

**ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)**  
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

|                                  |                       |                                       |   |
|----------------------------------|-----------------------|---------------------------------------|---|
| Distributor/Broker ARN/RIA Code# | Sub Broker Code / ARN | Employee Unique Identification Number | Bank Serial No./Branch Stamp / Receipt Date |
| ARN-64917                        |                       | E434563                               |   |

#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. The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lumpsum investments as well.

UMRN  Date  /  /

Sponsor Bank Code  Utility Code

CREATE  MODIFY  CANCEL

I/We hereby authorize  to debit (Please  )  SB  CA  CC  SB-NRE  SB-NRO  Others \_\_\_\_\_

Bank Account Number

With Bank  IFSc  Or MICR

An amount of Rupees  Amount in Figures

FREQUENCY  Monthly  Quarterly  Half-Yearly  Yearly  As & When presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No.  Phone

PAN  E-mail

- I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me.
- 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.

|        |      |   |  |  |   |
|--------|------|---|--|--|---|
| PERIOD | FROM | <input type="text" value="DD MM YYYY"/> | <input type="text" value="Signature of Sole/First Applicant"/> | <input type="text" value="Signature of Second Applicant"/> | <input type="text" value="Signature of Third Applicant"/> |
|        | TO   | <input type="text" value="DD MM YYYY"/> | <input type="text" value="Name as in bank records"/>           | <input type="text" value="Name as in bank records"/>       | <input type="text" value="Name as in bank records"/>      |

\*\*\*As per NPCI Circular dated 18th Aug. 2023, mandate can be for maximum duration of 30 years from the date of application.

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Canara Robeco Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I hereby authorize the representatives of Canara Robeco Mutual Fund and its Associates to contact me through any mode of communication.

Authorisation to Bank: I/We wish to inform you that I/We have registered with Canara Robeco Mutual Fund for NACH/Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

| FOR OFFICE USE ONLY (Not to be filled by in by Investor) |                         |
|--|-------------------------|
| Acknowledgement  | Date and Time Stamp No. |
| Investor Name: <input type="text"/>                      |                         |
| Folio No./Application No. <input type="text"/>           |                         |

Website: [www.canararobeco.com](http://www.canararobeco.com) | E-mail: [crmf@canararobeco.com](mailto:crmf@canararobeco.com) | Contact Centre: 1800-209-2726

**INSTRUCTIONS cum TERMS AND CONDITIONS for OTBM facility**

- Investor may register for the One Time Bank Mandate (OTBM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg. lumpsum, SIP) received through any mode i.e. physical or electronic ("OTBM facility"). Investors who have already submitted a One Time Bank Mandate (OTBM) form i.e. already registered for OTBM facility should not submit OTBM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTBM facility may fill the form.
- Investors, who have not registered for OTBM facility, may fill the OTBM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
- Where the mode of holding in the bank account is "Joint", the OTBM mandate is to be signed by all Joint holders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTBM Facility, SIP registration through OTBM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Canara Robeco Mutual Fund.
- Mandatory fields in OTBM form as per NPCI: • Date • Bank account number and Bank name • IFSC and/or MICR Code • Folio number or application number • Signatures as per bank records • Account type to be selected • Name as per bank records • Maximum amount to be mentioned in figures and words.
- Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form
- The OTBM forms require three important and mandatory dates to be filled in:
  - Mandate Registration Date: This date is located on the top right corner of the form. This will be the initial date from which the mandate will be registered.
  - Period "From" Date: This is the starting date of the period for which the mandate will be applicable, should be mentioned in DD/MM/YYYY format
  - Period "To" Date: This date will be the end of the period for which the mandate is valid. The "To" date must be within 30 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction. Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.  
The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- One Time Bank Mandate registration will be folio based.
- Registration or cancellation of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.

# SIP REGISTRATION/RENEWAL FORM

Please tick  as applicable:

OTBM is already registered in the folio. (No need to submit again).

OTBM is attached and to be registered in the folio.

| Distributor/Broker ARN/RIA Code# | Sub Broker ARN | Sub Broker/Branch/RM Internal Code | Employee Unique Identification No. (EUIIN) |
|----------------------------------|----------------|------------------------------------|--|
|                                  |                |                                    |  |

#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.

