

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 , 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	Employee Unique Identification Number	Bank Serial No. /Branch Stamp/Receipt Date
ARN- 48012		E053085	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Declaration for "execution-only" transaction (only where EUIN box is left blank)
 (Refer Instruction 28): I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

<input type="checkbox"/> Signature of 1st Applicant / Guardian	<input type="checkbox"/> Signature of 2nd Applicant	<input type="checkbox"/> Signature of 3rd Applicant
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 25)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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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
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The details in our records under the folio number mentioned will apply for this application.

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

PAN/PEKRN # (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)	
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"/> Please specify	
Status Please (✓)	Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/>		
	Resident Individual <input type="checkbox"/> NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank / Fls <input type="checkbox"/> NRI - NRE <input type="checkbox"/>		
	Minor thru Guardian <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Flls/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

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 or the following services

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

4. Any other information _____

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

NAME OF SECOND APPLICANT

Mr. Ms. M/s.	
Occupation Please (✓)	Private Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/>
	Public Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/>
Status Please (✓)	Resident Individual <input type="checkbox"/> NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank / Fls <input type="checkbox"/> NRI - NRE <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Flls/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

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 or the following services

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

4. Any other information _____

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

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

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

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

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore 1 Crore & above
[OR]
 Net-worth in ₹ _____ as on (date) / /

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

3. Is the entity involved in / providing any or the following services
 – Foreign Exchange / Money Changer Services YES NO
 – Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
 – Money Lending / Pawning YES NO

4. Any other information _____

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

NAME OF THE GUARDIAN (In case First Applicant is a Minor)
Mr. | Ms. | M/s.

Relationship with Minor Please (✓)
Mother Father Legal Guardian

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

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"/> Please specify
	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Business <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>	
Status Please (✓)	Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust <input type="checkbox"/>	HUF <input type="checkbox"/>	Bank / Fls <input type="checkbox"/>	NRI - NRE <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Company/Body Corporate <input type="checkbox"/>	Flls/FIPs <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Society <input type="checkbox"/>	

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

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore 1 Crore & above
[OR]
 Net-worth in ₹ _____ as on (date) / /

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

3. Is the entity involved in / providing any or the following services
 – Foreign Exchange / Money Changer Services YES NO
 – Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
 – Money Lending / Pawning YES NO

4. Any other information _____

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

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

POWER OF ATTORNEY (PoA) HOLDER DETAILS

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

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

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

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

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore 1 Crore & above
[OR]
 Net-worth in ₹ _____ as on (date) / /

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

3. Is the entity involved in / providing any or the following services
 – Foreign Exchange / Money Changer Services YES NO
 – Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
 – Money Lending / Pawning YES NO

4. Any other information _____

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

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

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

FATCA/CRS DETAILS For individuals & HUF (Mandatory) (Refer instruction no.29) Non Individual investors should mandatorily fill separate FATCA details form

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/Citizenshi/Nationality and Tax Residency? Yes No Please tick as applicable and if yes, provide the below mentioned information (mandatory)

Sole/First Applicant/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Of Birth					
Place Of Birth					
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	<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]	Taxpayer Identification No	Country of Tax Residency# [other than India]	Taxpayer Identification No	Country of Tax Residency# [other than India]	Taxpayer Identification No
1		1		1	
2		2		2	

Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer Identification number.
 In case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.

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

Local Address of 1st Applicant -

City State Pin Code
 Tel. Off. Resi. **Mobile**

E-Mail

Overseas Correspondence Address (Mandatory for NRI / FI 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 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 / DIVIDEND REMITTANCE [Refer Instruction 20]

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

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

SIP ENROLMENT DETAILS

SIP Amount (Rs.)
 Enrolment Period **REGULAR SIP:** Start Month - End Month - Frequency Monthly Quarterly Please (✓)
PERPETUAL SIP: Start Month Year Until further instruction (or) End on Month Year

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

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

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. _____
 Date ___ / ___ / _____

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

Stamp,
 Signature & Date

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

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

S. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DDNo./UTR No. (Incase of NEFT/RTGS)	Bank and Branch and Account Number
1.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
2.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
3.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			

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

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

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

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.
 \$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate CRAMC / its Registrar / KRA as may be applicable immediately about such change.

