

ITI PHARMA AND HEALTHCARE FUND

(An open ended equity scheme investing in Pharma and Healthcare)

APPLICATION FORM

Please read Key Information Memorandum, Product Labeling and Instructions before filling this Application Form



Long-term wealth creators

New Fund Offer Opens on: October 18, 2021	New Fund Offer Closes on: November 01, 2021	Scheme Re-opens on or before: November 17, 2021
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		

All sections should be Filled in English and in BLOCK LETTERS only.

Application No. _____

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-	ARN-					

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.

EUIN Declaration: 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.

RIA Declaration: 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.

First/Sole Applicant/Guardian/POA Holder	Second Applicant/Guardian/POA Holder	Third Applicant/Guardian/POA Holder
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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 6)

Folio No. _____ Name of First Applicant _____

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. Minor Individual Non Individual (Mandatorily fill separate FATCA/CRS & UBO form)

Non-Individual investors please fill Ultimate Beneficial Ownership (UBO) Declaration Form and submit with Application Form

Name _____

Date of Birth*/Incorporation Nationality _____ PAN/PEKRN# _____

Aadhaar Card No. _____ KIN‡ _____ Proof Attach

Legal Entity Identifier (LEI) Code (Mandatory for Non Individual only) _____ Validity till

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. Name _____

Aadhaar Card No. _____ PAN/PEKRN# _____ KIN‡ _____ Proof Attach

Nationality _____ Designation _____ Contact No. _____

Relationship with Minor (Mandatory) Father Mother Court Appointed Legal Guardian** Proof of relationship attached

For Investment "on behalf of Minor" Birth Certificate School Certificate Passport Other _____

Correspondence Address _____

City _____ State _____ Pin Code _____

Contact Details Country Code _____ STD Code _____ Tel. _____

Mobile No. _____ Email ID _____

Investors providing Email id would mandatorily receive E-Statement of Accounts in lieu of Physical Statement of Accounts and the Annual Report or Abridged Summary on email. Please register your mobile number and email id with us to get instant transactions alerts via SMS and Email.

Please tick, if you wish to receive scheme wise Annual Report or Abridged Summary through physical mode.

Overseas Address for NRIs/PIOs/FIIs (Mandatory) _____

City _____ Country _____ Zip Code _____

TAX STATUS (Applicable for First / Sole Applicant)

Resident Individual FIIs NRI-NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE Bank & FI

Sole Proprietor Partnership Firm QFI Provident Fund Others _____

II. Name of Second Applicant Mr./Ms. _____

Date of Birth Nationality _____ PAN/PEKRN# _____

Aadhaar Card No. _____ KIN‡ _____ Proof Attach

III. Name of Third Applicant Mr./Ms. _____

Date of Birth Nationality _____ PAN/PEKRN# _____

Aadhaar Card No. _____ KIN‡ _____ Proof Attach

* Mandatory Fields; ‡ W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund; ++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

...continued overleaf



Acknowledgement Slip (To be filled in by the Applicant)

Application No. _____

Received from: Mr./Ms./M/s. _____

(subject to realization, verification and conditions)

Scheme	ITI Pharma and Healthcare Fund	Plan	Option
Cheque/DD No.		Dated	Drawn on Bank
Account No.		Amount (₹)	Branch

ISC Stamp, Date & Signature

Toll Free Number:
1800-266-9603

Non Toll Free Number:
022-66214999

Email:
mfassist@itiorg.com

Website:
www.itiacm.com

Additional KYC Details

MANDATORY	Occupation Details for	1 st Applicant	2 nd Applicant	3 rd 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 st 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 nd 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 rd 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)	_____	_____	_____	_____					

Non-Individual Investors involved / providing any of the mentioned services Foreign Exchange/Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Gross Annual Income Range (₹)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Gross Annual Income Range (₹)	1 st Applicant	2 nd Applicant	3 rd 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"/>

OR Networth in (₹) (Mandatory for Non-Individuals not older than 1 year) _____ as on DDMMYYYY

4. POWER OF ATTORNEY (POA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

PoA Name Mr./Ms./M/s. _____

Aadhaar Card No. _____ PAN/PEKRN# _____ KIN# _____

Enclosed PAN card proof KYC Confirmation proof

PoA copy notarised or the original copy of PoA needs to be submitted in case of Investment through PoA.

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]

Non Individual investors, including HUF should mandatorily fill separate FATCA/CRS form.

