

# Canara Robeco Mutual Fund

Investment Manager : Canara Robeco Asset Management Co. Ltd. CIN No: U65990MH1993PLC071003  
Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.  
Tel.: 6658 5000, Fax: 6658 5012/13, www.canararobeco.com

# CANARA ROBECO

Mutual Fund

Application No. \_\_\_\_\_

## APPLICATION FORM (Please fill in BLOCK Letters)

Distributor/Broker ARN/RIA Code#	Sub Broker ARN	Sub Broker Code	Employee Unique Identification Number	Bank Serial No. / Branch Stamp / Receipt Date

#By mentioning RIA Code, I/We authorise you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Canara Robeco Mutual Fund. 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 inappropriateness, 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 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. \*Name should be as per the PAN

### 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@	Yes <input type="radio"/>	_____
Second Applicant	Yes <input type="radio"/>	_____
Third Applicant	Yes <input type="radio"/>	_____

Aadhaar Number (Optional) First/Sole Applicant@ \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

PAN Card Copy is mandatory for all the unit holders/Guardian/POA/UBO to be enclosed with Application Form  
@ If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. \*\*Refer instruction 12

### UNIT HOLDER(S) INFORMATION [Refer Instruction 1]

NAME OF FIRST / SOLE APPLICANT / MINOR (in case of minor there shall be no joint holder) \_\_\_\_\_ DATE OF BIRTH\*

\*Date of Incorporation is mandatory for Non-Individual and Date of Birth is mandatory for Individuals and Minor

In case of Minor, please tick (✓)  Father  Mother  Legal Guardian  
(In case of Legal Guardian, submission of duly notarized court order is mandatory)

Mr. | Ms. | M/s. \_\_\_\_\_  
\*Name should be as per the PAN  
Father/Mother's Name (Mandatory) \_\_\_\_\_

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"/>	HUF <input type="checkbox"/>	Bank / FIs <input type="checkbox"/>	NRI-NRE <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Trust <input type="checkbox"/>	FIs/FIPs <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	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

Net-worth in ₹ \_\_\_\_\_ [OR] \_\_\_\_\_ 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 of 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.

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

Canara Robeco Mutual Fund  
Investment Manager : Canara Robeco Asset Management Co. Ltd.  
Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

Application No. \_\_\_\_\_

Received from Mr./Ms./M/s. _____	Date _____/_____/_____
An application for purchase of _____ units of _____	Stamp, Signature & Date
along with Cheque/DD as detailed overleaf. Cheques/Drafts are subject to realisation.	_____

<b>NAME OF SECOND UNIT HOLDER*</b> Mr.   Ms.   M/s. <input type="text"/>						
*Name should be as per the PAN Father/Mother's Name (Mandatory) <input type="text"/>						
DATE OF BIRTH* <input type="text"/> / <input type="text"/> / <input type="text"/>						
Occupation Please (✓) *Mandatory	Private Sector Service Public Sector	Government Service Agriculturist	Professional Business	Retired Forex Dealer	Student Housewife	Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian	NRI - NRO Company/Body Corporate	Trust HUF FIs/FIPs	Bank / FIs Partnership Firm	NRI-NRE Society	Sole Proprietorship
<b>OTHER DETAILS</b> Please tick (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual (Mandatory)						
1. Gross Annual Income Details Please tick (✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> 1 Crore & above						
[OR] Net-worth in ₹ _____ as on (date) <input type="text"/> / <input type="text"/> / <input type="text"/>						
2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable						
3. Is the entity involved in / providing any of the following services:						
– Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO						
– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO						
– Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> 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.						
<b>NAME OF THIRD UNIT HOLDER*</b> Mr.   Ms.   M/s. <input type="text"/>						
*Name should be as per the PAN Father/Mother's Name (Mandatory) <input type="text"/>						
DATE OF BIRTH* <input type="text"/> / <input type="text"/> / <input type="text"/>						
Occupation Please (✓)	Private Sector Service Public Sector	Government Service Agriculturist	Professional Business	Retired Forex Dealer	Student Housewife	Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian	NRI - NRO Company/Body Corporate	Trust HUF FIs/FIPs	Bank / FIs Partnership Firm	NRI-NRE Society	Sole Proprietorship
<b>OTHER DETAILS</b> Please tick (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual (Mandatory)						
1. Gross Annual Income Details Please tick (✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> 1 Crore & above						
[OR] Net-worth in ₹ _____ as on (date) <input type="text"/> / <input type="text"/> / <input type="text"/>						
2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable						
3. Is the entity involved in / providing any of the following services:						
– Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO						
– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO						
– Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> 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.						
<b>NAME OF THE GUARDIAN (In case if First Unit Holder is minor)*</b>						
Mr.   Ms.   M/s. <input type="text"/>					Relation with Minor Please (✓)	
*Name should be as per the PAN Father/Mother's Name (Mandatory) <input type="text"/>					Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
DATE OF BIRTH* <input type="text"/> / <input type="text"/> / <input type="text"/>						
<input type="checkbox"/> Proof of DOB (Any one Mandatory) <input type="checkbox"/> Birth Certificates <input type="checkbox"/> School Certificates / Mark Sheet <input type="checkbox"/> Passport <input type="checkbox"/> Others _____						
Occupation Please (✓)	Private Sector Service Public Sector	Government Service Agriculturist	Professional Business	Retired Forex Dealer	Student Housewife	Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian	NRI - NRO Company/Body Corporate	Trust HUF FIs/FIPs	Bank / FIs Partnership Firm	NRI-NRE Society	Sole Proprietorship
<b>OTHER DETAILS</b> Please tick (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual (Mandatory)						
1. Gross Annual Income Details Please tick (✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> 1 Crore & above						
[OR] Net-worth in ₹ _____ as on (date) <input type="text"/> / <input type="text"/> / <input type="text"/>						
2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable						
3. Is the entity involved in / providing any of the following services:						
– Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO						
– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO						
– Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> 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 (✓) <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint (Default option is Anyone or Survivor)						

