MULTIPLE SIP REGISTRATION FORM

Registration Cum Mandate Form

Please read Product Labeling available on the front inside cover page of KIM and instructions before filling this form



Application No. S

		R INFORMATION					CE 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
N-	ARN-	ous siener, simpleyee				0511411111	Пософ
vestors should mention the EUIN We hereby confirm that the EUIN ationship manager/sales person the distributor and the distributor	of the person who has advis box has been intentionally of the above distributor or no	left blank by me/us as this twithstanding the advice of	is an "executio	n-only" transac	tion withou	ut any interaction or a	advice by the employe p manager/sales pers
First/Sole Unit Holder	·/ Guardian	Second Unit Hole	der/Guardian			Third Unit Holder/G	Guardian
SIP TYPE							
 SIP With first installment ** This facility is available only 		P with first installment thr already registered in the fo				installment	
UNITHOLDER INFORMA	TION						
Folio No.				Applicat	ion No. 🗆		
Name of Sole/1st Holder				PA	N No./PE	KRN LLLLL	
Name of 2nd Holder				PAI	N No./PE	KRN LLLLL	
Name of 3rd Holder				PA	N No./PEł	KRN LLLLL	
INITIAL INVESTMENT DE	TAILS						
The Cheque / DD should be d (Note: Payment initiated thro mentioned below.) Cheque/DD No Bank Name:	ugh Cheque/ DD, shall be c	considered as SIP first inst	alment and ch	eque amount s	hould be		nount of all the sche
SIP DETAILS			Didition			oity.	
	ne / Plan / Option	Frequency	SIP Date (DD)	Enrollment P		SIP A	mount
		weekly	D D For weekly	From M M M To M M M	Y Y ₹	mt. in Words	
II		∩ Daily	D D For weekly	From M M M To M M M		mt. in Words	
III		Daily Weekly Monthly	D D For weekly	From M M M To M M M M		mt. in Words	
IV		Daily Weekly Monthly	D D D For weekly	From M M M To M M M M		mt. in Words	
V		Daily Weekly Monthly	D D For weekly	From M M M To M M M M		mt. in Words	
OTM Ref. No	be less than or equal to 40 yea Demat Mode*	rs. O Physical Mode (Def	y; Monthly SIP da	•		ebit Mandate (if alread st of the month ** Do	ly registered in the efault SIP date will be 7
NSDL DP Name	andatory if the investor wishe	DP ID			lanaficiary	Account No.	
CDSL DP Name			Beneficiary Acc	1	-	Account No.	
*Investor opting to hold units in	n Demat Form, may provide a		•		ails as stat	ed in the Application I	Form.
JECLARATION & SIGNA I/We would like to invest in above (KIM) and subsequent amendmen services. By filling up this form I u Time Bank Mandate Form. I/We he through legitimate sources only are by the Government of India or any; liability. I understand that the ITI A for the service charges as applica different competing Schemes of v. and particulars given by me/us are paid to the distributors. ☐ I confirm that I am resident of II from abroad through normal banki will also be from funds received fre I/We, have invested in the Schemer respect of my/our investments un representatives of ITI AMC and its	e mentioned scheme subject to ts thereto. I/We have read, unde nderstand that the amount tow ave not received nor been induced is not designed for the purpo Statutory Authority. I accept and MC may, at its absolute discretic ble from time to time. The ARN arious Mutual Funds from amone correct and complete. Further, andia. I/We confirm that I ing channels or from funds in myom abroad through approved bages) of your Mutual Fund under der Direct Plan of all Schemes	terms of the Statement of Ak ristood (before filling application and some properties of the service of the service of contravention or evasion agree to be bound by the said on, discontinue any of the service of contravention or evasion agree to be bound by the said on, discontinue any of the service of th	dditional Informa on form) and is/a c investment plar ily or indirectly, in of any Act / Reg Terms and Condices completely or all the commiss or recommended the arge (if applicable dian Nationality/Crdinary Account/Fin my/ our NRE/FC you my/our consmentioned Mutu	tion (SAI), Schem re bound by the di (SIP) transaction making this invesi- ulations / Rules / tions including the r partially without ions (in the form o me/us. I hereby e) shall be deduct brigin and I/We her CNR Account. I/W CNR Account.	e Information etails of the will be debt the will be debt the the will be debt to the will be debt to the will be debt to the work of trail complete the declare the deform the treby confirm the work of the transition of the work	on Document (SID), Key SAI, SID & KIM including the from bank account e declare that the amount of Joint Including I	Information Memorancg details relating to varidetails provided in my it invested in the Schemer Applicable Laws enac Management Ltd (ITI Al MC can debit from my fode), payable to him for is given by the undersig d the said charges shall cription have been reminases made under this f
Date D D M M Y Y Y	v	<u>k</u> n			Ø		<u> </u>

