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

Date and Time of Receipt:

Website:

www.itiamc.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

DIGEDUATE INCODE ATION



EAD AFFIAF HAF ANNY

Distributor Name & Code	Sub-Distributor Cod	o Internal Code for		UIN*	RIA Code		Date and Time of Passint
Distributor Name & Code	Sub-Distributor Cod	e Internal Code for Sub-Broker/Employee		UIN	RIA Code	Registrar/Bank Serial No.	Date and Time of Receipt
ARN- 183038	ARN-						
I/We hereby confirm that the El sales person of the above distri has not charged any advisory for	JIN box has been intentionabutor or notwithstanding these on this transaction."		an "execu if any, pro	ution-only" transa ovided by the emp	action without any ployee/relationship	interaction or advice by manager/sales perso	y the employee/relationship manager, on of the distributor and the distributor the service rendered by the distributor
First/Sole Unit	-lolder/ Guardian	Second U	Jnit Holo	der/Guardian		Third Unit	t Holder/Guardian
Folio No.							
1st/Sole Unit Holder							
		r Transaction value of INR 5					
2. SCHEME DETAILS	,	Transaction value of livit o	oo crore e	and above for i	von marviadar m	vestors.	
IDCW# Frequency Sub- IDCW# Frequency Sub- (Daily and Weekly are no ITI Dynamic Bond Fur	Options [Please tick (V) a p-Options are applicable t applicable for IDCW# Pa d: Monthly, Quarterly, Half	any one]: O Daily O Weekly le for below schemes only gyout.) (Default Frequency will Yearly and Annually. (Default Fr	Fortn y: ITI Li be Daily requency w	n not selected or in nightly O Mont quid Fund and Reinvestment of vill be Monthly Rei	hly Quarterly I ITI Overnight F IDCW#, in case nvestment of IDCW;	c.) IDCW# Reinvest option is ☐ Half Yearly ☐ Ann Fund: Daily, Weekly, frequency is not sele #, in case frequency is no #, in case frequency is no	s not available for ITI Long Term Equity Func nually Fortnightly, Monthly and Annually seted or in case of any ambiguity.) ot selected or in case of any ambiguity.) ot selected or in case of any ambiguity.) tribution cum Capital Withdrawal
3. UNIT HOLDING OF	PTION O Demat	Mode* ○ Physical M	lode (De	efault)		moome Die	
	,	r wishes to hold the units in Der					
		[neficiary Account No).
		ovide a copy of the DP statemen		Beneficiary Acc		d in the Application Fo	urm
4. ADDITIONAL PUR		ovide a copy of the DF statemen	iit enable t	us to match ben	iai ueiaiis as siaie	a iii tile Application Fo	III.
Payment Options	○ Cheque/DD ○ RT	GS/NEFT O Transfer	One Ti	ime Mandate	Others		
Amount (₹) (i)		Cheque/DD N	No.			Date	d D D M M Y Y Y
DD charges (₹) (ii)		Bank Name			 		
- ,,,,	i) i n f i g .		City				
Amount in words							
*OTM facility can be used o REDEMPTION	nly if, already registered. In o	ase OTM is not registered, please	e fill OTM F	Form to make futo	ure transactions via	OTM.	
by me/us (This bank ac Please credit the redem are not required to be m Bank Name:	gistered for the multiple count has already been r otion proceeds to the foll entioned if the proceeds	egistered in the folio): owing Bank Account which h are required to be credited in ccount Type:	n should I nas been n the defa	registered with nult bank manda Brancl Bank	you (Applicable ate registered in the control of th	only in case multiple the folio).	(Please ✓) r the payout mechanism indicated banks are registered. Bank details are not filled above, the redemption
will be processed into th	e "Default" bank account	registered for the aforesaid bank accounts registered wi	folio. ÍTI	Asset Manager	ment Ltd. will not	be liable for any loss	s arising to the unitholder(s) due t
6. SWITCH							
From Scheme ITI				To Scheme	ITI		
Amount (₹)	Or Uni	ts: Or O All	Units	Plan/Option			
Plan/Option/Sub Option	ion:			Sub Option			
7. DECLARATION				-			
Addendums. I/We agree to through legitimate source: The ARN holder has disclo	o abide by the terms, condi s.	tions, rules & regulations of the t issions (in the form of trail comr	Scheme(s	s) as applicable f r any other mode	rom time to time.), payable to him fo	Amount invested/to be	r Information Memorandum (KIM) and e invested in the Scheme(s) is derived ing Schemes of various Mutual Fund
Date DDMM	SIGNATURE(S)						
Place	Sol	Sole/First Unit Holder/Guardian Second Unit Holder					Third Unit Holder
		All Joint holders should	d sign, eve	en in case of 'Any	yone or Survivor'.		
ACKNOWLEDGEMENT	SLIP (To be filled in b	y the investor)					For Office use
Received from: Mr./Ms./M/s	•						
	Sche	eme:					
Plan:		Option:					
Additional Purchase: Che	ane No .	'	rawn on			(Si	ignature of receiving authority)