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch
1			<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option			

**KFin Technologies Limited**

Selenium, Tower B, Plot Nos. 31 & 32, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad 500 032  
Tel No. : 040 33215262/ 5269 Website : www.kfintech.com

**POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of POA\* Mr. | Ms. | M/s. PAN KYC [Please (✓) (Mandatory)] Proof Attached
Father/Mother's Name (Mandatory) DATE OF BIRTH\* (Mandatory) Occupation Please (✓) Status Please (✓)

OTHER DETAILS Please tick (✓) Individual Non-Individual (Mandatory)
1. Gross Annual Income Details Please tick (✓) Net-worth in ₹ as on (date)
2. Please tick if applicable: Politically Exposed Person (PEP)
3. Is the entity involved in / providing any of the following services:
4. Any other 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 instruction no. 24)**

National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)
Depository Participant Name DP ID No. Target ID No.

**FATCA/CRS DETAILS For Individuals & HUF (Mandatory) (Refer instruction no. 30)**

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
Sole / First Applicant / Guardian Second Applicant Third Applicant

\*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\*
\*The primary holder's own email address and mobile number should be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions.
Please tick (✓) Mobile Number is of Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian (in case of a minor)
Please tick (✓) Email Id is of Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian (in case of a minor)

**COMMUNICATION (Please ✓)**

I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory/Regulatory Information via Physical Mode.

**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

**REDEMPTION / IDCW 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/IDCW 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  
 SIP : Start Month   Year     End on Month   Year     Frequency Please (  )  Any Date  Monthly  Quarterly  
 \*Mandate can be registered for a maximum period of 40 years from the date of application

SIP Top-up : Rs. (in multiples of Rs. 500/-) \_\_\_\_\_ Frequency Please (  )  Half Yearly  Yearly

**PAYMENT MECHANISM:** Debit through ECS/OTBM/Auto Debit Facility (Please fill up the SIP Registration Form along with One Time Bank Mandate Form for NACH/Direct debit)

**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. (in case of NEFT/RTGS)	Bank and Branch and Account Number
1			<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option			

\* (Type of Account / Savings / Current / NRE / NRO / FCNR / NRSR) \* All purchases are subject to realisation 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 (as per PAN)*	Date of Birth*	Father/Mother's Name*	Address	Details of Identity such as PAN/Passport	% of ownership

Please enclose self attested copy of the PAN card of the UBO along with the Application Form

\*Mandatory Details to be filled

**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.

In case, you do not wish to nominate, please sign in "Nomination Opt Out Declaration" below

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			

First/Sole Applicant/Guardian  Second Applicant  Third Applicant

@ If the percentage of share is not mentioned, then the claim will be settled equally amongst all the indicated nominee(s)

**Nomination Opt Out Declaration:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/ our mutual fund units held in my / our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

First/Sole Applicant/Guardian  Second Applicant  Third Applicant

\*ALL Applicants must sign.

**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 authorise 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 authorise the Fund to disclose details as necessary, to the Registrar & Transfer Agent, call centres, 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/judgement 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 authorisation of my/our transaction.

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage; (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) 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/are 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.

First/Sole Applicant/Guardian  Second Applicant  Third Applicant

**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 along with this application for subscription.

Name of the Partners \_\_\_\_\_ Signatures \_\_\_\_\_

**ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)**  
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Distributor/Broker ARN/RIA Code#	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No./Branch Stamp / Receipt Date

#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. The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lumpsum investments as well.

UMRN  Date  /  /

Sponsor Bank Code  Utility Code

CREATE  MODIFY  CANCEL

I/We hereby authorize  to debit (Please )  SB  CA  CC  SB-NRE  SB-NRO  Others \_\_\_\_\_

Bank Account Number

With Bank  IFSc  Or MICR

An amount of Rupees  Amount in Figures

FREQUENCY  Monthly  Quarterly  Half-Yearly  Yearly  As & When presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No.  Phone

PAN  E-mail

- 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.
- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising 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 authorised the debit.

