REQUEST FOR CHANGE IN MUTUAL FUND DISTRIBUTOR

This Form should be completed in **English** and in **BLOCK LETTERS** only.



				Dat	te: D D M	M Y Y Y Y
To,						
ITI Mutual Fu	und,					
				nd Distributor (MFD) /ARN code al fund mentioned below:	in respect of n	ny/our
ARN code ch	ange to be made (P	lease Tick √)	Folio Level Sch	neme Level		
Sr. No.	Sr. No. Folio Number		Scheme Name			
					ı	
Old ARN Co	ode Old AR	Old ARN Name		New ARN Name	New Sub ARN code	New EUIN code
۸۱۱ الماطم مام		Many Cula ADM		e filled in, only if applicable		
as per the de knowledge a	ing investments with tails provided. I con nd understanding o	firm that i am no f the changes, v	ot misguided or lure oluntarily. I also un	ntioned above, want to change the dochange the ARN code and sometimes and agree that the chall for reversal of such changes.	submitting this	request with full
Investor Details		1 st Holder		2 nd Holder	3 rd Holder	
Name						
Signature (To be signed as per Mode of Holding)						
I hereby affir explicit and i	nformed consent of	ntioned request the investor. Th	ne investor has bee	ARN in the specified folio's/sche on fully apprised of the nature an I was employed to influence the	d implications	of this change
New ARN*:				New ARN Name*:		
Sub-Distributor's ARN:			S	Sub-Distributor's name:		
EUIN No.*: E			E	EUIN Name*:		
*Mandatory Field			-			
Si	gnature of ARN/EUI	N Holder*		Name, Designation, Employee code of new distributor (if non individual)		
			Free Number: 69153500	Email: mfassist@itiorg.com		Website: v.itiamc.com