

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
			<b>E613650</b>	

#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/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

**1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction No. 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.

**2. 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

**3. PAN / PEKRN AND KYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 12 & 26]**

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

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

**4. UNIT HOLDER(S) INFORMATION [Refer Instruction No. 1]**

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

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

DATE OF BIRTH\*  D  D /  M  M /  Y  Y  Y  Y

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

Mr. | Ms. | M/s.

\*Name should be as per the PAN

Father/Mother's Name (Mandatory) \_\_\_\_\_

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

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.

**CANARA ROBECO**

**Mutual Fund**

Received from Mr./Ms./M/s. \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PAN: \_\_\_\_\_

Stamp, Signature & Date

All Purchases are subject to realisation of cheques / Payment Instrument.

For any queries: Call at Toll Free No. 1800-209-2726 or write to us at: crmf@canararobeco.com

... continued overleaf

NAME OF SECOND UNIT HOLDER*							
Mr.   Ms.   M/s.							
*Name should be as per the PAN							
Father/Mother's Name (Mandatory)							

DATE OF BIRTH\* D D / M M / Y Y Y Y (Mandatory)

Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	Others <input type="checkbox"/> Please specify
*Mandatory											

Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/>	HUF Flls/FIPs	<input type="checkbox"/>	Bank / Fls Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	Sole Proprietorship
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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) D D / M M / Y Y Y Y

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

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

DATE OF BIRTH\* D D / M M / Y Y Y Y (Mandatory)

Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	Others <input type="checkbox"/> Please specify
*Mandatory											

Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/>	HUF Flls/FIPs	<input type="checkbox"/>	Bank / Fls Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	Sole Proprietorship
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[OR]  
Net-worth in ₹ \_\_\_\_\_

as on (date) D D / M M / Y Y Y Y

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

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 if First Unit Holder is minor)*							
Mr.   Ms.   M/s.							
*Name should be as per the PAN							
Father/Mother's Name (Mandatory)							

DATE OF BIRTH\* D D / M M / Y Y Y Y (Mandatory)

Proof of DOB (Any one Mandatory)  Birth Certificates  School Certificates / Mark Sheet  Passport  Others \_\_\_\_\_

Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	Others <input type="checkbox"/> Please specify
*Mandatory											

Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/>	HUF Flls/FIPs	<input type="checkbox"/>	Bank / Fls Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	Sole Proprietorship
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[OR]  
Net-worth in ₹ \_\_\_\_\_

as on (date) D D / M M / Y Y Y Y

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

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 (✓)  Single  Anyone or Survivor  Joint (Default option is Anyone or Survivor)

## 5. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of POA* Mr.   Ms.   M/s.							
*Name should be as per the PAN							
PAN		KYC [Please (✓) (Mandatory)]				<input type="checkbox"/> Proof Attached	

PAN card copy is mandatory to be enclosed with the Application Form.

Father/Mother's Name (Mandatory)							
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DATE OF BIRTH\* D D / M M / Y Y Y Y (Mandatory)

Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	Others <input type="checkbox"/> Please specify
*Mandatory											

Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/>	HUF Flls/FIPs	<input type="checkbox"/>	Bank / Fls Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	Sole Proprietorship
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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) D D / M M / Y Y Y Y

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

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.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DD No./UMRN/ UTR No. (in case of NEFT/RTGS)	Bank and Branch
			<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](http://www.kfintech.com)



**14. 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

**15. 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

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee	
<b>Mandatory Details</b>					
1	Name of the nominee(s) (Mr./Ms.)*				
2	Share of each Nominee	Equally [If not equally, please specify percentage]	%	%	%
3	Relationship With the Applicant ( If Any)				Any odd lot after division shall be transferred to the first nominee mentioned in the form.
*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)					
4	Date of Birth* (for minor Nominee)				
5	Name of Guardian*				

<b>Non-mandatory Details</b>						
6	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:					
PIN Code						
7	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor					
8	Email ID of nominee(s)/ Guardian in case of Minor					
9	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity ID					

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 transaction to the intermediates where 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/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.

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

Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:

We are falling under " <b>Non-Profit Organization</b> " [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If you have not registered in Darpan Portal yet, please register immediately and furnish the above information to us. Please note that failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable.

We are aware that we may be liable for any fines or other consequences as applicable under the respective statutory requirements, and we authorize you to deduct such fines / charges under intimation to us or collect such fines / charges in any other manner as might be applicable by law.

