

APPLICATION FORM (Please fill in BLOCK Letters)

Broker Name / ARN	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No. / Branch Stamp / Receipt Date
ARN-183038	ARN -	E	

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.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 28): 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.

⊗ Signature of 1st Applicant / Guardian

⊗ Signature of 2nd Applicant

⊗ Signature of 3rd Applicant

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS / AGENTS ONLY (Refer Instruction 25)

I confirm that I am a First time investor across Mutual Funds.

(₹ 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds.

(₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Investment Details and Payment Details]

Folio No. Name of 1st Unit Holder

The details in our records under the folio number mentioned will apply for this application.

AADHAAR / PAN / PEKRN AND CKYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 12 & 26]

	PAN/PEKRN # (refer instruction)	CKYC Compliance Status* (if yes, attach proof)	KIN (CKYC Identification No.)
First / Sole Applicant®	<input type="text"/>	Yes <input type="radio"/>	<input type="text"/>
Second Applicant	<input type="text"/>	Yes <input type="radio"/>	<input type="text"/>
Third Applicant	<input type="text"/>	Yes <input type="radio"/>	<input type="text"/>

AADHAAR Number*** First / Sole Applicant® Second Applicant Third Applicant

@ If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. **Refer instruction 12 ***Refer instruction 31

APPLICANT(S) INFORMATION [Refer Instruction 1]

NAME OF FIRST / SOLE APPLICANT / MINOR (in case of minor their shall be no joint holder) DATE OF BIRTH (Mandatory in case of Minor)

Mr. | Ms. | M/s.

Father / Husband's Name

Occupation Please (✓)	Private Sector Service <input type="checkbox"/>	Government Service <input type="checkbox"/>	Professional <input type="checkbox"/>	Retired <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="checkbox"/>
	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Business <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>	Please specify <input type="checkbox"/>
Status Please(✓)	Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust <input type="checkbox"/>	HUF <input type="checkbox"/>	Bank / FIs <input type="checkbox"/>	NRI-NRE <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Company/Body Corporate <input type="checkbox"/>	HUF <input type="checkbox"/>	FIs/FIPs <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Society <input type="checkbox"/>

OTHER DETAILS Please tick (✓) Individual Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs 25 Lacs - 1 Crore 1 Crore & above

[OR]

Net-worth in ₹ as on (date)

2. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services YES NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
- Money Lending / Pawning YES NO

4. Any other information

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

NAME OF SECOND APPLICANT
 Mr. | Ms. | M/s.

Occupation Please (✓)	Private Sector Service <input type="checkbox"/>	Government Service <input type="checkbox"/>	Professional <input type="checkbox"/>	Retired <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="checkbox"/>
	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Business <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>	Please specify <input type="checkbox"/>
Status Please(✓)	Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust <input type="checkbox"/>	HUF <input type="checkbox"/>	Bank / FIs <input type="checkbox"/>	NRI-NRE <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Company/Body Corporate <input type="checkbox"/>	HUF <input type="checkbox"/>	FIs/FIPs <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Society <input type="checkbox"/>

OTHER DETAILS Please tick (✓) Individual Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs 25 Lacs - 1 Crore 1 Crore & above

[OR]

Net-worth in ₹ as on (date)

2. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services YES NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
- Money Lending / Pawning YES NO

4. Any other information

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

NAME OF THIRD APPLICANT
Mr. | Ms. | M/s.

Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	<input type="checkbox"/>	Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	<input type="checkbox"/>	NRI - NRO Company/Body Corporate	<input type="checkbox"/>	<input type="checkbox"/>	Trust HUF FIs/FIPs	<input type="checkbox"/>	<input type="checkbox"/>	Bank / FIs Partnership Firm	<input type="checkbox"/>	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER DETAILS Please tick (✓) Individual Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs 25 Lacs - 1 Crore 1 Crore & above
[OR]

Net-worth in ₹ _____ as on (date) / /

2. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services YES NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
- Money Lending / Pawning YES NO

4. Any other information _____

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

NAME OF THE GUARDIAN (In case of first Applicant is a Minor) _____ Relation with Minor Please (✓)
Mr. | Ms. | M/s. Mother Father Legal Guardian