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

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

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

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

I / We do 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			

<input checked="" type="checkbox"/> Signature of 1st Applicant / Guardian	<input checked="" type="checkbox"/> Signature of 2nd Applicant	<input checked="" type="checkbox"/> Signature of 3rd Applicant
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@If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

DECLARATION

To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SAI, SID and Key Information Memorandum of the Scheme. I/We hereby apply to the Trustees of Canara Robeco Mutual Fund for allotment of units of the Scheme, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We hereby declare that I/We are authorised to make this investment in the above mentioned Scheme (s) and that the amount invested in the scheme (s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the government of India from time to time. " and we undertake to provide all necessary proof / documentation, if any, required to substantiate the facts of this undertaking. I have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We authorize the Fund to disclose details of my/our account and all my/our transactions to the intermediately whose stamp appears on the application form. I also authorize the Fund to disclose details as necessary, to the Registrar & Transfer agent(s), call centers, banks, custodians, depositories and/or authorised external third parties who are involved in transaction processing, despatches, etc. for the purpose of effecting payments to me / us. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We hereby declare that currently there is no subsisting order/ruling/judgment etc., in force which has been passed by any court, tribunal, statutory authority or regulator, including SEBI prohibiting or restraining me/us from dealing in securities.
 That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading. I/We will be liable for the consequences arising therefrom. I/We will indemnify the fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity, and authorization of my/our transactions.

Applicable to NRIs only : I/We confirm that I am/we are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR / NRSR Account. Investment in the scheme is made by me / us on: Repatriation basis Non Repatriation basis

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

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

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

Name of the partners _____ Signatures _____

S. 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"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
2.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
3.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			

REGISTRAR & TRANSFER AGENTS

M/s. Karvy Computershare Pvt. Limited
 Karvy Selenium, Tower B, Plot No 31 & 32, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad 500 032
 Tel No: +91 040 33215262/5269 E-Mail: crmf@karvy.com

Systematic Investment Plan (SIP) Registration cum mandate form for NACH/ECS/Direct Debit

First time investors subscribing to the Scheme through SIP-NACH (National Automated Clearing House) to complete this form compulsorily along with Application Form. (Please read terms and conditions overleaf)

Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN column.)

Distributor / Broker ARN ARN- 48012	Sub-Broker Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(of Individual ARN holder or of employee / Relationship Manager / Sales Person of the Distributor)</small> E053085	For Office Use Only
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN 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.

Sign Here Sole/First Applicant/Guardian	Sign Here Third Applicant
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Upfront commission, if any, 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.

(✓) New SIP Renewal of SIP Micro SIP Change in ECS Bank Account (Please provide a cancelled cheque)

The Trustees,
Canara Robeco Mutual Fund

I/We have read and understood the contents of the Statement of Additional Information / Scheme Information Document of the respective Scheme and the terms and conditions of SIP enrollment and ECS Debit Clearing through NACH (National Automated Clearing House).

1. Investment and SIP Details

(Investors applying under the direct plan must mention "Direct" against Scheme name.)

First / Sole Investor

Name _____ **SIP - Top Up : Rs.** _____ (in multiples of Rs. 500/-)

Application No. (New Investor) _____ Folio No. Existing Unitholder) _____ Frequency : Half Yearly Yearly

Existing UMRN _____

Scheme	Scheme Name	Plan	Option	Dividend Frequency
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Each SIP Amount (Rs.) _____ Frequency Monthly (Default) Quarterly (Jan, April, July, Oct)

SIP Date 1st 5th 15th (Default) 20th 25th

SIP Period Start From End On Till Further Notice

PAN / PEKRN¹ _____ Enclosed (✓) KYC Proof³

2. Demat Account Details (Optional)

Please (✓) NSDL CDSL

DP ID #	Beneficiary Account No.	DP Name
<input type="text" value="I N"/>	<input type="text"/>	<input type="text"/>

(# Not applicable in case of CDSL). (Applicable only to existing investors for fresh SIP enrolment. Please see instruction No. 12)

3. First SIP Transaction

Cheque No. _____ Cheque Date _____ Amount (Rs.) _____

Bank _____ Bank City _____

I/We hereby authorise Canara Robeco Mutual Fund / Canara Robeco Asset Management Company Private Limited and their authorised service providers, to debit my / our following bank account by ECS (Debit Clearing) / Direct Debit for collection of SIP payments through NACH.