## 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 ARN	Sub Broker Code	Employee Unique Identification Number	Bank Serial No./Branch Stamp / Receipt Date
			E613650	

#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	For Office Use Only	Date	D D / M M / Y Y Y Y	
Sponsor Bank Code	C I T I O O O P I G W	Utility Code	C I T I O O O O 2 0 0 0 0 0 0 3 7	
<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize	Canara Robeco Mutual Fund	to debit (Please <input checked="" type="checkbox"/> )	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others _____
Bank Account Number	Destination Bank Account Number			
With Bank	Name of Destination Bank	IFSC	11 Digit IFSC	Or MICR
An amount of Rupees	Amount in words		Amount in Figures ₹ Amount in figures	
FREQUENCY	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> As & When presented	DEBIT TYPE	<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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	DD MM YYYY	Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
	TO***	DD MM YYYY	Name as in bank records	Name as in bank records	Name as in bank records

\*\*\*As per NPCI Circular effective from 01st April 2024, Maximum period of validity for mandate is 40 years only.

**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: _____	
Folio No./Application No. _____	

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 40 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 of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.
- Cancellation of One Time Bank Mandate will take 10 calendar days from the date of submission of the cancellation request.

# SIP REGISTRATION/RENEWAL FORM

**CANARA ROBECO**  
Mutual Fund

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)
			<b>E613650</b>

#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 inappropriateness, 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 First/ Sole Applicant/  
Guardian/ POA Holder

Signature of Second Applicant

Signature of Third Applicant

In case the subscription (lumpsum) amount ₹ 10,000/- or more and your Distributor has opted to receive transactions 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 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 OTBM<sup>ss</sup>

SIP without first installment<sup>^</sup>

<sup>ss</sup>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.

<sup>^</sup>Please attach cancelled cheque copy (The name of the first/ sole applicant must be pre-printed on the cheque)

## APPLICANT DETAILS

Application No. (for new investor) / Folio No. (For existing Unitholder)

Applicant	Name	PAN/PEKRN <sup>#</sup> (Mandatory)
Sole/First Applicant		
Second Applicant		
Third Applicant		
Guardian <sup>#</sup> /POA Holder		

#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 Minor, then please provide details of Natural/Legal Guardian.

## UNIT HOLDING OPTION

DEMAT MODE\*

PHYSICAL MODE (Default)

(Ref. Instruction No. 31 Demat Account details are compulsory if demat mode is opted)

\*Demat Account Details are mandatory for (i) Foreign Portfolio Investors and (ii) investors who wish to hold the units in Demat Mode (Account Statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name _____	DP ID	Beneficiary Account No. _____
CDSL	Depository Participant (DP) Name _____	Beneficiary Account No. _____	

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

## INVESTMENT DETAILS FOR SIP

(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 OTBM and 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 40 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#	SIP Top-Up Amount (Refer instruction No. 29 (b))	
						Amount (₹)	Frequency
1.	CR	₹	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y To <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	₹ Top-up Amount Top-Up Max CAP: ₹ <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y OR	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
2.	CR	₹	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y To <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	₹ Top-up Amount Top-Up Max CAP: ₹ <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y OR	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
3.	CR	₹	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y To <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	₹ Top-up Amount Top-Up Max CAP: ₹ <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y OR	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
4.	CR	₹	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y To <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	₹ Top-up Amount Top-Up Max CAP: ₹ <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y OR	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
5.	CR	₹	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y To <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	₹ Top-up Amount Top-Up Max CAP: ₹ <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y OR	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
(*Default Date/Frequency) (**Default/40 years)		Total					

## BANK DETAILS (OTM Bank Details to be debited for the SIP (OTBM already Registered))

Enclose scheme specific separate cheques in the names of the schemes in which you want to invest via SIP.

We would not be accept single cheque for the multiple schemes investment.

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_

## DECLARATION AND SIGNATURE(S):

I / We hereby confirm and declare as under:

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ Debit Clearing / Direct Debit / Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature(s)	First/ Sole Applicant/Guardian/ POA Holder	Second Applicant	Third Applicant
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Please note: Signature(s) should be as it appears in the folio/on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