Proof of DOB (Any one Mandatory) Birth Certificates School Certificates / Mark Sheet Pass Port Others _____

Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	<input type="checkbox"/>	Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	<input type="checkbox"/>	NRI - NRO Company/Body Corporate	<input type="checkbox"/>	<input type="checkbox"/>	Trust HUF FIs/FIPs	<input type="checkbox"/>	<input type="checkbox"/>	Bank / FIs Partnership Firm	<input type="checkbox"/>	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER DETAILS Please tick (✓) Individual Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs 25 Lacs - 1 Crore 1 Crore & above
[OR]

Net-worth in ₹ _____ as on (date) / /

2. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services YES NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
- Money Lending / Pawning YES NO

4. Any other information _____

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

Mode of Holding Please (✓) Anyone or Survivor Joint (Default option is Anyone or Survivor)

POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of POA Mr. | Ms. | M/s.

PAN KYC [Please (✓) (Mandatory)] Proof Attached

Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	<input type="checkbox"/>	Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	<input type="checkbox"/>	NRI - NRO Company/Body Corporate	<input type="checkbox"/>	<input type="checkbox"/>	Trust HUF FIs/FIPs	<input type="checkbox"/>	<input type="checkbox"/>	Bank / FIs Partnership Firm	<input type="checkbox"/>	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	<input type="checkbox"/>	

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[OR]

Net-worth in ₹ _____ as on (date) / /

2. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services YES NO
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- Money Lending / Pawning YES NO

4. Any other information _____

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

DEMAT ACCOUNT DETAILS (This section to be filled only if investor wish to hold units in demat form) (Client Master List (CML) to be enclosed) (Refer instructions No. 23)

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name <input type="text"/>	Depository Participant Name <input type="text"/>
DP ID No. <input type="text"/>	Target ID No. <input type="text"/>

FATCA/CRS DETAILS For individuals & HUF (Mandatory) (Refer instruction no. 29)

The below information is required for all applicant(s) / guardian

Address Type: Residential Business Registered Office (for address mentioned in form / existing address appearing in Folio)

Do you have non-Indian Country[ies] of Birth / Citizenship / Nationality and Tax Residency? Yes No Please tick as applicable and if yes, provide the below mentioned information (mandatory)

Sole / First Applicant / Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Second Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		Third Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth		Date of Birth		Date of Birth	
Place of Birth		Place of Birth		Place of Birth	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person? please provide Tax Payer Id	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Specified Person? please provide Tax Payer Id	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Specified Person? please provide Tax Payer Id	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Tax Residency" [other than India]	Taxpayer Identification No	Country of Tax Residency" [other than India]	Taxpayer Identification No	Country of Tax Residency" [other than India]	Taxpayer Identification No
1		1		1	
2		2		2	

Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer Identification number.

In case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.

MAILING ADDRESS [Please provide Full Address. P.O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address]

Local Address of 1st Applicant

City _____ State _____ Pin Code _____

Tel Office _____ Residence _____ Mobile _____

E-mail _____

Overseas Correspondence address (Mandatory for NRI / FII Applicant)

City _____ State _____ Pin Code _____

COMMUNICATION (Please ✓)

I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E- mail/SMS alerts in lieu of Physical Documents.

BANK ACCOUNT DETAILS - Mandatory

Name of the Bank _____

Account No. _____ A/c Type (please ✓) SAVINGS NRE CURRENT NRO FCNR

Branch Address _____

Bank Branch City _____ State _____ Pin Code _____ MICR Code _____

IFSC CODE (RTGS/NEFT) _____ (Mandatory for Credit via NEFT/RTGS) Please attach a cancelled cheque OR a clear photo copy of a cheque

(11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)

REDEMPTION / DIVIDEND REMITTANCE [Refer Instruction 20]

Electronic Payment It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/ destination branch corresponding to the Bank details. Cheque Payment

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

SIP ENROLLMENT DETAILS

SIP Amount (Rs.) _____ Enrollment Period

REGULAR SIP : Start Month [M][M]-[Y][Y][Y][Y] End Month [M][M]-[Y][Y][Y][Y] Frequency Please (✓) Monthly Quarterly

