

ONE TIME MANDATE (OTM) FORM

Sponsors: The Investment Trust of India Limited [erstwhile, Fortune Financial Services (India) Ltd.] and ITI Credit Limited (formerly known as Fortune Credit Capital Ltd.)
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



Name of Applicant											
PAN No.						Mobile No.					
Email ID											
Bank Name											
Account No.											

DECLARATION

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.

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/We 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.

I/We request you to make provisions for me/us and/or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from ITI Mutual Fund.

I give my consent to ITI Asset Management Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/non-commercial transactions/promotional/potential investments and other communication/material irrespective of my blocking preferences with the Customer Preference Registration Facility.

SIGNATURE(S) as per ITI Mutual Fund records			
Date	<input type="text" value="DDMMYYYY"/>		
Place	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First/Sole Applicant/Guardian	Second Applicant	Third Applicant



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

UMRN	<input type="text" value="FOR OFFICE USE ONLY"/>										Date	<input type="text" value="DDMMYYYY"/>	
Tick (✓)	Sponsor Bank Code	<input type="text"/>					Utility Code	<input type="text"/>					
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize	ITI MUTUAL FUND					to debit (tick✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other
<input type="checkbox"/> MODIFY	Bank a/c number	<input type="text"/>											
<input type="checkbox"/> CANCEL	with Bank	<input type="text" value="Name of customers bank"/>	IFSC	<input type="text"/>					or MICR	<input type="text"/>			
	an amount of Rupees	<input type="text" value="Amount in words"/>										₹	<input type="text"/>
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented					DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount						
PAN	<input type="text"/>					Phone No.	<input type="text"/>						
Scheme Name	ALL SCHEMES OF ITI MUTUAL FUND					Email ID	<input type="text"/>						

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" value="DDMMYYYY"/>	Signature Primary Account holder	Signature of Account holder	Signature of Account holder
	To	<input type="text" value="DDMMYYYY"/>	1. <input type="text" value="Name as in bank records"/>	2. <input type="text" value="Name as in bank records"/>	3. <input type="text" value="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.

MANDATORY FIELDS : • Instrument Date • Bank Name • IFSC code or MICR code (as per the cheque/pass book) • Amount (in words & in figures) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.	<input type="text"/>	PAN No.	<input type="text"/>
Investor Name	<input type="text"/>		

Stamp & Signature

Toll Free Number:
1800-266-9603

Non Toll Free Number:
022-69153500

Email:
mfassist@itiorg.com

Website:
www.itiamc.com