## 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 Fax: 6658 5012 / 13 www.canararobeco.com



TRANSACTION SLIP FOR REGULAR PLAN (Please fill in BLOCK Letters)															
Distributor/Broker AF	N/RIA Code#	Su	b Broker Code / ARN	ı	Employee	Unique Identifi	ication Number	Bank S	Bank Serial No. / Branch Stamp / Receipt Date						
ARN-64	1917					E43456	63								
directly by the investor to t	he AMFI registered I <b>IN box is left blank</b> mployee/relationsh	Distributors base ) (Refer Instruction ip manager/sales	d on the investors' an 28): I/We hereby coperson	ssessment	of various factors	including the	service rendered	poeco Mutual Fund. Upfront commission shall be paid by the distributor. <b>Declaration for "execution-only"</b> /us as this transaction is executed without any							
inappropriateness, if any, manager/sales person of	provided by the en	nployee/relationsl	nip	e of 1st Appl	licant / Guardian	⊗ Signa	ature of 2nd Appli	cant	ant ⊗ Signature of 3rd Applicant						
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 25)															
I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)  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 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 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 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 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 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 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 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 is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges.															
In case the purchase / subs amount and payable to the					o receive Transact	ion Charges, th	he same are dedu	ctible as a	ipplicable f	rom the p	urchase /	subscription			
EXISTING FOLIO NO.							DATE	D D	M	M Y	Y	YY			
Name (Mr/ Ms/ M/s)															
Email ID															
Telephone No.						Mobile I	No.								
PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)															
First Ap	olicant / Guardian			Secon	d Applicant				Third Ap	Applicant					
ADDITIONAL PURCHA	SE REQUEST														
Scheme Name									·						
Options	Growth Income Distribution Reinvestment of Income Distribution cum Capital Withdrawal Option cum Capital Withdrawal Option cum Capital Withdrawal Option														
Payment Options CI	neque / DD R	TGS / NEFT T	ransfer OTBM	Bank Nam	ne				Instrumer	nt No.					
₹ (in figures) ₹ (in words)															
*OTBM is already registered in the folio. (No need to submit again). • In case of Multiple Investments, cheque / DD drawn should be favouring "Axis MF Multiple Schemes". • RTGS/ NEFT/ Transfer not acceptable in case of Multiple Investment.															
DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT NSDL CDSL															
Beneficiary Account Numbe							Participant (DP) II	,							
Note: In case there is any cha		ormation please up	date the same by usin	g the prescri	bed 'KYC Change R	_  equest Form' ar	nd submit the same	e at the Poi	int of Servic	e of any KY	'C Registrat	tion Agency.			
REDEMPTION REQUE	ST														
Scheme									$\perp \perp$						
Amount				ORN	ımber of Units				OR _		(Please ✓				
Option (Please ✓)	Growth		e Distribution apital Withdrawal Op	tion		tment of Incon pital Withdraw	ne Distribution al Option			ut of Incom Capital Wit					
The redemption should be							LIO								
Name of Bank							α Α/c No								
Branch						Bank	City								
Important Note: If bank ac Management Company Lim	count details are n ited will not be liab	ot filled above OR le for any loss aris	incorrect, the reder ing to the unitholder	nption will I (s) due to th	pe processed into se credit of redem	the "Default" l ption proceeds	bank account regi into any of the ba	istered for ink accour	the atores	said folio. ed with us	Canara Ro for the afo	beco Asset oresaid folio.			
Folio No.			TRANSAC		P - ACKNOWLE in by the Investor	DGMENT			CAN	NARA		BECO			
(To be filled in but the first and innet / Authorized Country).									Stamp	Date					
Nature of Transaction	Signature of State														
For Additional Purchase															
Redemption/ Systematic Withdrawal Plan	S	cheme Name හ P	lan		Am	ount (₹)		Frequency							
Systematic Transfer Plan		Scheme Nam	e හ Plan To		STP Cor	nmencement D	Date	Amoi	Amount (₹) Units						
	Fron	n			, , , , , ,										
Systematic Investment Plan	S	cheme Name හ P	lan		Am	ount (₹)			Frequency						
Switch Request		Scheme Nam		I		Amount (₹)		1		Units					
	Fron	n	То			(1)									

