

Please read Key Information Memorandum, the Instructions and Product Labelling before filling this Application Form.

**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.

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
<b>ARN-153155</b>		Sub-Distributor Code	Internal Code for Sub-Broker/Employee	<b>E-271894</b>	Registrar/ Bank Serial No.
<p><b>EUIN Declaration:</b> 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. • <b>RIA Declaration:</b> 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.</p>					
First/Sole Applicant/Guardian/POA Holder		Second Applicant/Guardian/POA Holder		Third Applicant/Guardian/POA Holder	

**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 7)

**Folio No.**

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 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.   ☐ Individual   ☐ Non Individual

**Non-Individual investors should mandatorily fill separate FATCA, CRS & UBO Form alongwith this application form**

[illegible][illegible][illegible]

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.

[illegible]

**Relationship with Minor (Mandatory)** ☐ Father ☐ Mother ☐ Court Appointed Legal Guardian

For Investment "on behalf of Minor" ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other \_\_\_\_\_

**CONTACT DETAILS OF SOLE/FIRST APPLICANT** (Refer Instruction No.II)

<b>Correspondence Address##</b> ##Please note the address details will be updated as per your KYC records with CKYC/KRA																<b>Overseas Address</b> (Mandatory for NRIs/PIOs/FILs Applicants)															
City/Town								State						City/Town								State									
Country								PIN Code								Country						ZIP Code									
Tel. (Res.)																Tel. (Off.)															

[illegible]

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

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 if you wish to receive scheme wise Annual Report or Abridged Summary through phisical mode. ☐

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

☐ Resident Individual  
 ☐ On behalf of Minor  
 ☐ HUF  
 ☐ Financial Institution  
 ☐ NRI-NRE  
 ☐ NRI-NRO  
 ☐ PIO  
 ☐ Body Corporate  
 ☐ OCI  
 ☐ Trust/Society/NGO  
☐ Partnership Firm  
☐ AOP/BOI  
☐ Private Limited Company  
☐ Public Limited Company  
☐ Limited Partnership (LLP)  
☐ Government Body  
☐ FI/FFPI  
☐ Sole Proprietorship  
☐ Non Profit Organization/Charities  
☐ QFI  
☐ NPS Trust  
☐ Defence Establishment  
☐ Bank  
☐ Mutual Fund  
☐ Fund of Funds  
☐ Others (Please specify)

[illegible][illegible][illegible]

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ PMS

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ A Guardian in case of Minor ☐ POA ☐ Custodian ☐ BMS

\*Mandatory Fields



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

Application No.

Name of the Investor Mr/Ms/M/s : \_\_\_\_\_

Scheme/Plan/Option: \_\_\_\_\_

Payment Details: Amount ₹ \_\_\_\_\_ Instrument No. \_\_\_\_\_ Date: \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

ISC Stamp, Date &amp; Signature

[illegible]

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 <sup>st</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Public Sector Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 <sup>nd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Government Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 <sup>rd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Authorised Signatories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Agriculturist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Promoters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Retired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Housewife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Karta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
	Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Whole-time Directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
Proprietorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trustee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>													
Non-Individual Investors involved / providing any of the mentioned services					<input type="radio"/> Foreign Exchange/Money Changer Services <input type="radio"/> Gaming / Gambling / Lottery / Casino Services <input type="radio"/> Money Lending / Pawning <input type="radio"/> 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 (v)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian								
Below 1 lac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10 - 25 lac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
1 - 5 lac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25 lac - 1 cr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
5- 10 lac	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	> 1 cr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								
<b>OR Network in (₹)</b> (Mandatory for Non-Individuals not older than 1 year) _____ as on <table border="1" style="display: inline-table; vertical-align: middle;"> <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>										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										

[illegible]

## 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]**

Details under Foreign Tax Laws:	First Applicant (including Minor)	Second Applicant/Guardian	<input type="radio"/> Third Applicant <input type="radio"/> PoA
City & State of Birth	City _____ State _____	City _____ State _____	City _____ State _____
Country of Birth			
Nationality	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others _____ (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others _____ (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others _____ (Please Specify)
Address Type (for KYC Address)	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business

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="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C

*\*Mandatory Fields*

QUICK CHECKLIST		
<input type="radio"/> KYC acknowledgement letter attached	<input type="radio"/> Self attested PAN card copy attached	<input type="radio"/> Email id and mobile number provided (for online transaction facility)
<input type="radio"/> Plan/Option/Sub Option mentioned	<input type="radio"/> FATCA & CRS Certification for Non-Individual Investors attached	<input type="radio"/> UBO Declaration for Non-Individual Investors attached
<input type="radio"/> Additional documents for Third Party payments attached	<input type="radio"/> Multiple Bank Accounts Registration form attached (if you want to register multiple bank accounts)	<input type="radio"/> Relationship proof between Guardian and Minor attached (if application is in the name of a Minor)

**6. NON PROFIT ORGANIZATION (NPO) DECLARATION:**

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog.

