

# Key Information Memorandum

and Application Form - Regular Plan

## Canara Robeco Small Cap Fund

(An open-ended equity scheme predominantly investing in small cap stocks)

Offer for Units of face value Rs. 10 per unit during the New Fund Offer and Continuous offer for Units at NAV based prices.

**NFO** | Opens on: January 25, 2019 | Closes on: February 08, 2019

**Scheme re-opens on: On or before 22nd February, 2019**

### Canara Robeco Mutual Fund

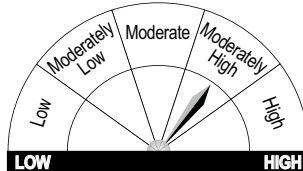
Investment Manager : Canara Robeco Asset Management Co. Ltd.

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

Name of the Scheme/Plan	This product is suitable for investors who are seeking*	RISKOMETER
<p><b>Canara Robeco Small Cap Fund</b> (An open-ended equity scheme predominantly investing in small cap stocks)</p>	<ul style="list-style-type: none"> <li>• Capital appreciation over long term</li> <li>• Investing predominantly in equities and equity related instruments of small cap companies</li> </ul>	 <p>Investors understand that their principal will be at Moderately High risk.</p>

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the Investor Service Centres or distributors or from the website www.canararobeco.com

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

This Key Information Memorandum is dated 2nd January, 2019.

# 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

Application No.

<p><b>This product is suitable for investors who are seeking*</b></p> <ul style="list-style-type: none"> <li>Capital appreciation over long term</li> <li>Investing predominantly in equities and equity related instruments of small cap companies</li> </ul>	<p><b>RISKOMETER</b></p> <p>LOW Moderate High HIGH</p> <p>Investors understand that their principal will be at Moderately High risk.</p>
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\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them

## 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
<b>ARN- 48012</b>		<b>E053085</b>	

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.

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

### 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 ₹ 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.

### AADHAAR/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®	<input type="text"/>	Yes	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Second Applicant	<input type="text"/>	Yes	<input type="radio"/>	<input type="text"/>	<input type="text"/>
Third Applicant	<input type="text"/>	Yes	<input type="radio"/>	<input type="text"/>	<input type="text"/>
AADHAAR Number	<input type="text"/>	Second Applicant	<input type="text"/>	Third Applicant	<input type="text"/>

@ 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 Business <input type="checkbox"/>	Retired Forex Dealer <input type="checkbox"/>	Student Housewife <input type="checkbox"/>	Others <input type="checkbox"/>
Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	HUF FIs/FIPs <input type="checkbox"/>	Bank/FIs Partnership Firm <input type="checkbox"/>	NRI-NRE Society <input type="checkbox"/>	Please specify <input type="text"/>

Status Please(✓)

Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust Company/Body Corporate <input type="checkbox"/>	HUF FIs/FIPs <input type="checkbox"/>	Bank/FIs Partnership Firm <input type="checkbox"/>	NRI-NRE Society <input type="checkbox"/>
Minor thru Guardian <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 ₹  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 Business <input type="checkbox"/>	Retired Forex Dealer <input type="checkbox"/>	Student Housewife <input type="checkbox"/>	Others <input type="checkbox"/>
Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	HUF FIs/FIPs <input type="checkbox"/>	Bank/FIs Partnership Firm <input type="checkbox"/>	NRI-NRE Society <input type="checkbox"/>	Please specify <input type="text"/>

Status Please(✓)

Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust Company/Body Corporate <input type="checkbox"/>	HUF FIs/FIPs <input type="checkbox"/>	Bank/FIs Partnership Firm <input type="checkbox"/>	NRI-NRE Society <input type="checkbox"/>
Minor thru Guardian <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 ₹  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"/> Public Sector <input type="checkbox"/>	Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/>	Professional <input type="checkbox"/> Business <input type="checkbox"/>	Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/>	Student <input type="checkbox"/> Housewife <input type="checkbox"/>	Others <input type="checkbox"/> Please specify
Status Please(✓)	Resident Individual <input type="checkbox"/> Minor thru Guardian <input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/>	HUF <input type="checkbox"/> FIs/FIPs <input type="checkbox"/>	Bank/FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/>	NRI-NRE <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 of first Applicant is a Minor) \_\_\_\_\_ Relation 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 \_\_\_\_\_

Occupation Please (✓)	Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/>	Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/>	Professional <input type="checkbox"/> Business <input type="checkbox"/>	Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/>	Student <input type="checkbox"/> Housewife <input type="checkbox"/>	Others <input type="checkbox"/> Please specify
Status Please(✓)	Resident Individual <input type="checkbox"/> Minor thru Guardian <input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/>	HUF <input type="checkbox"/> FIs/FIPs <input type="checkbox"/>	Bank/FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/>	NRI-NRE <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  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"/> Public Sector <input type="checkbox"/>	Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/>	Professional <input type="checkbox"/> Business <input type="checkbox"/>	Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/>	Student <input type="checkbox"/> Housewife <input type="checkbox"/>	Others <input type="checkbox"/> Please specify
Status Please(✓)	Resident Individual <input type="checkbox"/> Minor thru Guardian <input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/>	HUF <input type="checkbox"/> FIs/FIPs <input type="checkbox"/>	Bank/FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/>	NRI-NRE <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 <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. 29)**