PERPETUAL SIP : Start Month [][] Year [][][] until further instruction (or) End on Month [1][2] Year [2][0][9][9]

SIP Top Up : Rs. (in multiples of Rs. 500/-) _____ Frequency Please (✓) Half Yearly Yearly

PAYMENT MECHANISM : Debit through ECS / Auto Debit facility (Fill up SIP Registration cum mandate form for NACH/ECS/Direct Debit)

ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Canara Robeco Mutual Fund

Investment Manager : Canara Robeco Asset Management Co. Ltd. Application No. _____

Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

Received from Mr. / Ms. /M/s. _____ Date ____/____/____

An application for purchase of _____ units of _____ along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

Stamp, Signature & Date _____



INVESTMENT DETAILS AND PAYMENT DETAILS (Payment through Cash/Outstation Cheques not accepted)

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan/Option/Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DD No./UTR No. (incase of NEFT/RTGS)	Bank and Branch and Account Number
1.						
2.						
3.						

(Type of Account / Saving / Current / NRE / NRO / FCNR / NRSR) * All purchases are subject to realization of cheque/DD.

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Mandatory for Non-Individual)

<input type="checkbox"/> Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/ Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate CRAMC / its Registrar / KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr.	Name	Address	Details of Identity such as PAN / Passport	% of ownership

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate – Refer Instruction No. 13]

I/We _____ do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. I/We _____ do not wish to nominate

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship with Unit Holder	% of Share
1		D D - M M - Y Y Y Y			
2		D D - M M - Y Y Y Y			
3		D D - M M - Y Y Y Y			

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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@ If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

DECLARATION

To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SAI, SID and Key Information Memorandum of the Scheme. I/We hereby apply to the Trustees of Canara Robeco Mutual Fund for allotment of units of the Scheme, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We hereby declare that I/ We are authorised to make this investment in the above mentioned Scheme (s) and that the amount invested in the scheme (s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the government of India from time to time and we undertake to provide all necessary proof / documentation, if any, required to substantiate the facts of this undertaking. I have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We authorize the Fund to disclose details of my/our account and all my/our transactions to the intermediately whose stamp appears on the application form. I also authorize the Fund to disclose details as necessary, to the Registrar & Transfer agent(s), call centers, banks, custodians, depositories and/or authorised external third parties who are involved in transaction processing, despatches, etc. for the purpose of effecting payments to me/us. 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 hereby declare that currently there is no subsisting order/ruling/judgment etc., in force which has been passed by of any court, tribunal, statutory authority or regulator, including SEBI prohibiting or restraining me/us from dealing in securities.

That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading. I/We will be liable for the consequences arising therefrom. I/We will indemnify the fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity, and authorization of my/our transaction.

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

Applicable to NRIs 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 or from funds in my/our Non Resident External / Ordinary Account / FCNR / NRSR Account. Investment in the scheme is made by me / us on: Repatriation basis Non Repatriation basis.

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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To be furnished by partnership firms

To, The Trustees of Canara Robeco Mutual Fund, Sub : Our Subscription to the Schemes of

We, the undersigned, being the partner of M/s. _____ a Partnership firm formed under Indian Partnership Act, 1932 do hereby jointly and severally authorise Mr. _____ to subscribe an amount of ₹ _____ for allotment of units of _____ Scheme on behalf of and in the name of our firm. He is / They are also authorised to encash / disinvest the above units. We undertake to intimate you in writing about any change in the constitution or composition of our firm and upon such change, also arrange to lodge the specimen signatures of the partners authorised to deal with the above units. We enclose the copy of the Partnership Deed alongwith this application for subscription.

Name of the partners	Signatures

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DD No./UTR No. (incase of NEFT/RTGS)	Bank and Branch
1.						
2.						
3.						

