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



		TRANS	ACTION	N SLIP F	OR	REGULA	R PI	LAN (Ple	ase f	ill in Bl	LOCK Lette	rs)							
Distributor/Broker AR	Sub Broker Code / ARN						Employee	e Identific	В	Bank Serial No. / Branch Stamp / Receipt Date									
ARN-64						13456	3												
directly by the investor to t	hstanding the advice of nployee/relationship						rious factors JIN box has l	ding the se ntentionall	ervice rendered y left blank by n	l by the	y the distributor. Declaration for "execution-only" /us as this transaction is executed without any								
manager/sales person of TRANSACTION CHARGES FO						/ Guardian		⊗ Signat	ture of 2nd App	licant	cant ⊗ Signature of 3rd Applicant								
I confirm that I am a Fir (₹ 150 deductible as Tra	ross Mutual Fu	ınds.		ier insi	truction 25		☐ 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 / subs amount and payable to the							to rece	eive Transac	tion Cl	narges, the	same are ded	uctible	as appl	icable fro	m the pu	rchase /	subscription		
EXISTING FOLIO NO.	Distributor. Offics	will be issued a	iganist the	e pararice	arriour	it invested.	T				DATE	D	D	M	VI Y	V	V V		
Name (Mr/ Ms/ M/s)											DATE			141	VI				
Email ID			<u> </u>	<u> </u>						<u> </u>				<u> </u>	<u> </u>				
Telephone No.										Mobile N	0.								
PAN DETAILS (Furnish	ing of PAN too	ether with	an atte	sted co	by of	PAN Car	d is n	nandator	y)										
	olicant / Guardian						olicant					Т	hird Appli	Applicant					
ADDITIONAL PURCHA	SE REQUEST																		
Scheme Name																			
Options	tions Growth Income Distribution Reinvestment of Income Distribution Cum Capital Withdrawal Option Cum Capital Withdrawal Option Cum Capital Withdrawal Option Cum Capital Withdrawal Option																		
Payment Options C	neque / DD f	RTGS / NEFT	Transf	fer C	OTBM	Bank Nar	ne						Ins	trument I	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 Depository Participant Name Depository Participant (DP) ID																			
Beneficiary Account Number																			
Note: In case there is any characteristics and the REDEMPTION REQUES		ormation pleas	se update t	the same b	y using	the prescr	ibed 'K	(YC Change R	Request	Form' and	I submit the san	ne at th	e Point o	of Service o	of any KYC	Registra	tion Agency.		
Scheme																			
Amount						ORN	umbe	r of Units					0	R .	All units (Please 🗸	1)		
Option (Please ✓)	ption (Please 🗸) Growth Income Distribution cum Capital Withdrawal Option							Reinvestment of Income Distribution Payout of Income Distribution cum Capital Withdrawal Option cum Capital Withdrawal Option											
FOR INVESTORS WHO										VE FOLI	0								
Name of Bank Bank A/c No																			
Branch Important Note: If bank account details are not filled above OR incorrect, the redemption will be							h	Bank City											
Management Company Lim																			
Folio No.				TRAN				CKNOWLE the Investor	_	IENT			(CAN	ARA		BECO		
(To be filled in by the first ap								Stamp ature &	Date										
Nature of Transaction	Change of B	ange of Bank Particulars																	
For Additional Purchase	ional Purchase Scheme Name & Plan Amount (₹) Units																		
Redemption/ Systematic Withdrawal Plan		Scheme Name & Plan						Amount (₹)					Frequency						
Systematic Transfer Plan	F	Scheme Name ଓ Plan From To					STP Commencement Date					Amount (₹) Units				ts			
	Fro	From To Street State Sta																	
Systematic Investment Plan		Scheme Name & Plan						Amount (₹)					Frequency						
Switch Request			Scheme Name & Plan						Amo	unt (₹)					Units				
		m	To Amou							,									

SWITCH REC	QUEST																				
Amount							OR Nur	mber	of Units								OR	Al	l units (Please 🗸	1)
From Scheme									To			To Scheme									
Option	Growt	h								Opt	ion			Growth							
(Please ✓)	Incom	e Distributi	on cum Capital Withdrawal Option							(Ple	ease√))		Income Distributi	on cum C	apital	l Withdra	awal Or	otion		
	Reinvestment of Income Distribution cum Capital Withdraw					val Or	otion	Reinvestme						Withdra	wal Option						
Payout of Income Distribution cum Capital Withdrawal Optio													Payout of Ir							•	
SIP / SWP /	STD EACH	ITV PEOI	IECT		•		•											•			
Systematic Inv						<u> </u>					$\overline{\overline{}}$	l Fro	eguen			1	<u> </u>				
		(=)		P Amount (₹	· -		\perp					J	OTBN	,	, L	_	uarterly	. 6.11.	/NI		
			First SIF	P Cheque No)							(N	ote: 0	Cheque should be	drawn on	bank	details				omit again).