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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Second Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		Third 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		Date of Birth		Date of Birth	
Place of Birth		Place 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? please provide Tax Payer Id	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Specified Person? please provide Tax Payer Id	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Specified Person? please provide Tax Payer Id	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Overseas Correspondence address (Mandatory for NRI/FII Applicant)

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 \_\_\_\_\_

IFSC CODE (RTGS/NEFT) \_\_\_\_\_ (Mandatory for Credit via NEFT/RTGS) Please attach a cancelled cheque OR a clear photo 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 ENROLLMENT DETAILS**

SIP Amount (Rs.) \_\_\_\_\_ Enrollment Period

**REGULAR SIP :** Start Month   -     End Month   -     Frequency Please (✓)  Monthly  Quarterly

**PERPETUAL SIP :** Start Month   Year   until further instruction (or) End on Month   Year

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)

**ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)**

**Canara Robeco Mutual Fund**

Investment Manager : Canara Robeco Asset Management Co. Ltd. Application No. \_\_\_\_\_

Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

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

An application for purchase of \_\_\_\_\_ 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.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DD No./UTR No. (incase of NEFT/RTGS)	Bank and Branch and Account Number
1.	Canara Robeco Small Cap Fund	Regular				

# (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 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.  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"/> 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)

**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 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 authorization of my/our transaction.

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made there under, 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 there under) and PMLA. I/We hereby provide my/our consent for sharing/discard 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 alongwith this application for subscription.

Name of the partners \_\_\_\_\_ Signatures \_\_\_\_\_

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DD No./UTR No. (incase of NEFT/RTGS)	Bank and Branch
1.	Canara Robeco Small Cap Fund	Regular				

**M/s. Karvy Fintech Pvt. Ltd. "Karvy Plaza"**  
 Karvy Selenium, Tower B, Plot No 31 & 32, Gachibowli Financial District,  
 Nanakramguda, Serilingampally, Hyderabad 500 032  
 Tel No. : 040 33215262/5269 E-mail : crmf@karvy.com

## 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# <b>ARN - 48012</b>	Sub-Broker ARN Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No.(EUIIN) (of/for/against ARN holder or of employee/ Relationship Sales Person of the Distributor) <b>E053085</b>
#By mentioning RIA Code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Canara Robeco Mutual Fund.			
Declaration for "execution-only" transaction (only where EUIIN box is left blank) - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of 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 checked="" 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>		<b>SIP DETAILS</b>	
Sole/First Applicant's Name		SIP Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default SIP frequency is Monthly) In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.	
Folio No.	PAN	SIP Date: <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input checked="" type="checkbox"/> 15th (Default) <input type="checkbox"/> 20th <input type="checkbox"/> 25th	
DEMAT ACCOUNT DETAILS (Optional) Please (✓) <input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL		SIP Start Month/Year <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"/>	
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.)		SIP End Month/Year <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"/>	
<b>SCHEME NAME</b>		<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility) TOP UP Amount: Rs. _____ *TOP UP amount has to be multiples of Rs. 500 only (Minimum Rs. 500). TOP UP Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
PLAN	OPTION/SUB-OPTION :	Dividend Frequency:	
Please refer instructions and Key Scheme Features for options. Sub-options and other facilities available under each scheme of the fund.			
SIP Installment Amount Rs.	Rs. in words :	Note : <input type="checkbox"/> Default Frequency is Annual <input checked="" type="checkbox"/> It is mandatory to submit NACH (OTM) <input checked="" type="checkbox"/> NACH mandate should be provided for maximum amount in line with your Top Up mandate & SIP tenure.	
<b>FIRST INSTALLMENT PAYMENT DETAIL</b>		Cheque/DD No. _____ Date _____ Drawn on Bank/Branch/City _____ Amount Rs. _____	
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) (As in Bank Records)			
Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant	

## DEBIT MANDATE FORM

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

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

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

I/We hereby authorize<sup>5</sup>  to debit (Please ✓)<sup>6</sup>  SB  CA  CC  SB-NRE  SB-NRO  Others \_\_\_\_\_

Bank Account Number<sup>8</sup>

With Bank<sup>9</sup>  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.

<b>PERIOD</b>	FROM <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	<sup>21</sup> Signature Primary Account Holder	Signature Account Holder	Signature Account Holder
	TO <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>			
	OR <input checked="" type="checkbox"/> Until Cancelled			

• 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.

## FATCA & CRS Declaration & Supplementary Information Declaration Form for Individuals

*Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance*

NAME:										
PAN							OR PAN Exempt KYC Ref No. (PEKRN)			
Place of Birth							Country of Birth			
Nationality							Tax Residence Address [ <i>for KYC address</i> ]			
<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)							<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes  No

**If 'No' please proceed for the signature of declaration**

**If 'Yes', please fill** for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C <i>[as defined below]</i>
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- **Reason A** → *The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.*
- **Reason B** → *No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)*
- **Reason C** → *Others; please state the reason thereof.*

**Declaration:**

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/tax authorities.

