

# Canara Robeco Mutual Fund

# CANARA ROBECO

Investment Manager : Canara Robeco Asset Management Co. Ltd.  
Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.  
Tel.: 6658 5000, 6658 5086 Fax: 6658 5012 / 13 www.canararobeco.com

Application No.

## APPLICATION FORM (Please fill in BLOCK Letters)

Broker Name / ARN	Sub Broker Code / ARN	EUIN	Bank Serial No. /Branch Stamp/Receipt Date
ARN- 6574		EUIN- E019976	

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. I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction

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

- I confirm that I am a First time investor across Mutual Funds.  
(₹ 150 deductible as Transaction Charge and payable to the Distributor)
- I confirm that I am an existing investor in Mutual Funds.  
(₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 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
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The details in our records under the folio number mentioned will apply for this application.

### PAN AND KYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 12 & 26]

PAN # (refer instruction)	KYC Compliance Status** (if yes, attach proof)
First / Sole Applicant @	Yes <input type="radio"/>
Second Applicant	Yes <input type="radio"/>
Third Applicant	Yes <input type="radio"/>

@ 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 (incase of minor their shall be no joint holder) DATE OF BIRTH (Mandatory in case of Minor) DD / MM / YYYY

Mr. | Ms. | M/s.

Father/Husband's Name

NAME OF SECOND APPLICANT

Mr. | Ms. | M/s.

NAME OF THIRD APPLICANT

Mr. | Ms. | M/s.

NAME OF THE GUARDIAN (In case First Applicant is a Minor) Relationship with Minor Please (✓)

Mr. | Ms. | M/s. Mother  Father  Legal Guardian

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

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

Occupation Please (✓)  Business  Service  Professional  Retired  Student  Housewife  Others

Status Please (✓)  Resident Individual  NRI - NRO  Trust  HUF  Bank / Fls  NRI - NRE  Please specify

Minor thru Guardian  Company/Body Corporate  Fls  Partnership Firm  Society

### POWER OF ATTORNEY (PoA) HOLDER DETAILS

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

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

### 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. Off. Resi. Mobile

E-Mail PLEASE USE BLOCK LETTERS

Overseas Correspondence Address (Mandatory for NRI / FII Applicant)

City Country Pin Code

COMMUNICATION (Please ✓)

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

### BANK ACCOUNT DETAILS - Mandatory

Name of the Bank

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

Branch Address

Bank Branch City State Pin Code MICR Code

(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)

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

# CANARA ROBECO

## Canara Robeco Mutual Fund

Investment manager : Canara Robeco Asset Management Company Ltd.  
Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

Application No. 0120964

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

Received from Mr. / Ms. /M/s.  
An application for purchase of \_\_\_\_\_ units of \_\_\_\_\_  
along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

Stamp,  
Signature & Date

**REDEMPTION / DIVIDEND REMITTANCE [Refer Instruction 20]** Electronic Payment

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

 Cheque Payment

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

**DEMAT ACCOUNT DETAILS (This section to be filled only if investor wish to hold units in demat form) ( Client Master List (CML) to be enclosed ) ( Refer instructions No. 24)**

National Securities Depository Limited (NSDL)

Central Depository Services (India) Limited (CDSL)

Depository Participant Name \_\_\_\_\_

DP ID No.

I	N																			

Depository Participant Name \_\_\_\_\_

Target ID No.

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**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.

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

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

**SIP ENROLMENT DETAILS**

SIP Amount (Rs.)

Enrolment Period

REGULAR SIP: Start Month   -     End Month   -    Frequency Please (✓)  Monthly  QuarterlyPERPETUAL SIP: Start Month   Year   Until further instruction

PAYMENT MECHANISM (✓)

 Option I : Debit through ECS / Auto Debit facility (Tick this box and fill up SIP ECS / Auto Debit Facility Form) Option II : Through Post Dated Cheques - Total Cheques \_\_\_\_\_ Cheque Nos. From       To      

Drawn on Bank \_\_\_\_\_

Branch &amp; City \_\_\_\_\_

**NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 13]** I / We \_\_\_\_\_ do here by nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.  I / We \_\_\_\_\_ do not wish to nominate

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

 Signature of 1st Applicant / Guardian Signature of 2nd Applicant Signature of 3rd Applicant