Second Unit Holder

Third Unit Holder

Sole/First Unit Holder/Guardian

TERMS AND CONDITIONS

- 1. Please refer SID for minimum SIP investment amount under each Scheme.
- Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective Scheme before investing.
- Complete Application form and SIP Enrollment Form along with the first cheque should be submitted to the AMC/KFin Tech ISC's.
- 4. The Cheque / DD should be drawn in favour of "ITI Mutual Fund SUBSCRIPTION POOL A/C". Payment initiated through Cheque/ DD, shall be considered as SIP first installment and the cheque amount should be equal to total SIP amounts of all the schemes mentioned in the Form.
- If Investor is not submitting the cheque for the first SIP Installment, then the investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH is to be registered.
- If any chosen day falls on a non business day, the next business day will be considered as the transaction date. If the selected date does not occur in a particular month (e.g., 30th or 31st in February), the transaction will be executed on the first business day of the following month.
- 7. Incorrect/Incomplete applications are liable to be rejected.
- ITI Asset Management Ltd. reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SIP.
- 9. NACH instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in SID.
- 10. The mandate registration form will be submitted through National Automated Clearing House (NACH) and Banks participating in Direct Debit Facility. This facility is offered to investors having Bank accounts in select banks mentioned in the link under Product and Services tab The Banks http://www.npci.org.in/ in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation.
- Incase investors bank account is available under NACH Facility; registration will be done through NACH platform.
- 12. Existing Unit holders in Scheme(s) of ITI Mutual Fund are required to submit only the SIP NACH Mandate. Existing unit holders should note that the unit holder's details & the mode of holding will be as per the existing account. New investors, who wish to enroll for SIP through NACH, should fill the Common Application Form & SIP NACH Mandate.
- 13. Initial cheque should be drawn on any bank, which is situated at & is a member of the Banker's Clearing House located at the place where the SIP application is submitted or payable at par & should participate in local MICR clearing. Please contact the nearest designated Investor Service Centre for the updated list. For outstation applications, the initial DD has to be payable at the nearest AMC locations. No outstation cheques will be accepted.
- 14. Payments will be accepted by NACH mode. For this purpose, investors/unit holders are required to give NACH Mandate Form to debit their bank accounts at periodic intervals & credit the subscription proceeds to ITI Mutual Fund Bank Account.
- Returned/Dishonored cheque/NACH Rejects will not be presented again for collection. If the 1st installment cheque is dishonored, the SIP processing/ registration will be rejected.
- 16. The SIP Enrollment will be discontinued in cases where three consecutive SIP installments are not honored or the bank account is closed and no request for change in bank account has been submitted.
- 17. If investor has not provided the SIP frequency/period/date, the default SIP frequency would be Monthly & the SIP installments would be the minimum number of installments of the respective Schemes as specified in the SID. The default date will be considered as 7th of the month for Monthly option.