Date :

Place :

Signature:

## FATCA & CRS Terms and Conditions

**(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)**

**Details under FATCA & CRS :** The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request from information if you have multiple relationships with the FI or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

## FATCA & CRS Instruction

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US TAX Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/CRS Indicia
U.S. place of birth	<ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;</li> <li>2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND</li> <li>3. Any one of the following documents:                             <ul style="list-style-type: none"> <li>Certified Copy of "Certificate of Loss of Nationality</li> <li><b>or</b> Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;</li> <li><b>or</b> Reason the customer did not obtain U.S. citizenship at birth</li> </ul> </li> </ol>
Residence/mailling address in a country other than India	<ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	<p><b><i>If no Indian telephone number is provided</i></b></p> <ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; <b>and</b></li> <li>2. Documentary evidence (refer list below)</li> </ol> <p><b><i>If Indian telephone number is provided along with a foreign country telephone number</i></b></p> <ol style="list-style-type: none"> <li>1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of tax purposes of any country other than India; <b>OR</b></li> <li>2. Documentary evidence (refer list below)</li> </ol>

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*
2. Valid identification issued by an authorized government body\* (e.g. Passport, National Identity card, etc.)

**\*Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**



**Details of FATCA & CRS information**  
For non-individuals/legal entity

Name of the entity

Type of address given at KRA Residential or Business  Residential  Business  Registered Office

PAN  Date of Incorporation  DD / MM / YYYY

City of Incorporation

Country of Incorporation

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India  Yes  No

(If yes, please provide countries in which the entity is a resident for tax purposes and the associated Tax ID number Below)

Country	Tax Identification Number*	Identification Type (TIN or Other, Please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent.  
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA Instructions & Definitions

**FATCA & CRS Declaration**  
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,  Financial institution<sup>3</sup> or  Direct reporting NFE<sup>4</sup> (please tick as appropriate)

**Global Intermediary Identification Number (GIIN)**

**Note :** If you do not have GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of Sponsoring Entity

**GIIN not available** (please tick as applicable)  **Applied for**

If the entity is a financial institution,  Not required to apply for - please specify 2 digits sub-category<sup>10</sup>  Not obtained - Non-participating FI

**PART B** (Please fill any one as appropriate "to be filled by NFE other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3. Is the Entity an active <sup>1</sup> Non-financial entity (NFE) <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4. Is the Entity an passive <sup>2</sup> NFE <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business <input type="text"/>

<sup>1</sup>Refer 2 of Part D | <sup>2</sup>Refer 3(ii) of Part D | <sup>3</sup>Refer 1(i) of Part D | <sup>4</sup>Refer 3(vi) of Part D

# If passive NFE, please provide below additional details for each of Controlling person.

(Please attached additional sheets if necessary)

Name and PAN/Any other Identification Number <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others)</i>		Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender
Country of Birth		Father's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
2. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender
Country of Birth		Father's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
3. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender
Country of Birth		Father's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

# Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India;

\* To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian Financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\*It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**Part C : Certification**

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.

Date ://

Name	
Designation	

Signature	Signature	Signature
-----------	-----------	-----------

**PART D FATCA Instructions & Definitions**

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

1. (i) **Financial Institution (FI)** – The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
- (ii) **Depository Institution** : is an entity that accepts deposits in the ordinary course of banking or similar business.
- (iii) **Custodial Institution** is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of –
  - (i) The three financial years preceding the year in which determination is made; or
  - (ii) The period during which the entity has been in existence, whichever is less.
- (iv) **Investment entity** is any entity :
  - (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or Individual and collective portfolio management; or
    - (ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
  - Or
  - (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :
    - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
    - (ii) The period during which the entity has been in existence.

The term "**Investment Entity**" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 – refer point 2c.)

- (v) **Specified Insurance Company:** Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

## Know Your Client

### Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fields

Application  New

Type\*  Update KYC Number\*

KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

### 1. Identity Details (Please refer instruction A at the end)

PAN

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country <input type="text"/>	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized		



### 2. Proof of Identity (Pol)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

### 3. Proof of Address (PoA)\*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1\*

Line 2

Line 3

District\*

Zip / Post Code\*

State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*

Country\*

Country Code  as per ISO 3166

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address\*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3

District\*

Zip / Post Code\*

State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*

Country\*

Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID   
Mobile  -  Tel. (Off)  -  Tel. (Res)  -

**5. FATCA/CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)  
Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166  
Tax Identification Number or equivalent (If issued by jurisdiction)\*   
Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166  
Address  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)   
Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Name\* Prefix  First Name  Middle Name  Last Name   
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date   
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date   
 E- Aadhaar Card   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number

**7. Remarks (If any)**

**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:  -  -  Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by (Refer Instruction I)**

Date   
Emp. Name   
Emp. Code   
Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date   
Emp. Name   
Emp. Code   
Emp. Designation

[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch

[Institution Stamp]

**Institution Details**

Name   
Code   
Emp. Branch

[Institution Stamp]