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

**DECLARATION**

To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the 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 confirm and certify that the source of these funds is not directly / indirectly a result of "proceeds of crime" as defined in "The Prevention of Money Laundering Act, 2002" and we undertake to provide all necessary proof / documentation, if any, required to substantiate the facts of this undertaking. I have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We authorize the Fund to disclose details of my/our account and all my/our transactions to the intermediately whose stamp appears on the application form. I also authorize the Fund to disclose details as necessary, to the Registrar &amp; Transfer agent(s), call centers, banks, custodians, depositories and/or authorised external third parties who are involved in transaction processing, despatches, etc. for the purpose of effecting payments to me / us. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us

**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 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 alongwith this application for subscription.  
Name of the partners \_\_\_\_\_ Signatures \_\_\_\_\_

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

REGISTRAR &amp; TRANSFER AGENTS

M/s. Karvy Computershare Pvt. Limited "Karvy Plaza"  
H. No. 8-2-596 Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034.  
Tel No.: (040) 23394436, 23397901, 23312454,  
Fax No.: (040) 23311968, Email : crmf@karvy.com

## 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.  
Tel.: 6658 5000 - 5010, 6658 5086 Fax: 6658 5012 / 13 www.canararobeco.com

### Systematic Investment Plan (SIP) Auto Debit Facility/STP/SWP/MICRO SIP

Broker Name / ARN	Sub Broker Code / ARN	EUIN	Bank Serial No. /Branch Stamp/Receipt Date
ARN 6574		EUIN E019976	

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.  
I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction

### Registration cum mandate form for ECS (Debit clearing / Auto debit)

First Investment in SIP vide a cheque and subsequent investments via Auto Debit, available in select cities only.

- New SIP Registration by existing investor     Change in Bank Account for an existing Investor with Canara Robeco Mutual Fund  
 New SIP Registration by new investor (also attach the new application form duly filled & signed)

### Investor and investment details

Sole / First Investor Name	
PAN No. (Refer Instruction No.10)	
Folio No.	
Scheme	
Plan	
Option & Sub Option	

### SIP and Bank details

Each SIP Amount (₹)  Frequency  Monthly  Quarterly  
 First SIP Cheque No.:  Cheque date should be either 01st, 05th, 15th, 20th, 25th of the month/quarter.  
 (Note: Cheque should be drawn on bank details provided below)

SIP Auto Debit Dates:  01st  05th  15th  20th  25th of the month/quarter  
**REGULAR SIP:** SIP Period : Start from Month  Year  End On Month  Year   
**PERPETUAL SIP:** SIP Period : Start from Month  Year  Until further instruction  
 (Note: Please allow minimum one month for auto debit to register and start).

I/We hereby, authorize Canara Robeco Mutual Fund and their authorized service providers (M/s. Tech Process Solutions Ltd.), to debit my/our following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

### Systematic Transfer Plan (STP)

I/We would like to switch to the following: From Scheme/Option  To Scheme/Option   
 Fixed Amount ₹  OR  Capital Appreciation. Frequency  Monthly  Quarterly  01st  05th  15th  20th  25th of the month/quarter  
**Period :** Enrolment Period From / /  (dd/mm/yy) To / /  (dd/mm/yy)

### Systematic Withdrawal Plan (SWP)

Fixed Amount ₹  OR  Capital Appreciation Scheme Name/Option   
 Frequency  Monthly  Quarterly  01st  05th  15th  20th  25th of the month/quarter  
**Period :** Enrolment Period From / /  (dd/mm/yy) To / /  (dd/mm/yy)

### Particulars of bank account

**Accountholder Name as in Bank Account**   
**Bank Name**  **Branch**   
**City**  **PIN code**   
**Account Number**  **Account Type**  Savings  Current  Cash Credit  
**IFSC Code (RTGS/NEFT)**  (Mandatory for Credit via NEFT/RTGS) **9 Digit MICR Code**   
(Please enter the 9 digit number that appears after your cheque number)

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform Canara Robeco Mutual Fund about any changes in my bank account I/We have read and agreed to the terms and conditions mentioned overleaf.

First Account Holder's Signature

Second Account Holder's Signature

Third Account Holder's Signature

### For office use only (not to be filled in by investor)

Recorded on  Scheme Code   
 Recorded by  Credit Account Number   
 Bank use Mandate Ref. No.  Customer Ref. No.

### Authorisation of the Bank Account Holder (to be signed by the Account Holder)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in Canara Robeco Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative, (M/s. Tech Process Solutions Ltd.) carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.

Bank Account Number

First Account Holder's Signature  
*(As in Bank Records)*

Second Account Holder's Signature  
*(As in Bank Records)*

Third Account Holder's Signature  
*(As in Bank Records)*