

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

☐ New SIP Registration ☐ Change in Bank Account (for SIP earlier registered)

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
ARN-181211	ARN-		E			

*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 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. INVESTMENT 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 Long Term Equity Fund.

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.)

Enrolment Period: From Date To Date OR Perpetual (99 years) (Default) ☐

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)

I/We hereby authorize ITI Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments.
Note: Please allow 1 month for NACH Mandate to register and start. # Income Distribution cum Capital Withdrawal

3. ITI GOAL SIP- Do you want to allocate a goal for your SIP: ☐ Yes ☐ No If yes please select (✓) your goal Refer Instruction No. 32

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

☐ Dream House ☐ Dream Car ☐ Dream Vacation ☐ Others

4. 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.

5. SIP TOP-UP FACILITY (You can start SIP Top-Up Facility after minimum 6 Months from 1st SIP) Refer Instruction No. 31, on SIP Top-up

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)

6. 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

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 To

Or ☐ Until Cancelled

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 of the bank where I have authorized the debit.