

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, 6658 5086 Fax: 6658 5012 / 13 www.canararobeco.com

CANARA ROBECO

TRANSACTION SLIP FOR REGULAR PLAN (Please fill in BLOCK Letters)

ARN & Name of Distributor	Employee Unique Identification Number	Sub-Broker
SUSHIL BAJAJ ARN-48012	E-053085	

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

If the Employee Unique Identification Number (EUIN) box is left blank please refer DECLARATION & SIGNATURE section related to EUIN

INVESTOR DETAILS (MANDATORY)

EXISTING FOLIO NO.	DATE
Name (Mr/Ms/M/s)	
Email ID	
Telephone No.	Mobile No.

PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)

First Applicant / Guardian	Second Applicant	Third Applicant

ADDITIONAL PURCHASE REQUEST

Scheme Name		
Options	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout
	<input type="checkbox"/> Dividend Reinvestment	
Cheque / DD Amount (₹)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (₹ in Figures)	Investment Amount (₹ in Words)	

REDEMPTION REQUEST

Scheme	Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)

Option (Please ✓)	
<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend
<input type="checkbox"/> Dividend Reinvestment	

SWITCH REQUEST

Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)
From Scheme	To Scheme	
Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout
	<input type="checkbox"/> Dividend Reinvestment	
Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout
	<input type="checkbox"/> Dividend Reinvestment	

TEAR HERE

TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

CANARA ROBECO

Folio No.			
(To be filled in by the First applicant/Authorized Signatory):			
Received from			
Nature of Transaction	<input type="checkbox"/> Change of Bank Particulars	<input type="checkbox"/> Change of Address	Stamp Signature & Date
For Additional Purchase	Scheme Name & Plan	Amount	Units
Redemption/Systematic Withdrawal Plan	Scheme Name & Plan	Amount (₹)	Frequency
Systematic Transfer Plan / Switch Over	Scheme Name & Plan	STP Commencement Date	Amount
	From	To	Units
Systematic Investment Plan	Scheme Name & Plan	Amount (₹)	Frequency

SIP / SWP / STP FACILITY REQUEST

Systematic Investment Plan	Each SIP Amount (₹) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					
	First SIP Cheque No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			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: <input type="checkbox"/> 01st <input type="checkbox"/> 05th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th of the month/quarter								
	SIP Period : Start from Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>			End On Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>					
Systematic Withdrawal Plan (SWP)	SWP installment amount			Amount (in words)					
	Frequency (Please any one only) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly								
SWP From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			SWP To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Systematic Transfer Plan (STP)	From (Scheme)			To (Scheme)					
	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout					
STP Frequency & Enrolment Period (Please ✓ any one only)		<input type="checkbox"/> Monthly		Amount (₹) of STP		STP From		STP To	
		<input type="checkbox"/> Quarterly		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

CHANGE OF ADDRESS

Local Address of 1st Applicant	<input type="text"/>
Landmark	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Address for Correspondence for NRI Applicants only (Please (3)) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>	
Foreign Address (NRI / FI Applicants)	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/>
	Zip <input type="text"/>

DECLARATION & SIGNATURE : To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SID and Key Information Memo random 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 Fund's and investor's bankers 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.

EUIN : I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S) Applicants must sign as per mode of holding	⊗ 1st Applicant/Guardian// Authorised Signatory	⊗ 2nd Applicant/Authorised Signatory	⊗ 3rd Applicant/ Authorised Signatory
Date	<input type="text"/>		Place <input type="text"/>

TEAR HERE

M/s. Karvy Computershare Pvt. Limited "Karvy Plaza"
 (For all Scheme)
 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