If not, please register immediately and confirm with the above information. Failure to get the above confirmation or registration with the portal as mandated, wherever applicable will force ITI Mutual Fund / ITI Asset Management Limited to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

**7. 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

**8. INVESTMENTS AND PAYMENT DETAILS:**

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

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

Please issue separate Cheque/DD favouring the Scheme Name (Refer Instruction VI & VII).

In case of Multiple SIP, a consolidated Cheque/DD should be drawn in favour of "ITI Mutual Fund SUBSCRIPTION POOL A/C".

Plan: <input type="radio"/> Direct <input type="radio"/> Regular Scheme Name	Option/Sub-option	Investment Amount (₹)	Mode of Payment	Date & Cheque/DD No./UTR No. (In case of NEFT/RTGS)/ UMRN No. (In case of OTM)
	<input type="radio"/> Growth <input type="radio"/> IDCW# Reinvest <input type="radio"/> IDCW# Payout Sub-Option: <input type="text"/>		<input type="radio"/> Cheque/DD <input type="radio"/> RTGS/NEFT <input type="radio"/> Fund Transfer <input type="radio"/> OTM	
	<input type="radio"/> Growth <input type="radio"/> IDCW# Reinvest <input type="radio"/> IDCW# Payout Sub-Option: <input type="text"/>		<input type="radio"/> Cheque/DD <input type="radio"/> RTGS/NEFT <input type="radio"/> Fund Transfer <input type="radio"/> OTM	
	<input type="radio"/> Growth <input type="radio"/> IDCW# Reinvest <input type="radio"/> IDCW# Payout Sub-Option: <input type="text"/>		<input type="radio"/> Cheque/DD <input type="radio"/> RTGS/NEFT <input type="radio"/> Fund Transfer <input type="radio"/> OTM	
Total	in Words			In figures

Please refer to instruction No. VI(3) for more details of IDCW Frequency Sub-Options. Default Option will be Growth in case option is not selected or any ambiguity.

IDCW# Re-investment is not available for ITI ELSS Tax Saver Fund. (Please refer SID of the respective scheme.) \* Income Distribution cum Capital Withdrawal

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

**9. SIP DETAILS Opted for SIP: ☐ Yes ☐ No (In case, you have opted for SIP, it is mandatory to submit SIP/Multiple SIP Registration Form.)****9A. SIP THROUGH POST DATED CHEQUES**

No. of cheques enclosed including first cheque	<input type="text"/>	Drawn on Bank and Branch	<input type="text"/>
Account type	<input type="text"/>	Cheque No. should be in continuous series From	To

**10. 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	<input type="text"/>	DP ID	<input type="text"/>	I	N	<input type="text"/>	Beneficiary Account No.	<input type="text"/>
CDSL DP Name	<input type="text"/>	Beneficiary Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* 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.

**11. NOMINATION DETAILS (Mandatory) Please tick Nominee Opt-In or Nominee Opt-Out as appropriate.**




☐ **Nominee Opt-In:** 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.

Nominee Name & Address	PAN of Nominee/ Guardian	Allocation (%) ‡	Date of Birth of Nominee*	Nominee Relation With Investor*	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Sign of Nominee/ Guardian (in case Nominee is Minor)
Nominee 1							
Nominee 2							
Nominee 3							

‡ the aggregate total should be 100%. \* Mandatory

## OR

☐ **Nominee Opt-Out:** I/We hereby confirm that I/we do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unitholders in the folio, my/our legal heirs would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio(s).

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

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

## 12. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum and subsequent amendments and agreed to the contents 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 and provide any additional information, as may be required. 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 issued by any statutory authority. 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. 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/AMC to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies without obligation, including any service providers of the Fund/AMC for regular conduct of business. I/We authorise ITI Mutual Fund to reject the application, reverse the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes, 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 or if any of the above specified information is found to be false, untrue, misleading or misrepresenting.

I/We also undertake to keep you informed in writing about any changes to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

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, unless specifically disallowed by me/us.



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 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). 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

SIGNATURE(S) as per ITI Mutual Fund Records	
	
Sole/First Applicant/Guardian/ PoA/Authorised Signatory	Third Applicant/PoA

Date

Place

# 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

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
<b>ARN-153155</b>			<b>E-271894</b>			

\*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. UNITHOLDER INFORMATION

Folio No.  Application No.

1st/Sole Unit Holder Name

### 2. SCHEME DETAILS (Choice of Plan [Please ✓])

Scheme  ITI Plan (Please ✓) ☐ Regular ☐ Direct

Option: ☐ Growth ☐ IDCW# Reinvest ☐ IDCW# Payout (Default Option will be Growth in case option not selected or in case of any ambiguity.) IDCW# Reinvest option is not available for ITI ELSS Tax Saver Fund.