SWITCH REC	QUEST																				
Amount							OR Nu	ımbeı	of Units								OR	Al	l units	(Please 🗸	<b>(</b> )
From Scheme									To Sc			ie									
Option	Growt	h								Oı	Option			Growth							
(Please ✓ )	Incom	e Distributio	ion cum Capital Withdrawal Option							(P	(Please ✓)			Income Distribution cum Capital Withdrawal Option							
		Reinvestment of Income Distribution cum Capital Withdraw					wal C	ral Ontion					Reinvestment of Income Distribution cum Capital Withdrawal Option								
Payout of Income Distribution cum Capital Withdrawal Optic									'					Payout of Ir							
SIP / SWP /					'		<u>'</u>							,				'			
Systematic Inv												7 540				1					
			Each SIP Amount (₹)																		
			First SIP	Cheque No	0.							(N	lote: (	Cheque should be	drawn on	bank	details				omit again).
			*Manda	ate can be r	registered	l for a r	naximun	n peri	od of 30	years fro	om the c			to Debit, Please at plication	tach OTBN	√l forr	n)				
			SIP Auto Debit Dates : 01st 05th 15th 20th 25th of the month/quarter																		
			SIP Period : Start from Month Year End on Month								Year										
	Systematic Withdrawal Plan (SWP)		SIP Top Up : Rs. (in multiplies of Rs. 500/-) Frequency Please ( •										· ( <b>v</b> )	Ha	If Yearly	Yearly					
Systematic Wit			SWP installment amount Amount (in words) Frequency																		
																	(Please ✓ any one only)  Monthly Quarterly				
			Scheme											<u> </u>	, ,						
			SWP Da	ates :			01st		05th		15th			20th	25th of	the m	nonth/qı	uarter			
			SWP Pe	eriod : Start	from Mo	nth		ī	Year				ī	End on Month	, 			Year			
Systematic Tra	nsfer Plan (S	TP)				heme	eme)								To (Sche	me)					
			(2010110)																		
				Growth									Growth								
				Inco	ital W	al Withdrawal Option					Income Distribution cum Capital Withdrawal Option										
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					٠ .		ne Distril							Payout of Income Distribution							
	cum Capital Withdrawal Opt						otion					cum Capital Withdrawal Option									
			STP Dat	ies :			O1st		05th		15th			20th	25th of t	the m	nonth/qu	uarter			
			Monthly Quarterly Weekly Amount (₹) of STP									STP From	From STP To								
			Di	aily (Minimu	um one M	Nonth)			Month					Year Month Year							
DECLARATION 8	SIGNATURI	: To the tr	ustoos Car	nara Pohoco	Mutual Eur	nd I/M	lo havo ro	ad and	d understee	nd the co	ntonts of	f tha S	AI SIF	D and Key Information	Momoran	odum (	of the Scl	homo L	/Ma har	oby apply	to the Truste
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also confirm that	I / We have n	ead and und	erstood th	ne FATCA & CF	RS Terms a	and Con	ditions be	low ar	nd hereby a	accept the	e samé.			'	,				•	,	ompiete. i / w
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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

Subject to further verification and furnishing of mandatory information/ documents. Please retain this slip until processed

ARN-64917 E434563 **CANARA ROBECO** 

**Mutual Fund** 

SERVICE REQUEST FORM
Please refer to the General Instructions for assistance.
UNIT HOLDER INFORMATION
1. Folio No. 3. Fo
Name of the Guardian
(on the folio):  Date of Birth* (st Unit Holder)  Date of Birth* (st Unit Holder)  Date of Birth* (3rd Unit Holder)  Date of Birth* (3rd Unit Holder)  Date of Birth* (3rd Unit Holder)
KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year. ^14 digit KYC Identification Number (KIN) and Date of Birth is mandatory
for Individual(s) who has registered under Central KYC Records Registry (CKYCR).  PAN AND KYC UPDATION (Proof of KYC to be enclosed)
PAN of Sole / First Applicant / Guardian PAN of Second Applicant PAN of Second Applicant
PAN OF Initrd Applicant  PAN of POA Holder  PAN card copy to be self attested and verified by AMC / distributor/ banker with seal of the branch, name, designation, employee code and sign of the person attesting.
CHANGE OF CONTACT DETAILS
Tel. (O) Tel. (O)
Mobile No.* +91- Spouse Dependent Children Dependent Siblings Dependent Parents Guardian
E-mail ID*
SELF Spouse Dependent Children Dependent Siblings Dependent Parents Guardian  *Mobile No and Email ID registrations are subject to further validations.
Yes No *1/We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by email. If unticked, by default the above will be sent on email.
CHANGE IN MODE OF HOLDING [To be signed in accordance to the existing mode of holding]
New Mode of Holding (please tick ✓) Anyone or Survivor Joint Holding
CHANGE IN TAX STATUS
RI to NRI (Resident Individual to Non Resident Individual)
NRI to RI (Non Resident Individual to Resident Individual)
Overseas Address (Mandatory in case of RI to NRI ) (Should be same as in KRA records)
City
State Country (Mandatory) Zip Code
CHANGE IN BANK ACCOUNT
Account Number Savings Current NRE NRO FON Others  Bank Name
Branch City
IFSC MICR III
(11 digit number next to your cheque no.) (The 9 character code on a cheque. If you do not find it, please ask your bank branch for it)
Please enclose original cancelled cheques for your old and new bank accounts. In case of non-availability of old bank proof, please submit the duly filled and signed Change of Bank without existing Bank Proof Form along with necessary documents.  If your Bank is a part of RBI's NEFT clearance and settlement network, we can credit IDCW/redemption payments into your account. However, if you wish to receive payments by cheque, please tick the check box
CONSOLIDATION OF FOLIOS
I / We wish to consolidate all my / our investments under specified folios into one folio. Folios to be consolidated i.e. source folios are given below:
TARCET FOUG [MANDATODY]
* I/We understand that as a result of consolidation, my/our contact details in target folio would be retained while these details featuring in all other source folios would be discarded.
YOUR SIGNATURE/S (To be signed as per Mode of Holding)
DECLARATION: I/We have read and understood the Instructions on the cooling off period and the Terms and Conditions for change in bank mandate and agree to abide by the same. I/We acknowledge that my/our request will be processed only if the request is supported by valid documents, failing which the request maybe rejected.
⊗ First/Sole Applicant/Guardian     ⊗ Second Applicant     ⊗ Third Applicant
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)
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.  Canara Robeco Mutual Fund  Canara Robeco Mutual Fund
Received from Folio no/ Application no: Date/  Mobile No: Stamp, Signature & Date
Mobile No:           PAN:           Stamp, Signature 8 Date