**REQUEST FOR**  Registration of New SIP (Default Option if Not selected)  Renewal of Existing SIP  Registration of Micro SIP

**SIP TYPE**  SIP with first installment through cheque  SIP with first installment through OTBMS  SIP without first installment  
\$\$This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

**APPLICANT DETAILS** APPLICATION NO./FOLIO NO. \_\_\_\_\_  
Name of Sole/1st Holder/Beneficiary Child \_\_\_\_\_  
Name of Guardian (In case of Minor) \_\_\_\_\_

| PAN Details  |  | Second Applicant   | Third Applicant  |
|--|--|--|--|
| First Applicant/Guardian   |  |  |  |
| Mandatory Enclosure  | Mandatory Enclosure  | Mandatory Enclosure  | Mandatory Enclosure  |
| <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied | <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied | <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied | <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Complied |
| PAN Exempt KYC Ref No. (PEKRN for Micro Investments)                     | PAN Exempt KYC Ref No. (PEKRN for Micro Investments)                     | PAN Exempt KYC Ref No. (PEKRN for Micro Investments)                     | PAN Exempt KYC Ref No. (PEKRN for Micro Investments)                     |

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP  
@ If the first applicant is a Minor, then please provide details of Natural/Legal Guardian.

**UNIT HOLDING OPTION**  Demat Mode  Physical mode (Ref. Instruction No. 31) Demat Account details are compulsory if demat made is opted)

| National Securities Depository Limited (NSDL) | Central Depository Securities Limited (CDSL) |
|---|--|
| DP ID No. Beneficiary Account No. _____       | Target ID No. _____                          |

Enclosures (Please tick any one box) :  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery instruction Slip (DIS)

**SIP DETAILS** (Refer instruction No. 24. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.  
\$ Investor has to mandatorily mention "END DATE". "END DATE" should be less than or equal to 30 years from the application date.

| Sr. No.                                       | Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached) | SIP Installment Amount (₹) | SIP Date - (1 to 28, default date 15*) | Frequency   | Start Month/Year End Month/Year# | Top up amount has to be in multiples of ₹500/-only (Minimum ₹ 500/-) |  |
|---|---|----------------------------|--|---|----------------------------------|--|--|
|   |   |                            |  |   |                                  | Amount (₹)   | Frequency  |
| 1.  | CR  | ₹                          | DD                                     | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | From MM YYY YYY<br>To MM YYY YYY | ₹ Top-up Amount<br>Top-Up Max CAP: _____<br>OR<br>₹ YYY YYY YYY      | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-Yearly |
| 2.  | CR  | ₹                          | DD                                     | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | From MM YYY YYY<br>To MM YYY YYY | ₹ Top-up Amount<br>Top-Up Max CAP: _____<br>OR<br>₹ YYY YYY YYY      | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-Yearly |
| 3.  | CR  | ₹                          | DD                                     | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | From MM YYY YYY<br>To MM YYY YYY | ₹ Top-up Amount<br>Top-Up Max CAP: _____<br>OR<br>₹ YYY YYY YYY      | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-Yearly |
| 4.  | CR  | ₹                          | DD                                     | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | From MM YYY YYY<br>To MM YYY YYY | ₹ Top-up Amount<br>Top-Up Max CAP: _____<br>OR<br>₹ YYY YYY YYY      | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-Yearly |
| 5.  | CR  | ₹                          | DD                                     | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | From MM YYY YYY<br>To MM YYY YYY | ₹ Top-up Amount<br>Top-Up Max CAP: _____<br>OR<br>₹ YYY YYY YYY      | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-Yearly |
| (*Default Date/Frequency) (#Default/30 years) |   | <b>Total</b>               |  |   |                                  |  |  |

First SIP transaction via single cheque no. \_\_\_\_\_ favouring Canara Robeco Mutual Fund Dated DD MM YYY YYY

Debit Bank Details: Bank Name: \_\_\_\_\_ A/C No.: \_\_\_\_\_

**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)  
Signature of Sole/First Applicant \_\_\_\_\_ Signature of Second Applicant \_\_\_\_\_ Signature of Third Applicant \_\_\_\_\_

Application No. \_\_\_\_\_

**SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM**

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

**1. DISTRIBUTOR / BROKER INFORMATION**

| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | *Employee Unique Identification Number | Sub Broker / Sub Agent Code | RIA Code** |
|--------------------------|---------------------------------|--|-----------------------------|------------|
|                          |                                 |  |                             |            |

\*Please sign below in case the EUIN is left blank/not provided. 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.  
 ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:

|   |                              |                              |
|---|------------------------------|------------------------------|
| ⊗ Signature of 1st Applicant / Guardian | ⊗ Signature of 2nd Applicant | ⊗ Signature of 3rd Applicant |
|---|------------------------------|------------------------------|

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

**2. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number]**

Folio No.