IDCW# Frequency Sub-Options: [Please tick (✓) any one]: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

\* Income Distribution cum Capital Withdrawal

### 3. SIP DETAILS

SIP TYPE: ☐ SIP with first installment through cheque ☐ SIP with first installment through One Time Mandate (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.

OTM Ref. No.

Enrolment Period: From Date  To Date  (Note: Enrollment periode should be less than or equal to 40 years.)

First SIP Instalment via: Cheque No.  Drawn on Bank and Branch

Amount:  A/c. No.

Each SIP Amount:  Amount in Words

Frequency: ☐ Daily (SIP) ☐ Weekly (SIP) ☐ Monthly (SIP)

(Please ✓) All Business Days  (Please mention any day between Monday to Friday) Date:  Preferred Debit Date (Any day from 1st to 28th of the month)

### 4. ITI GOAL SIP- DO YOU WANT TO ALLOCATE A GOAL FOR YOUR SIP: ☐ Yes ☐ No [If yes please select (✓) your goal]

Please specify your goal amount  ☐ Kids Marriage ☐ Kids Education ☐ Retirement Planning (Default) ☐ Tax Savings

☐ Dream House ☐ Dream Car ☐ Dream Vacation ☐ Others

### 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. SIP TOP-UP FACILITY (You can start SIP Top-Up Facility after minimum 6 Months from 1st SIP)

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

Top-up Amount: (₹)  (minimum ₹500/- & in multiples of ₹500/- only) Top-up Start Month:  Top-up End Month:

Frequency: (Please ✓) ☐ Half Yearly ☐ Yearly (Default)

### 7. DECLARATION & SIGNATURE(S)

I/We declare that the particulars furnished here are correct. I/We authorize ITI Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform ITI Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in ITI Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of ITI Mutual Fund using this facility.

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

## ONE TIME BANK MANDATE (NACH/OTM/Direct Debit Mandate Form)

UMRN  Date

Tick (✓) ☐ CREATE ☒ MODIFY ☐ CANCEL

Sponsor Bank Code  Utility Code

I/We hereby authorize  ITI MUTUAL FUND to debit (tick ✓) ☐ SB/CA/CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  Amount in words  ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented

PAN

Scheme Name  ALL SCHEMES OF ITI MUTUAL FUND

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Phone No.

Email ID

Note: Maximum period of validity of this mandate is 40 years only.

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature Primary Account holder  Signature of Account holder  Signature of Account holder

1.  Name as in bank records 2.  Name as in bank records 3.  Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized the debit.



# 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

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
<b>ARN-153155</b>			<b>E-271894</b>			

\*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
----------------------------------	-----------------------------	----------------------------

### 1. UNITHOLDER INFORMATION

Folio No.  Application No.

1st/Sole Unit Holder Name

### 2. SCHEME DETAILS (Choice of Plan [Please ✓])

Scheme  ITI Plan (Please ✓) ☐ Regular ☐ Direct

Option: ☐ Growth ☐ IDCW# Reinvest ☐ IDCW# Payout (Default Option will be Growth in case option not selected or in case of any ambiguity.) IDCW# Reinvest option is not available for ITI ELSS Tax Saver Fund.

IDCW# Frequency Sub-Options: [Please tick (✓) any one]: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually

\* Income Distribution cum Capital Withdrawal

### 3. SIP DETAILS

SIP TYPE: ☐ SIP with first installment through cheque ☐ SIP with first installment through One Time Mandate (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.

OTM Ref. No.

Enrolment Period: From Date  To Date  (Note: Enrollment periode should be less than or equal to 40 years.)

First SIP Instalment via: Cheque No.  Drawn on Bank and Branch

Amount:  A/c. No.

Each SIP Amount:  Amount in Words

Frequency: ☐ Daily (SIP) ☐ Weekly (SIP) ☐ Monthly (SIP)

(Please ✓) ☐ All Business Days ☐ (Please mention any day between Monday to Friday) Date:  Preferred Debit Date (Any day from 1st to 28th of the month)

### 4. ITI GOAL SIP- DO YOU WANT TO ALLOCATE A GOAL FOR YOUR SIP: ☐ Yes ☐ No [If yes please select (✓) your goal]

Please specify your goal amount  ☐ Kids Marriage ☐ Kids Education ☐ Retirement Planning (Default) ☐ Tax Savings

☐ Dream House ☐ Dream Car ☐ Dream Vacation ☐ Others

### 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. SIP TOP-UP FACILITY (You can start SIP Top-Up Facility after minimum 6 Months from 1st SIP)

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

Top-up Amount: (₹)  (minimum ₹500/- & in multiples of ₹500/- only) Top-up Start Month:  Top-up End Month:

Frequency: (Please ✓) ☐ Half Yearly ☐ Yearly (Default)

### 7. DECLARATION & SIGNATURE(S)

I/We declare that the particulars furnished here are correct. I/We authorize ITI Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform ITI Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in ITI Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of ITI Mutual Fund using this facility.