Declaration : I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above though participation in ECS (NACH). 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 / Canara Robeco Asset Management Company Private Limited, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole/First Applicant/Guardian/POA	Signature of Second Applicant/POA	Third Applicant/POA

4. Authorisation of the Bank Account Holder (to be filled and signed by the Investor) (For ECS)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) 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 authorise the representative carrying this ECS (NACH) Mandate Form to get it verified & executed.

Bank Name _____

Bank A/c No. _____

First Account Holder Signature (As in Bank Records) Second Account Holder Signature (As in Bank Records) Third Account Holder Signature (As in Bank Records)

UMRN * _____ Date

Sponsor Bank Code Utility Code

(Please ✓) CREATE MODIFY CANCEL

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

Bank Account Number _____

with Bank _____ Bank Name _____ IFSC _____ Or MICR _____

an amount of Rupees _____ In Words _____ ₹ In Figures _____

Frequency : Monthly Quarterly Half Yearly Yearly As & when presented Debit Type : Fixed Amount Maximum Amount

Folio No. _____ Phone _____

PAN _____ E-mail _____

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

PERIOD	From	<input type="text" value="DD MM YYYY"/>	<input type="text"/>	<input type="text"/>
	To	<input type="text" value="31 12 2099"/>	<input type="text"/>	<input type="text"/>
	Or	Until Cancelled	<input type="text"/>	<input type="text"/>
		Signature Primary Account Holder	Signature Account Holder	Signature Account Holder
		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.

TERMS & CONDITIONS FOR SIP THROUGH NACH

- SIP is available in Canara Robeco Balance, Canara Robeco Dynamic Bond Fund, Canara Robeco Emerging Equities Fund, Canara Robeco Equity Diversified, Canara Robeco Equity Tax Saver, Canara Robeco Savings Plus Fund, Canara Robeco FORCE Fund, Canara Robeco Gilt Advantage Fund, Canara Robeco GILT PGS Fund, Canara Robeco Income Fund, Canara Robeco InDiGo Fund, Canara Robeco Infrastructure Fund, Canara Robeco Large Cap Plus, Canara Robeco Monthly Income Plan, Canara Robeco Short Term Fund, Canara Robeco Treasury Advantage Fund, Canara Robeco Yield Advantage Fund, Canara Robeco Gold Savings Fund, Canara Robeco Medium Term Opportunities Fund. The list is subject to change from time to time. Please contact nearest Investor Service Centre (ISC) of Canara Robeco Mutual Fund for updated list.

2. Features of SIP:

Frequency Monthly/Quarterly (Jan, April, July, October)

SIP dates offered 1st or 5th or 15th or 20th or 25th of the month and quarter.

Default Frequency/Date

- Frequency: Monthly
- Date: 15th of the month
- If end date is not specified, the fund will continue SIP till it receives termination notice from the investor

Minimum amount per installment

Canara Robeco Equity Tax Saver

An equity linked savings scheme with a lock in period of 3 years. Units cannot be assigned/transferred/pledged/redeemed/switched-out until the completion of 3 years from the date of allotment.)

Rs. 500/- per month and in multiples of Rs.1/- thereafter,

Rs. 500/- per month and in multiples of Re. 1/- thereafter for monthly frequency.

Rs. 1,000/- per quarter and in multiples of Re. 1/- thereafter for quarterly frequency.