**APPLICANT DETAILS**

|                             |   |                              |
|-----------------------------|---|------------------------------|
| Name of Sole / First Holder | PAN No / PEKRN. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="checkbox"/> KYC |
| Name of Second Holder       | PAN No / PEKRN. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="checkbox"/> KYC |
| Name of Third Holder        | PAN No / PEKRN. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="checkbox"/> KYC |

**4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS**

(If the investor wishes to invest in Direct Plan please (✓) )

|   |  |
|---|--|
| Name of 'Transferor' Scheme <input type="text" value=""/> | Plan : <input type="checkbox"/> Regular: <input type="checkbox"/> Direct: <b>Option:</b> _____ |
| Name of 'Transferee' Scheme <input type="text" value=""/> | Plan : <input type="checkbox"/> Regular: <input type="checkbox"/> Direct: <b>Option:</b> _____ |

**5. STP DETAILS (Refer Instruction No.5,6,9 & 10)**

Fixed Amount OR  Capital Appreciation (Refer Instruction No. 5)

**STP Frequency** (Please ✓ any one)

|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Daily (Minimum One Month)  | <input type="checkbox"/> Weekly  | <input type="checkbox"/> Monthly (Default)  | <input type="checkbox"/> Quarterly  |
| First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission) | Weekly Transfers will happen only on Mondays by default. In case Monday is a non business day, next business day will be considered for Transfer | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> (Default) <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> (Default) <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> |
| *In case the Investor has not specified any date then the default date would be 15th  |  |   |   |

Amount of Transfer per Instalment ₹

**Enrolment Period** (Please ✓ any one)

|                                  |   |  |  |
|----------------------------------|---|--|--|
| <input type="checkbox"/> REGULAR | From : <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> To : <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="checkbox"/> PERPETUAL (Default) | From : <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |
|----------------------------------|---|--|--|

**Only for Daily STP Enrolment Period**

From :  /  /  To :  /  /

**6. DECLARATION & SIGNATURE/S**

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 intermediaries 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 (iii) 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 / disclose 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.

**4. SIGNATURE**

|   |                              |                              |
|---|------------------------------|------------------------------|
| ⊗ Signature of 1st Applicant / Guardian | ⊗ Signature of 2nd Applicant | ⊗ Signature of 3rd Applicant |
|---|------------------------------|------------------------------|

**6. DECLARATION & SIGNATURE/S**

**ACKNOWLEDGMENT RECEIPT OF STP APPLICATION FORM (TO BE FILLED IN BY THE UNIT HOLDER)**

Folio No.

**APP No.:** \_\_\_\_\_

Received from Mr. / Ms. /M/s. \_\_\_\_\_ STP application

Amount of Transfer per Instalment ₹ \_\_\_\_\_

From Scheme / Plan / Option \_\_\_\_\_

to Scheme / Plan / Option \_\_\_\_\_

Mode & Frequency of STP \_\_\_\_\_

|                           |
|---------------------------|
| Stamp of receiving branch |
| & Signature               |

## 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

### Request for registration of Systematic Withdrawal Plan (SWP)

#### Investor and investment details

|                            |  |
|----------------------------|--|
| Sole / First Investor Name |  |
| PAN No.                    |  |
| Folio No.                  |  |
| Scheme                     |  |
| Plan                       |  |
| Option & Sub Option        |  |

#### Systematic Withdrawal Plan (SWP)

Scheme Name \_\_\_\_\_ Option \_\_\_\_\_

Fixed Amount Rs. \_\_\_\_\_

Frequency  Monthly  Quarterly  1st  5th  15th  20th  25th of the month/quarter

Period : Enrolment Period From \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

#### 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 / disclose 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 and hereby accept the same.

|                                     |                               |                              |
|-------------------------------------|-------------------------------|------------------------------|
|                                     |                               |                              |
| Signature of Sole / First Applicant | Signature of Second Applicant | Signature of Third Applicant |

#### ACKNOWLEDGMENT SLIP (To be filled by the investor)

We acknowledge the receipt of the request for Registration of SWP from

|                  |      |                                     |
|------------------|------|-------------------------------------|
| Mr. / Ms. / M/s. |      | Centre<br>Signature<br>and<br>Stamp |
| in the Folio     |      |                                     |
| Scheme Name      | Plan |                                     |
| Amount           | From |                                     |

Fear Here