## INSTRUCTIONS cum TERMS AND CONDITIONS FOR SIP THROUGH NACH

### SIP Payment through NACH/Direct Debit

1. NACH debit facility is offered at various banks. For a detailed list of banks please refer the website [www.npci.org.in](http://www.npci.org.in)
2. This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/updation at any time in future at the sole discretion of CRAMC , without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
3. SIP instalments shall be started only after registration of SIP – NACH Debit Mandate with investors banker through NPCI.
4. Investors are required to submit One Time Bank Mandate Form and Multiple Sip Enrollment Form along with a photocopy/cancelled cheque of Debit Bank Account (as mentioned on the One Time Bank Mandate Form) atleast 21 calendar days before the first SIP Installment date for NACH Debit & Auto debit Clearing. In case One Time Bank Mandate form is already registered in the folio then the subsequent SIP registration request provided in the same folio will be processed within 5-7 calendar days.
5. An investor shall have the option of choosing for 1 or more than 1 SIP in the same scheme same plan and in the same month. The investor can choose the SIP Dates from 1st to 28th of any given month for SIP registered through One Time Bank Mandate. In case the SIP registered date of the month falls on a non-Business Day, the SIP shall be processed on immediately following Business Day.
6. Investor shall have the option of choosing any date of the month as the SIP date except the dates 29th, 30th and 31st. For exercising any day SIP option OTBM is mandatory (As & when presented and maximum amount)
7. In case of SIP transaction where the mode of payment is through NACH/Direct Debit, investors are not required to do an initial purchase transaction for the minimum amount as applicable. However, investors are required to submit SIP request at least 21 days prior to the date of first installment. In case of incomplete mandate form, AMC may reject the SIP submitted form. SIP start date shall not be beyond 100 days for Monthly and Quarterly SIPs from the date of submission of SIP application.

All terms and conditions for SIP, including Exit Load, if any, prevailing in the date of SIP enrolment/registration by the fund shall be levied in the Scheme.

8. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
9. In case of three consecutive failures due to insufficient balance in bank account while processing request for SIP, Canara Robeco Mutual Fund shall reserve the right to terminate the SIP without any written request from the investor. In the meantime, if any debits for subsequent installments is effected by banker, then Units would get created for the same.
10. In case an investor wishes to change the bank account details for the existing SIP registered through Auto debit / NACH Debit mode, then he has to provide a new OTBM Form and submit the OTBM cancellation Form to cancel the existing OTBM. The existing SIP registration will not get cancelled. The investor has to submit the fresh OTBM Form and Cancellation Form for OTBM at least 21 calendar days prior to the next SIP debit date.
11. In case the Investor wishes to cancel the One Time Bank Mandate / SIP, Investor will have to submit a One Time Bank Mandate Cancellation Form or SIP cancellation form at the office of the Canara Robeco Mutual Fund Customer Service Centres. Notice of discontinuance should be received 21 days prior to the subsequent SIP date.
12. The investor agrees to abide by the terms and conditions of NACH/Direct Debit facilities of Reserve Bank of India (RBI)/NPCI.
13. Investor will not hold Canara Robeco Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles for NACH/Direct Debit.
14. Canara Robeco Mutual Fund reserves the right to reject any application without assigning any reason thereof.
15. If the Purchase / SIP transaction of any of the specific scheme(s) cannot be processed then the entire application is liable for rejection and the Purchase / SIP proceeds if any debited from the investor's account will be refunded back to the investor's bank account.
16. In case of "At Par" cheques, investors need to mention the MICR number of his actual bank branch.
17. **New Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, then the Fund reserves the right to register the SIP as per the scheme name available in the main application form. In case multiple schemes are mentioned in the main application form, the Fund reserves the right to reject the SIP request.
18. **Existing Investor:** If the investor fails to mention the scheme name in the SIP Mandate Form, the Fund reserves the right to register the SIP in the existing scheme (eligible for SIP) available in the investor's folio. Incase multiple schemes or Equity Linked Savings Scheme (ELSS) are available in the folio, the Fund reserves the right to reject the SIP request.
19. Incase SIP date is not selected, or the date mentioned is not legible or clear or multiple SIP date are opted, then the SIP will be registered on 15th (default date) of each Month/Quarter as applicable. Further, in case SIP registration through NACH, if multiple SIP dates are opted, SIP will be registered for all opted dates.
20. If the investor has not mentioned the SIP start month, SIP will start from the next applicable month, subject to completion of 21 days lead time from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered.
21. In case the SIP 'End Period' is not mentioned by the investor in the form, the SIP will be registered for 40 years from the registration date or end date of mandate, whichever is earlier.
22. **Change of Amount:** Investors can change the SIP amount by submitting the following documents 21 days before the next SIP debit date.
  - a) A new 'SIP' Form with revised SIP amount details.
  - b) Letter to discontinue the existing SIP

### General Instructions

23. For Direct Investment Please Mention "Direct in the Column "Name & Broker Code/ARN".
24. Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan.

Sr.	Broker Code mentioned by the investor	Plan mentioned by the investor	Default Plan to be captured
1.	Not mentioned	Not mentioned	Direct Plan
2.	Not mentioned	Direct Plan	Direct Plan
3	Not mentioned	Regular Plan/Other than Direct Plan	Direct Plan
4.	Mentioned	Direct Plan	Direct Plan
5.	Direct	Not mentioned	Direct Plan
6.	Direct	Regular Plan/Other than Direct Plan	Direct Plan
7.	Mentioned	Regular Plan/Other than Direct Plan	Regular Plan/Other than Direct Plan
8.	Mentioned	Not mentioned	Regular Plan/Other than Direct Plan

In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application form, the application shall be processed under Direct Plan. Similarly, in the absence of clear indication as to the choice of option (Growth or Payout of Income Distribution cum capital withdrawal option), by default, the units will be allotted under the Growth Option of the default / selected plan of the scheme.

