

# 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 Code / ARN	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.

### 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 \_\_\_\_\_

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

### APPLICANT(S) INFORMATION [Refer Instruction 1]

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

Father / Husband's Name \_\_\_\_\_

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

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

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

[OR]

Net-worth in ₹ \_\_\_\_\_ as on (date)

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

3. Is the entity involved in / providing any 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)

<p><b>Canara Robeco Mutual Fund</b> Investment Manager : Canara Robeco Asset Management Co. Ltd. Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.</p>	<p>Application No. _____</p>	<p><b>CANARA ROBECO Mutual Fund</b></p>
<p>Received from Mr./Ms./M/s. _____</p> <p>An application for purchase of _____ units of _____ along with Cheque/DD as detailed overleaf. Cheques/Drafts are subject to realisation.</p>	<p>Date _____/_____/_____</p> <p>Stamp, Signature &amp; Date</p>	

NAME OF SECOND APPLICANT Mr.   Ms.   M/s.												
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 Please specify
Status Please(✓)		Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO Company/Body Corporate	<input type="checkbox"/>	Trust Fils/FIPs	<input type="checkbox"/>	Bank / FIs Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>
OTHER DETAILS 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" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>												
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.												
NAME OF THIRD APPLICANT Mr.   Ms.   M/s.												
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 Please specify
Status Please(✓)		Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO Company/Body Corporate	<input type="checkbox"/>	Trust Fils/FIPs	<input type="checkbox"/>	Bank / FIs Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>
OTHER DETAILS 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												
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Net-worth in ₹ _____ as on (date) <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>												
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.												
NAME OF THE GUARDIAN (In case of first Applicant is a Minor) Mr.   Ms.   M/s.												
										Relation with Minor Please (✓)		
										Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <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	<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 Please specify
Status Please(✓)		Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO Company/Body Corporate	<input type="checkbox"/>	Trust Fils/FIPs	<input type="checkbox"/>	Bank / FIs Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>
OTHER DETAILS 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" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>												
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

Occupation Please (✓) Private Sector Service  Government Service  Professional  Retired  Student  Others   
 Public Sector  Agriculturist  Business  Forex Dealer  Housewife  Please specify

Status Please (✓) Resident Individual  NRI - NRO  Trust  HUF  Bank / Fls  NRI-NRE  Sole Proprietorship   
 Minor thru Guardian  Company/Body Corporate  Fls/FIPs  Partnership Firm  Society

**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.

**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 <input type="text"/>	Depository Participant Name <input type="text"/>
DP ID No. <input type="text"/>	Target ID No. <input type="text"/>

**FATCA/CRS DETAILS For Individuals & HUF (Mandatory) (Refer instruction no. 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 Please tick as applicable and if yes, provide the below mentioned information (mandatory)

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

\*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.  
 Overseas Correspondence address (Mandatory for NRI/FII Applicant)

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)

City  State  Pin Code

**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

(Please enter the 9 digit number that appears after your cheque number)

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

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

**REDEMPTION / IDCW REMITTANCE [Refer Instruction 20]**

<input type="checkbox"/> 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.	<input type="checkbox"/> Cheque Payment
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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	REGULAR SIP : Start Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> End Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Frequency Please (✓) <input type="checkbox"/> Any Date <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
		PERPETUAL SIP : Start Month <input type="text" value=""/> <input type="text" value=""/> Year <input type="text" value=""/> <input type="text" value=""/> until further instruction (or) End on Month <input type="text" value="1"/> <input type="text" value="2"/> Year <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>	

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

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

**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	Address	Details of Identity such as PAN/Passport	% of ownership

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

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

I/We \_\_\_\_\_ do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

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		<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
2		<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			
3		<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>			

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

**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.**

<input checked="" type="checkbox"/> First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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\*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, 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.

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 (ii) 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.

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

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

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

Name of the Partners _____	Signatures _____
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### SIP REGISTRATION CUM MANDATE FORM For investment through NACH/Direct Debit

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

Distributor/Broker ARN/RIA Code#	Sub-Broker ARN Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No.(EUN) <small>(of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)</small>					
#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 EUN box is left blank) - I/We hereby confirm that the EUN 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						
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.								
Please tick (✓) <input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input type="checkbox"/> Existing UMRN								
The Trustee, Canara Robeco Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.								
<b>INVESTOR DETAILS</b>								
Sole/First Applicant's Name								
Folio No.		PAN						
<b>DEMAT ACCOUNT DETAILS (Optional)</b>		Please (✓) <input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL						
Depository Participant (DP) ID		Beneficiary Account Number (NSDL only)						
Depository Participant (DP) ID (CDSL only)		(The application form should mandatorily accompany the latest Client investor master/Demat account statement.)						
Sr. No.	Scheme/Plan/Option/Sub-option <small>(Mention Cheque details, if attached)</small>	SIP Installment Amount (₹)	SIP Date - (For dates 29th, 30th and 31st, the date considered will be 28th).	Any Date SIP (1st to 28th)	Frequency	Start Month/Year End Month/Year	Amount (₹)	Frequency
1.			<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th* <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> DD	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> Or <input type="checkbox"/> Perpetual#	₹ <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
2.			<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th* <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> DD	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> Or <input type="checkbox"/> Perpetual#	₹ <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
3.			<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th* <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> DD	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/> Or <input type="checkbox"/> Perpetual#	₹ <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
(*Default Date/Frequency) (**Perpetual: 12/2099)		<b>Total</b>						
First SIP transaction via single cheque no.		favouring Canara Robeco Mutual Fund		Dated		<input type="text"/>		
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		

## CANARA ROBECO Mutual Fund

### DEBIT MANDATE FORM

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

UMRN<sup>1</sup>  Date<sup>2</sup>  /  /

Please (✓) 7  CREATE  MODIFY  CANCEL

Sponsor Bank Code<sup>3</sup>  Utility Code<sup>4</sup>

I/We hereby authorize<sup>5</sup>  Canara Robeco Mutual Fund to debit (Please ✓) 6  SB  CA  CC  SB-NRE  SB-NRO  Others

Bank Account Number<sup>8</sup>

With Bank<sup>9</sup>  Bank Name  IFSc<sup>10</sup>  Or MICR<sup>11</sup>

An amount of Rupees<sup>12</sup>  In Words  Amount in Figures<sup>13</sup> ₹

FREQUENCY<sup>14</sup>  Monthly  Quarterly  Half Yearly  Yearly  As & When presented DEBIT TYPE<sup>15</sup>  Fixed Amount  Maximum Amount

Folio No.<sup>16</sup>  Phone<sup>18</sup>

PAN<sup>17</sup>  E-mail<sup>19</sup>

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD FROM  TO  OR  Until Cancelled

20  Signature Primary Account Holder  Signature Account Holder  Signature Account Holder

22 Name as in bank records  Name as in bank records  Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorised the debit.