www.itiamc.com
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Mutual Fund investments are subject to market risks, read all scheme related documents carefully.