Canara Robeco Balance, Canara Robeco Dynamic Bond Fund, Canara Robeco Emerging Equities Fund, Canara Robeco Equity Diversified, Canara Robeco Savings Plus Fund, Canara Robeco FORCE Fund, Canara Robeco Gilt Advantage Fund, Canara Robeco GILT PGS Fund, Canara Robeco Income Fund, Canara Robeco InDiGo Fund, Canara Robeco Infrastructure Fund, Canara Robeco Large Cap Plus, Canara Robeco Monthly Income Plan, Canara Robeco Short Term Fund, Canara Robeco Treasury Advantage Fund, Canara Robeco Yield Advantage Fund, Canara Robeco Gold Savings Fund, Canara Robeco Medium Term Opportunities Fund.

Rs.1,000/- per month and in multiples of Re.1/- thereafter for monthly frequency.

Rs.2,000/- per quarter and in multiples of Re.1/- thereafter for quarterly frequency.

Minimum Number of Instalments - 6 (Six)

Installments

All installments should be of same amount. No upper limit for single cheque or aggregate.

The first cheque and subsequent cheques should not fall in the same month/quarter. First cheque should be of current date (no post-dated cheque will be accepted).

Load Structure

For load structure details, please refer to respective Scheme Features.

Load Structure prevailing at the time of submission of SIP application form (whether for fresh enrollment or extension) will be applicable for all the SIP instalments specified in such application.

- Please draw cheque in the name of the Canara Robeco Mutual Fund Collection and cross "A/c Payee". Also write SIP enrollment Form no. or folio number on the reverse of cheque accompanying SIP enrollment form.
- In case SIP date specified is a non-business day or falls during a book closure period, the transaction will be effected on the next business day.
- The first installment will be processed at Applicable NAV based on time stamping. In case of SIP for an amount of Rs. 2 lakh and above, the Applicable NAV of the Scheme will be based on funds available for utilizations, as stated in KIMs/SIDs. The second installment will be processed latest for the available SIP date (currently 1st, 5th, 15th, 20th or 25th of each month/quarter) indicated by the investor, but only after the expiry of 21 days for NACH.
- Unit holder has a right to discontinue the SIP facility at any time by sending written request to any Official Points of Acceptance, at least 10 Business Days prior to the next due date for NACH. On receipt of such request, the SIP enrollment will be terminated.
- In case any cheque submitted by the investor for SIP installment or any payment instruction for SIP installment is dishonored by the Bankers for the reason of account of investor is closed, the AMC would discontinue the SIP immediately and reserves the right to redeem the outstanding units if total investment is below Rs. 5,000/-.
- The AMC reserves the right to discontinue the SIP enrolment in case cheque / payment instruction submitted by Unit holder is not honored by Banker on 3 (three) consecutive occasions for either insufficiency of funds or as a result of a stop payment instruction issued by the Unit holder and reserves the right to redeem the outstanding units if total investment is below Rs.5,000/-.
- The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.
- SIP in a folio of minor will be registered only upto the date of minor attaining majority though the instruction may be for the period beyond that date.
- Existing investor opting for demat facility should fill in the common application form also.
- The investors can also subscribe Units through SIP in Demat (electronic) mode for the Scheme. However the Units will be allotted based on applicable NAV of the Scheme and will be credited to investor's Demat (Beneficiary) Account on weekly basis on realization of funds, e.g. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday.

Other Terms & Conditions

- This facility is available presently only for Systematic Investment Plan.
- NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in
- This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/update at any time in future at the sole discretion of Canara Robeco Asset Management Company Private Limited, 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.
- By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
- New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
- New Investors should mandatorily give a cheque for the first transaction.
 - First SIP Cheque should be dated current day. All subsequent Installments through NACH to be either 1st or 05th or 15th or 20th or 25th of the month.
 - The Registration cum Mandate Form for NACH should be submitted at least 21 Calendar days prior to next sip cycle date through NACH.
 - *Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
- Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 10 Calendar days before the date of the first debit through NACH.
- Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 21 calendar days prior notice to any of the investor service centre.
- Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN by giving 10 Business days prior notice to any of the Investor Service Centre. Investor can choose to register any future SIP by simply filling up the Registration cum mandate form for NACH quoting their UMRN.
- IFSC/MICR of customer bank. (maximum length-11 Alpha Numeric Characters)
- Amount payable for service or maximum amount per transaction that can be processed in words.
- In case of existing investor, if application is received without existing UMRN then the first UMRN registered in the folio would be considered