

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 [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



Request For	☐ Change of Bank Details/ Mode of payout	☐ Updation of contact details	☐ Consolidation of Folios	☐ Nominee Updation/ Cancellation	☐ Change of IDCW Option	☐ Change of Mode of Holding	☐ Revalidation of Dividend/ Redemption Cheque	☐ POA Registration	☐ Updation of PAN & KYC
Fill Section(s)	A+B+K	A+C+K	A+D+K	A+E+K	A+F+K	A+G+K	A+B+H+K	A+I+K	A+J+K

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

Tel. No. (O) (R) Fax

Mobile No. Email ID^A

Primary Holder's own email address and mobile number should be provided. If email id of Primary Holder is not available, please tick ☐ Family Member's email id
 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 ☐

^A 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.

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):

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'. 4. In case there is no nominee in the target folio, please fill section E.

E. REGISTRATION/CHANGE/CANCELLATION OF NOMINATION [Refer (iii) from instructions overleaf]

☐ I/We wish to nominate ☐ I/We do not wish to nominate

I/We* do hereby nominate the person(s) more particularly described hereunder/and*/cancel the nomination made by me/us on the day of in respect of the Units under Folio No. (*strike out which is not applicable). All Joint holders should sign, even in case of 'Anyone or Survivor'.

Name and address of Nominee(s)	Date of Birth	Name & Address of the Guardian	Signature of Nominee/ Guardian of Nominee (Optional)	Proportion (%) by which the units will be shared by each Nominee [§]
(to be furnished in case the Nominee is a minor)				
Nominee 1				
Nominee 2				
Nominee 3				

[§] The allocation/share should be in whole numbers without any decimals making a total of 100 percent. If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s).

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 ☐ Nominee Updation/Cancellation
☐ 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: 022-66214999

Email: mfasstist@itiorg.com

Website: www.itiamc.com

F. CHANGE OF IDCW OPTION									
SCHEME NAME	OPTIONS								
	☐ Payout To Reinvestment ☐ Reinvestment To Payout								
	☐ Payout To Reinvestment ☐ Reinvestment To Payout								
	☐ Payout To Reinvestment ☐ Reinvestment To Payout								
G. CHANGE IN MODE OF HOLDING FROM JOINT TO ANYONE OR SURVIVOR OR VICE-VERSA									
All unit holders should sign the form irrespective of mode of holding in the folio Please tick (✓) ☐ Joint ☐ Anyone or Survivor									
H. REVALIDATION OF DIVIDEND/ REDEMPTION CHEQUE									
I/We are in receipt of Redemption/ Dividend warrant as below:									
Cheque No.	Cheque Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Cheque Amount	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
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)									
I. POA (POWER OF ATTORNEY) REGISTRATION DETAILS									
Name of the POA holder									
PAN of the POA holder	☐ Attached KYC Copy (Mandatory) ☐ Notarized copy of POA								
J. UPDATION OF PAN & KYC									
PAN of Sole/ First Applicant/ Guardian	☐ KYC Copy ☐ Self-attested copy of PAN								
PAN of Second Applicant	☐ KYC Copy ☐ Self-attested copy of PAN								
PAN of Third Applicant	☐ KYC Copy ☐ Self-attested copy of PAN								
K. UNITHOLDER(S) DECLARATION & SIGNATURE(S)									
Note: 1. To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/cancellation of nomination and/or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'. 2. 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 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 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 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 AMC/ 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 Form is rejected.									
Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Place 	M	M	Y	Y	Y	Y	SIGNATURE(S)		
M	M	Y	Y	Y	Y				
	 Sole/First Unit Holder/Guardian Second Unit Holder Third Unit Holder								