25. If the investor selects multiple SIP frequencies or fails to choose any of them, the default SIP frequency will be Monthly.
26. Canara Robeco Mutual Fund, its registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
27. The Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of change of Government policies, unavailability of Bank's computer system, force majeure events, or any performance of the contract by the Bank.
28. For load structure of the schemes, please refer to the Key Scheme Features.

### 29. SIP TOP UP Facility:

- (a) Investors can opt for SIP TOP UP facility, wherein the amount of the SIP can be increased at fixed intervals.
- (b) Minimum Top-Up amount would be ₹ 100/- & in multiples thereof for Canara Robeco Blue Chip Equity Fund, Canara Robeco Flexi Cap, for all other schemes minimum Top-Up amount would be ₹ 500/- & in multiples thereof. In case the Top-Up frequency is not specified, default will be considered as yearly frequency.
- (c) The frequency is fixed at Yearly and Half Yearly basis. In case the TOP UP facility is not opted by ticking the appropriate box and frequency is not selected, the TOP UP facility may not be registered.
- (d) In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP.

*Please see the illustration below to know how to calculate SIP Top-Up amount:*

SIP enrolment period: 1 Jan 2016 to 1 Dec 2021;				
Starting Monthly SIP amount : ₹ 10000/-				
Top Up Amount: ₹ 2000/-				
Top Up frequency: Half - Yearly	Top Up limit : ₹ 16000/-			
From date	To date	Monthly SIP Instalment (₹)	SIP Top Up Amount (₹)	Total Amount of SIP (₹)
1 - Jan - 16	1 - Jun - 16	10000	NA	10000
1 - Jul - 16	1 - Dec - 16	10000	2000	12000
1 - Jan - 17	1 - Jun - 17	12000	2000	14000
1 - Jul - 17	1 - Dec - 17	14000	2000	16000
1 - Jan - 18	1 - Dec - 21	16000	-	16000

- (e) The Top-up facility will be continued up till the tenure of the SIP or Maximum amount of mandate registered whichever will be achieve earlier.
- (f) The Top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- (g) SIP TOP UP will be allowed in Micro SIP folio subject to condition that total investment including SIP TOP UP does not exceed ₹ 50,000/- in a rolling 12 month period or financial year i.e. April to March, the limit on Micro SIP investments.
- (h) If the investor selects multiple SIP dates and opted for Top-Up facility, top-up will be applicable for all the dates opted by the investor.
- (i) The investor agrees to avail the TOP UP facility for SIP and authorize his/her bank to execute the NACH/Direct Debit by giving One Time Bank Mandate (OTBM) with selection of "As & When presented and Maximum amount".
30. The investor hereby agrees to indemnify and not hold responsible, the AMC and its employees, the R&T agent and the service providers incase his/her bank is not able to effect any of the payment instructions for whatsoever reason.
31. **Demat/Non-Demat Mode:** Investors have an option to hold the Units in dematerialized form. By providing DP details, Units shall be directly credited to the investor's demat account after the realization of funds and depositaries will issue a statement. Applicants must ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. If the details mentioned in the application are incomplete/incorrect or not matched with the Depository data, the application shall be treated as invalid and the units would be allotted in Non-Demat mode. The application form should mandatorily accompany the latest Client investor master/Demat account statement. Demat option will not be available for Daily/Weekly/Fortnightly dividend options. Investors desiring to get allotment of units in demat mode must have a beneficiary account with a Depository Participant (DP) of the Depositories i.e. National Securities Depositories Limited (NSDL)/Central Depository Services Limited (CDSL). Allotment letters would be sent to investors who are allotted units in Demat mode and a Statement of Accounts would be sent to investors who are allotted units in Non-Demat mode. Investors are requested to note that Units held in dematerialized form are freely transferable except units held in Equity Linked Savings Scheme's (ELSS) during the lock-in period. The units will be allotted based on the applicable NAV as per the Scheme Information Document (SID). The investors shall note that for holding the units in demat form, the provisions laid in the SID of respective Scheme and guidelines/procedural requirements as laid by the Depositories (NSDL/CDSL) shall be applicable. In case the unit holder wishes to convert the units held in nondemat mode to demat mode or vice versa at a later date, such request along with the necessary form should be submitted to their Depository Participant(s). Units held in demat form will be freely transferable, subject to the applicable regulations and the guidelines as may be amended from time to time.
32. It is advisable to go for registration of One Time Bank Mandate (OTBM) by opting "As & When presented and Maximum amount".