Details under Foreign Tax Laws:	First Applicant (including Minor)	Second Applicant/Guardian	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

Are you a tax resident (i.e. are you assessed for Tax) in any other Country outside India? Yes No (If Yes, please provide the following (Mandatory) Information)

Country of Tax Residency (1)	Country of Tax Residency (2)	Country of Tax Residency (3)	
Tax Identification No.	Tax Identification No.	Tax Identification No.	
Identification Type (TIN or Other, pl. specify)	Identification Type (TIN or Other, pl. specify)	Identification Type (TIN or Other, pl. specify)	
Country of Tax Residency (1)	Country of Tax Residency (2)	Country of Tax Residency (3)	
Tax Identification No.	Tax Identification No.	Tax Identification No.	
Identification Type (TIN or Other, pl. specify)	Identification Type (TIN or Other, pl. specify)	Identification Type (TIN or Other, pl. specify)	
Country of Tax Residency (1)	Country of Tax Residency (2)	Country of Tax Residency (3)	
Tax Identification No.	Tax Identification No.	Tax Identification No.	
Identification Type (TIN or Other, pl. specify)	Identification Type (TIN or Other, pl. specify)	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

* Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents
 * Reason B - No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)
 * Reason C - Others, please state the reason thereof _____

QUICK CHECKLIST

<input type="radio"/> KYC acknowledgement letter attached	<input type="radio"/> Self attested PAN and Aadhaar 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 unit holders attached	<input type="radio"/> UBO Declaration for Non-Individual unit holders 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. 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

7. INVESTMENT DETAILS: Scheme/Plan/Option (Refer instruction VI)

Scheme 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.

Income Distribution cum Capital Withdrawal

8. PAYMENT DETAILS: Please issue separate Cheque/DD favouring the Scheme Name (Refer Instruction VII, IX & X)

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

8A. LUMP SUM

Mode Cheque DD RTGS/NEFT Fund Transfer Cheque/DD/UTR/Ref. No. Dated

Amount (figures) (₹) (words)

Pay-in A/c no. Account type Savings NRO NRE Current FCNR Others

Drawn on bank/
& branch name
& address

MICR Code (9 Digit) IFSC Code (11 Digit)

8B. SIP DETAILS

Opted for SIP: Yes No (In case, you have opted for SIP, it is mandatory to submit SIP Registration Form.)

9. 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.

10. NOMINATION DETAILS (Mandatory)

I/We hereby nominate the under 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.

Name and Address of Nominee(s)	Relationship with Applicant	(To be furnished in case Nominee is a Minor)		Signature of Nominee (Optional)/Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee‡
		Date of Birth	Name and Address of Guardian		
Nominee 1					
Nominee 2					
Nominee 3					

‡ the aggregate total should be 100%.

OR

Please I/We do not wish to Nominate

11. DECLARATION & SIGNATURES (Please refer to the Instruction No. XV)

Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments 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. 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 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 or notifications, directions issued by the governmental or statutory authority from time to time. 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., Investment Manager to the ITI Mutual Fund, 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 of my investment to my bank(s) / ITI Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. 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 / ITI Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authority and other investigation agencies without obligation on advising me / us of the same. 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 of the fund, 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.

I / We undertake that these investments are my / our own and acknowledge that AMC reserves the right to call for such other additional information / documents as required to comply with PMLA / KYC / FATCA norms. 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.

Applicable to unit holders 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, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. 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 Mutual Fund Distributor / SEBI-Registered Investment Adviser.

I hereby authorize the representatives of ITI Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.

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)			
Date	<input type="text" value="DDMMYYYY"/>		
Place	<input type="text"/>		
	Sole/First Applicant/Guardian/ PoA/Authorised Signatory	Second Applicant/PoA	Third Applicant/PoA

For Detailed Instructions on Filling the Application Form please refer to Page No. 11 - 16

CHECKLIST FOR DOCUMENTATION

Please submit the following documents with your application (where applicable).

Documents	Individuals	NRIs	Minors	Companies/ Body Corporates	Trusts	Societies	HUF	Partnership Firms	FPIs	LLP/ FIs*	Investments through Constituted Attorney
1. Certificate of Incorporation/Registration				✓	✓			✓	✓	✓	
2. Resolution/Authorisation to invest				✓	✓	✓		✓	✓	✓	
3. List of Authorised Signatories with Specimen Signature(s)@				✓	✓	✓		✓	✓	✓	✓
4. Memorandum & Articles of Association				✓							
5. Trust Deed					✓					✓	
6. Bye-Laws						✓					
7. Partnership Deed/Deed of Declaration							✓	✓			
8. Notarised Power of Attorney											✓
9. Proof of PAN (including for guardian)	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
10. Proof of KYC/CKYC - KIN number	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
11. Proof of Aadhaar Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. Overseas Auditor's Certificate (applicable for DTAA)		✓							✓		
13. Foreign Inward Remittance Certificate		✓							✓		
14. Date of Birth Certificate or School Living Certificate or Passport of Minor			✓								
15. Document evidencing relationship with Guardian			✓								
16. Declaration for Identification of Beneficial ownership				✓	✓	✓		✓	✓	✓	
17. FATCA/CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

All documents for entities above should be originals/true copies certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

@ Should be original or true copy certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public, as applicable.

* For FIs, copy of SEBI registration certificate should be provided.

If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.