- 18. If an Existing investor wants to enroll in another Scheme & continue for the existing folio, then the investor has to submit a duly filled & signed SIP NACH Mandate along with the first cheque (if investment is in the new Scheme).
- You can choose to discontinue this facility by giving 30 Calendar days written notice to any of AMC/Registrar Investor Service centers.
- Request for change in bank mandate to be submitted atleast 30 Calendar days before the due date of next SIP installment.
- The bank account provided for NACH (Debit) should be in the list of banks participating in NACH.
- MICR code or IFSC code should be mandatory filled on NACH mandate, MICR code starting and/or ending with 000 are not valid for NACH.
- 23. The investor agrees to abide by the terms and conditions of NACH facility of NPCI as applicable at the time of investment and as may be modified from time to time.
- 24. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned SID. The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
- 25. Investors will not hold ITI Asset Management Ltd., its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to the local holidays or any other reason.
- ITI Asset Management Ltd. reserves the right to reject any application without assigning any reason thereof.
- Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
- To avail of SIP in separate Schemes via NACH facility, an investor will have to fill a separate form for each Scheme. A single form cannot be used for different Schemes simultaneously.
- As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant. For more details please refer point on "Instructions to Investor" for Filling up the Application Form.
- 30. Employee Unique Identification Number (EUIN):

SEBI has made it compulsory for every employee/relationship manager/sales person of the distributor of Mutual Fund products to quote the EUIN obtained by him/her from AMFI in the Application Form. EUIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing.

Mutual Fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIN of the Sales Person (if any) in the EUIN space.

 As per NPCI circular NPCI/ NACH/OC No.012/2023-24 dated December 29, 2023, mandate is to be issued for a maximum duration of 40 years from the date of issuance of mandate.

ITI MUTUAL FUND						
Long-term wealth creators						

ONE TIME BANK MANDATE

Long-term wealth creators (NACH/OTM/Direct Debit Mandate Form)																							
		UMRN	F	0 R	0	F	FI	С	Е		U S	Е		0	Ν	LY		Date	D	D M	M	ΥΥ	YY
Tick (✓)	Sponsor Bank Code									٦	Jtility (Code											
CREATE ✓	I/We hereby authorize		ITI MUTUAL FUND to debit (tick-							(√)	SB CA CC SB-NRE SB-NRO Other												
MODIFY	Bank a/c number																T						
with Bank	Name o	f custom	ers ba	ank]IFSC [Ħ				or N	IICR						
an amount of R	upees					Ar	mount in	words	3					-					₹				
FREQUENCY	Mthly Qtly	H-Yr	ly [✓ Yrly	✓ As	& wh	en pres	ented				DEBIT	ΓΤΥΡ	PΕ	⊠ F	ixed	Amou	ınt .		✓ M	aximu	m Am	ount
PAN												Ph	one N	lo. [
Scheme Name ALL SCHEMES OF ITI MUTUAL FUND							En	nail 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 D	M M Y Y	Υ		Signatu	ıre Prim	nary A	ccount	holde	r		Bignat	ure of	Acco	unt l	holde	r		Si	gnatu	re of	Acco	unt ho	lder
То	M M Y Y	Υ	1.	Na			k record		2.		Nam	as in	bank	rec	ords		3.		Vame	as in	bank	recor	ds
	hat the declaration has been ca that I am authorized to cancel /																						
9 /																							0 -

THIS SECTION IS INTENTIONALLY KEPT BLANK

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold ITI Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I hereby authorize the representatives of ITI Asset Management Limited and its Associates to contact me through any mode of communication.

Authorisation to Bank: I/We wish to inform you that I/we have registered with ITI Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled in by Investor)									
Affix Barcode	Date and Time Stamp No.								





INSTRUCTIONS TO FILL THE NACH DEBIT MANDATE FORM

- 1. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- 2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
- 3. Investors are deemed to have read and understood the terms and conditions of NACH Facility, SIP registration through NACH facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addendum issued from time to time of the respective Scheme(s) of ITI Mutual Fund.
- 4. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
- 5. Please mention the amount in figures and words.
- 6. Please fill all the required details in the Debit Mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
- 7. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
- 8. The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.

Toll Free Number:	Non Toll Free Number:	Email:	Website:	
1800-266-9603	022-66214999	mfassist@itiorg.com	www.itiamc.com	