			*Mand	ate can be re	eaistered f	for a ma	aximum	perio	od of 30 ve	ears fron	n the d			to Debit, Please at Dication	tach OTBI	M for	m)				
			SIP Auto Debit Dates : 01st 05th 15th 20th 25th of the month/quarter																		
				SIP Period : Start from Month Year End on Month									Year								
			SIP Top	SIP Top Up : Rs. (in multiplies of Rs. 500/-) Frequency Please (🗸) Half Yearly												f Yearly	Yearly				
Systematic Wit	Systematic Withdrawal Plan (SWP)			SWP installment amount Amount (in words) Frequency (Please ✓ any one																	
																		(Please Month		ne only) Quarterly	
			Scheme Monthly Qu												Quarterry						
				ates :		0	1st		05th		15th	,		20th	25th of	the n	nonth/q	uarter			
			SWP Pe	eriod : Start i	_ from Mont	th		ī	Year				ī	End on Month				Year		\neg	
Systematic Tra	nsfer Plan (S	STP)			ieme)									To (Sche	me)						
				Grow	vth									Growth							
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			Option			istribution otion ion					Reinvestment of Income Distribution cum Capital Withdrawal Option										
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			cum Capital Withdrawal O						ption					cum Capital Withdrawal Option							
			STP Da	tes :		0′	1st		05th		15th			20th	25th of	the n	nonth/q	uarter			
			Monthly Quarterly Weekly Amount (₹) of STP STP From										STP To								
			D:	aily (Minimu		Month					Year Month Year										
DECLARATION 8	SIGNATUR	E: To the tr	ustoos Cai	nara Roheco I	Mutual Func	4 I / Wa	have rea	d and	understoor	the cont	tents of	the Si	VI SID	and Key Information	n Mamorai	ndum	of the Sc	homo L	/Wa har	ehy annly	to the Trustee
evasion of any Acto time and we uthis investment. I processing, despail/We hereby declidealing in securit That in the event, intermediaries in Applicable to NRI	tt, Rules, Regundertake to pure authorize the atches, etc. fo are that currecies. the above in case of any discouly: I/We above in the	Ilations, Noti rovide all ned E Fund to dis r the purpose ntly there is r formation and ispute regard confirm that	fications of cessary pro- close deta e of effection no subsistion and/or any ding the e	or Directions of Joof / document of document of the payments of the part of it is/andigibility, valid are Non Resident of Joogle of the part of the pa	of the provis ntation, if a ary, to the R to me/us. ng/judgmer re found to lity, and aut lent of India	ions of I ny, requi legistrar nt etc., ir be false, horization n Nation	ncome Ti ired to su & Transi n force wl /untrue/ on of my, nality/Or	ax Act, ubstan fer age hich ha 'mislea 'our tr igin ar	Anti Mone tiate the fa ent(s), call as been pas ading. I/We ransaction. nd I/We he	y Launde cts of this centers, I sed by of will be li	ering Act s undert banks, co any cou iable for irm that	t, Anti taking custod urt, tri r the c	i Corru g. I hav lians, d ibunal consec funds t	les and regulations of and does not in uption Act or any oth we not received nor be depositories and/or I, statutory authority quences arising there for subscription have n: Repatriation	er applical een induce authorised or regulate efrom. I/W	ble laved by a decidence of the control of the cont	ws enacte any rebat rnal third luding SE indemnif from abro	d by the e or gift parties BI prohi y the fu	e govern s, directl who are biting of nd, AM(ugh app	ment of II ly or indire e involved r restrainii c, Trustee,	ndia from tim ectly in makin I in transactio ng me/us fror . RTA and othe
	rstood the inf	ormation red	uirement	s of this Form	(read along	a with th	ne FATCA	ಕ CRS	Instruction	s) and h	ereby co			the information prov						ct, and co	omplete. I / W
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SIGNATUI	RE(S)																				
Applicants mu	ıst sign as							_													
per mode or	noiding	⊗	First / S	Sole Applica	nt / Guard	ian		8		Se	cond A	Applic	ant		⊗			hird Ap	plicant		
Date			,												Plac	ce		<u> </u>	•		
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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* (1st Unit Holder) Date of Birth* (2nd 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)
DIM CHILL IN THE CONTROL OF THE CONT
PAN of Initial Applicant PAN of POA Holder PAN of POA Holder Note: 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)
Overseas Audress (Manuatory in case of Ri to NRI) (Should be safile as in RRA fectors)
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:
* 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 Mutual Fund
Construction Floure, 4th Floor, 3, Walchard Fluid and State, Maribal 400 001.
Received from Folio no/ Application no: Date/ Mobile No: Stamp, Signature & Date
Mobile No: PAN: Stamp, Signature & Date