M/s. Karvy Computershare Pvt. Limited "Karvy Plaza"

Karvy Selenium, Tower B, Plot No 31 & 32, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad 500 032
Tel No. : 040 33215262/ 5269 E-mail : crmf@karvy.com

SIP REGISTRATION CUM MANDATE FORM For investment through NACH/Direct Debit

(Investors applying under Direct Plan must mention "Direct" in ARN column.) All sections to be completed in ENGLISH in BLACK/BLUE COLORED INK and in BLOCK LETTERS

Distributor / Broker ARN / RIA Code ^a ARN-183038	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIN) (of individual ARN holder or of employee / Relationship Manager / Sales Person of the Distributor) E								
<p>#By mentioning RIA Code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Canara Robeco Mutual Fund.</p> <p>Declaration for "execution-only" transaction (only where EUIN box is left blank) - 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 above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.</p>											
Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant									
<p>In case the subscription (lumpsum) amount Rs. 10,000/- or more and your Distributor has opted to receive transactions charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested. 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.</p>											
<p>Please tick (✓) <input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Existing UMRN</p> <p>The Trustee, Canara Robeco Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.</p>											
INVESTOR DETAILS		SIP DETAILS									
Sole / First Applicant's Name		SIP Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <i>(Default SIP frequency is Monthly) In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.</i>									
Folio No.	PAN	SIP Date : <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input checked="" type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th									
DEMAT ACCOUNT DETAILS (Optional) Please (✓) <input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL		SIP Start Month/Year <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>/</td><td></td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>		M	M	/		Y	Y	Y	Y
M	M										
/											
Y	Y										
Y	Y										
Depository Participant (DP) ID	Beneficiary Account Number (NSDL only)	SIP End Month/Year <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>/</td><td></td></tr><tr><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td></tr></table>		M	M	/		Y	Y	Y	Y
M	M										
/											
Y	Y										
Y	Y										
Depository Participant (DP) ID (CDSL only)	(The application form should mandatorily accompany the latest Client investor master / Demat account statement.)										
SCHEME NAME		<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility)									
PLAN	OPTION / SUB-OPTION :	TOP UP Amount: Rs. _____ <i>*TOP UP amount has to be multiples of Rs. 500 only (Minimum Rs. 500).</i>									
Please refer instructions and Key Scheme Features for options. Sub-options and other facilities available under each scheme of the fund.											
SIP Installment Amount Rs.	Rs. in words :	TOP UP Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly									
FIRST INSTALLMENT PAYMENT DETAIL	Cheque / DD No. _____ Date _____	Note :									
Drawn on Bank / Branch / City _____	Amount Rs. _____	<ul style="list-style-type: none"> ● Default Frequency is Annual ● It is mandatory to submit NACH (OTM) ● NACH mandate should be provided for maximum amount in line with your Top Up mandate & SIP tenure. 									
YOUR CONFIRMATION / DECLARATION: I/we hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year as described in the instruction of the common application form. 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. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.											
Signature(s) (As in Bank Records)											
Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant									

CANARA ROBECO Mutual Fund

DEBIT MANDATE FORM

UMRN¹ _____ Date² DD / MM / YYYY

Please (✓)⁷ CREATE MODIFY CANCEL

Sponsor Bank Code³ CITIOOPIGW Utility Code⁴ CITIO00020000000037

I/We hereby authorize⁵ Canara Robeco Mutual Fund to debit (Please ✓)⁶ SB CA CC SB-NRE SB-NRO Others _____

Bank Account Number⁸ _____

With Bank⁹ _____ Bank Name _____ IFSC¹⁰ _____ Or MICR¹¹ _____

An amount of Rupees¹² _____ In Words _____ Amount in Figures¹³ ₹ _____

FREQUENCY¹⁴ Monthly Quarterly Half Yearly Yearly As & When presented DEBIT TYPE¹⁵ Fixed Amount Maximum Amount

Folio No.¹⁶ _____ Phone¹⁸ _____

PAN¹⁷ _____ E-mail¹⁹ _____

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 DD MM YYYY	TO DD MM YYYY	
	<input checked="" type="checkbox"/> Until Cancelled		

²⁰ Signature Primary Account Holder _____ ²² Name as in bank records	Signature Account Holder _____ Name as in bank records	Signature Account Holder _____ Name as in bank records
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- This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the user entity/ Corporate to debit my account.
- 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 authorised the debit.

NACH MANDATE INSTRUCTION FORM (Refer instruction over leaf before Filling)