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

## ONE TIME BANK MANDATE (NACH/OTM/Direct Debit Mandate Form)

UMRN  Date

Tick (✓) ☐ CREATE ☒ MODIFY ☐ CANCEL

Sponsor Bank Code  Utility Code

I/We hereby authorize  ITI MUTUAL FUND to debit (tick ✓) ☐ SB/CA/CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  Amount in words  ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

PAN  Phone No.

Scheme Name  ALL SCHEMES OF ITI MUTUAL FUND Email ID

Note: Maximum period of validity of this mandate is 40 years only.

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature Primary Account holder  Signature of Account holder  Signature of Account holder

1.  Name as in bank records 2.  Name as in bank records 3.  Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized the debit.

# CKYC & KRA KYC FORM APPLICATION FORM (FOR INDIVIDUALS ONLY)

(Please fill the form in English and in BLOCK Letters). Fields marked with '\*' are mandatory fields

**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

Application Type\* ☐ New ☐ Update

KYC Number\*  (Mandatory for KYC update request)

Account Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investor (Refer Instruction I)

## 1. PERSONAL DETAILS\* (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card ☐ Form 60 furnished

Name\* (same as ID proof) Prefix  First Name  Middle Name  Last Name   
Maiden Name   
Father / Spouse Name\*   
Mother Name\*

Date of Birth\*  -  -

Gender\* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status\* ☐ Married ☐ Unmarried ☐ Others

Citizenship\* ☐ IN- Indian ☐ Others - Country  Country Code

Residential Status\* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin  
(Passport is mandatory for NRIs and Foreign Nationals. POI selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on nationality of individual)

Occupation Type\* ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Professional ☐ Business  
☐ X-Not Categorised ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student



## 2. PROOF OF IDENTITY (POI) & ADDRESS (POA)\* (For PAN exempt investors, please refer instruction C, D, E & I at the end)

### I. Certified copy of the PoI and PoA need to be submitted. (Any one of the following OVDs)

☐ A-Aadhaar Card   
☐ B-Passport Number  Expiry Date:   
☐ C-Voter ID Card   
☐ D-Driving Licence  Expiry Date:   
☐ E-NREGA Job Card   
☐ F-NPR Letter   
☐ G-Others :  (Any document notified by Central Government) Identification No.

### II. Current/Permanent/Overseas Address Details:

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166\*

### III. Correspondence/Local Address Details:

☐ Same as above mentioned address (In such cases address details as below need not be provided)

Certified copy of the PoA need to be submitted. (Any one of the following OVDs)

☐ A-Aadhaar Card   
☐ B-Passport Number  Expiry Date:   
☐ C-Voter ID Card   
☐ D-Driving Licence  Expiry Date:   
☐ E-NREGA Job Card   
☐ F-NPR Letter   
☐ G-Others :  (Any document notified by Central Government) Identification No.

### Address

Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166\*

**3. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **C** at the end)

[illegible]

**4. FATCA/CRS Information** (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (4) is ticked)

Country of Jurisdiction of Residence*												Country Code of Jurisdiction of Residence			as per ISO 3166*
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	---	--	--	------------------

[illegible]

Place/City of Birth*											Country of Birth*											Country Code			as per ISO 3166*
----------------------	--	--	--	--	--	--	--	--	--	--	-------------------	--	--	--	--	--	--	--	--	--	--	--------------	--	--	------------------

## Address

[illegible]

#### 5. Remarks (if any)

[illegible]

## 6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/ Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

[illegible]

## 7. Attestation / For Office Use Only

**Documents Received**    ☐ Self Certified Documents copies received (OVD)    ☐ True copies of documents received (Attested)

### KYC In-Person Verification (IPV) Carried Out by

Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Employee Signature]

### Institution Details

[illegible]

[Institution Stamp]





## FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

*Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance*

PAN / PEKRN*									
Name									
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>				
Place of Birth				Country of Birth					
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore			Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____				
Net Worth in INR. In Lacs & Date [Optional]	_____ <i>dd-mmm-yyyy</i>								
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable			Any other information [if applicable]	<i>[Please specify]</i>				

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?   Yes ☐ No ☐

**If 'Yes', please fill for all countries** (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
- Reason C → Others – Please specify the reasons \_\_\_\_\_

### Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [KFIN/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:

Place:

Signature:

### Acknowledgement

We [KFIN, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on *dd-mmm-yyyy*

Date:

Signature with Name, Emp. ID & Seal