PERIOD	FROM	<input type="text" value="DD MM YYYY"/>	<input type="text" value="Signature of Sole/First Applicant"/>	<input type="text" value="Signature of Second Applicant"/>	<input type="text" value="Signature of Third Applicant"/>
	TO	<input type="text" value="DD MM YYYY"/>	<input type="text" value="Name as in bank records"/>	<input type="text" value="Name as in bank records"/>	<input type="text" value="Name as in bank records"/>

\*\*\*As per NPCI Circular dated 18th Aug. 2023, mandate can be for maximum duration of 30 years from the date of application.

**Declaration:** 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 Canara Robeco 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 Canara Robeco Mutual Fund 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 Canara Robeco 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 honour 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 by in by Investor)	
Acknowledgement	Date and Time Stamp No.
Investor Name: <input type="text"/>	
Folio No./Application No. <input type="text"/>	

Website: [www.canararobeco.com](http://www.canararobeco.com) | E-mail: [crmf@canararobeco.com](mailto:crmf@canararobeco.com) | Contact Centre: 1800-209-2726

**INSTRUCTIONS cum TERMS AND CONDITIONS for OTBM facility**

- Investor may register for the One Time Bank Mandate (OTBM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg. lumpsum, SIP) received through any mode i.e. physical or electronic ("OTBM facility"). Investors who have already submitted a One Time Bank Mandate (OTBM) form i.e. already registered for OTBM facility should not submit OTBM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTBM facility may fill the form.
- Investors, who have not registered for OTBM facility, may fill the OTBM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
- Where the mode of holding in the bank account is "Joint", the OTBM mandate is to be signed by all Joint holders. 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.
- Investors are deemed to have read and understood the terms and conditions of OTBM Facility, SIP registration through OTBM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Canara Robeco Mutual Fund.
- Mandatory fields in OTBM form as per NPCI: • Date • Bank account number and Bank name • IFSC and/or MICR Code • Folio number or application number • Signatures as per bank records • Account type to be selected • Name as per bank records • Maximum amount to be mentioned in figures and words.
- Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form
- The OTBM forms require three important and mandatory dates to be filled in:
  - Mandate Registration Date:** This date is located on the top right corner of the form. This will be the initial date from which the mandate will be registered.
  - Period "From" Date:** This is the starting date of the period for which the mandate will be applicable, should be mentioned in DD/MM/YYYY format
  - Period "To" Date:** This date will be the end of the period for which the mandate is valid. The "To" date must be within 30 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction. Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.  
The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- One Time Bank Mandate registration will be folio based.
- Registration or cancellation of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.



# SIP REGISTRATION/RENEWAL FORM

Please tick  as applicable:

OTBM is already registered in the folio. (No need to submit again).

OTBM is attached and to be registered in the folio.

Distributor/Broker ARN/RIA Code#	Sub Broker ARN	Sub Broker/Branch/RM Internal Code	Employee Unique Identification No. (EUIIN)

#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.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) - I/We hereby confirm that the EUIIN 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.

Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
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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.

**REQUEST FOR**  Registration of New SIP (Default Option if Not selected)  Renewal of Existing SIP  Registration of Micro SIP

**SIP TYPE**  SIP with first installment through cheque  SIP with first installment through OTBMS  SIP without first installment

\$\$This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

**APPLICANT DETAILS** **APPLICATION NO./FOLIO NO.**

Name of Sole/1st Holder/Beneficiary Child

Name of Guardian (In case of Minor)

PAN Details		Second Applicant	Third Applicant
First Applicant/Guardian			
Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure	Mandatory Enclosure
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied
PAN Exempt KYC Ref No. (PEKRN for Micro Investments)	PAN Exempt KYC Ref No. (PEKRN for Micro Investments)	PAN Exempt KYC Ref No. (PEKRN for Micro Investments)	PAN Exempt KYC Ref No. (PEKRN for Micro Investments)

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP  
@ If the first applicant is a Minor, then please provide details of Natural/Legal Guardian.

**UNIT HOLDING OPTION**  Demat Mode  Physical mode (Ref. Instruction No. 31) Demat Account details are compulsory if demat made is opted)

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. <input type="text"/>	Target ID No. <input type="text"/>

Enclosures (Please tick any one box) :  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery instruction Slip (DIS)

**SIP DETAILS** (Refer instruction No. 24. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

\$ Investor has to mandatorily mention "END DATE". "END DATE" should be less than or equal to 30 years from the application date.

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date - (1 to 28, default date 15*).	Frequency	Start Month/Year End Month/Year#	Top up amount has to be in multiples of ₹500/-only (Minimum ₹ 500/-)	
						Amount (₹)	Frequency
1.	CR	₹	<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
2.	CR	₹	<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
3.	CR	₹	<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
4.	CR	₹	<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
5.	CR	₹	<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
(*Default Date/Frequency) (#Default/30 years)		<b>Total</b>					

First SIP transaction via single cheque no.  favouring Canara Robeco Mutual Fund Dated

Debit Bank Details: Bank Name:  A/C No.:

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)	Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
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