

SIP / SWP / STP FACILITY REQUEST

Systematic Investment Plan (SIP)	Each SIP Amount (₹)	<input type="text"/>						Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly					
	First SIP Cheque No.	<input type="text"/>						(Note: Cheque should be drawn on bank details provided below) (For Auto Debit, Please attach SIP Debit mandate form)							
	SIP Auto Debit Dates :	<input type="checkbox"/>	01st	<input type="checkbox"/>	05th	<input type="checkbox"/>	15th	<input type="checkbox"/>	20th	<input type="checkbox"/>	25th of the month/quarter				
	SIP Period : Start from Month	<input type="text"/>		Year	<input type="text"/>		End on Month	<input type="text"/>		Year	<input type="text"/>				
	SIP Top Up : Rs. (in multiples of Rs. 500/-)	<input type="text"/>						Frequency Please (✓)	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly					
Systematic Withdrawal Plan (SWP)	SWP installment amount						Amount (in words)			Frequency					
										(Please ✓ any one only)					
	SWP From	<input type="text"/>					SWP To	<input type="text"/>							
	SWP Dates :	<input type="checkbox"/>	01st	<input type="checkbox"/>	05th	<input type="checkbox"/>	15th	<input type="checkbox"/>	20th	<input type="checkbox"/>	25th of the month/quarter				
	SWP Period : Start from Month	<input type="text"/>		Year	<input type="text"/>		End on Month	<input type="text"/>		Year	<input type="text"/>				
Systematic Transfer Plan (STP)	From (Scheme)						To (Scheme)								
	Scheme	<input type="text"/>						<input type="text"/>							
	Option	<input type="checkbox"/>	Growth	<input type="checkbox"/>	Dividend Reinvestment			<input type="checkbox"/>	Growth	<input type="checkbox"/>	Dividend Reinvestment				
		<input type="checkbox"/>	Dividend Payout			<input type="checkbox"/>	Dividend Payout			<input type="checkbox"/>					
	STP Dates :	<input type="checkbox"/>	01st	<input type="checkbox"/>	05th	<input type="checkbox"/>	15th	<input type="checkbox"/>	20th	<input type="checkbox"/>	25th of the month/quarter				
<input type="checkbox"/> Monthly	Amount (₹) of STP				STP From				STP To						
<input type="checkbox"/> Quarterly					Month	<input type="text"/>		Year	<input type="text"/>		Month	<input type="text"/>		Year	<input type="text"/>

CHANGE OF ADDRESS (Only for Non - KYC compliant investors)

Local Address of First Applicant															
Landmark															
City													PIN		
State															
Foreign Address (NRI / FII Applicants)	Address for Correspondence for NRI Applicants only (Please (3)) Indian by Default												<input type="checkbox"/> Foreign	<input type="checkbox"/>	
City															
Country													ZIP		

DECLARATION & SIGNATURE : 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 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, dispatches, etc. for the purpose of effecting payments to me/us.

I/We hereby declare that currently there is no subsisting order/ruling/judgment etc., in force which has been passed by 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.

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.

also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.			
SIGNATURE(S) Applicants must sign as per mode of holding		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First / Sole Applicant / Guardian		Second Applicant	Third Applicant
Date	Place		

R&T AGENT

M/s. KARVY COMPUTERSHARE PVT. LTD.

Unit: Canara Robeco Mutual Fund, Karvy Selenium, Tower B, Plot No. 31 & 32, Gachibowli Financial District, Nanakramguda, Serilingampally, Hyderabad - 500 032.
Tel. No: (040) 22215262/269 - E-mail ID: crmf@karvy.com

Tel. No: (040) 33215262/5269 • E-mail ID: crmf@karvy.com

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

ARN	Employee Unique Identification Number	Sub-Broker Code

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) :

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 on inappropriateness, 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

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

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

First Applicant / Guardian	Second Applicant	Third Applicant

ADDITIONAL PURCHASE REQUEST

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

REDEMPTION REQUEST

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

SWITCH REQUEST

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

TRANSACTION SLIP - ACKNOWLEDGMENT

To be filled in by the Investor

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

SIP / SWP / STP FACILITY REQUEST

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<input type="checkbox"/> Monthly	Amount (₹) of STP				STP From				STP To						
<input type="checkbox"/> Quarterly					Month	<input type="text"/>		Year	<input type="text"/>		Month	<input type="text"/>		Year	<input type="text"/>

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City															
Country													ZIP		

DECLARATION & SIGNATURE :

I/We the Trustees/Canara Robeco Mutual Fund, I/We have read and understood the contents of the SA, 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, depositaries 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.

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<p>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.</p>			
<p>SIGNATURE(S) Applicants must sign as per mode of holding</p> <p><input checked="" type="checkbox"/> First / Sole Applicant / Guardian</p>		<p><input checked="" type="checkbox"/> Second Applicant</p>	<p><input checked="" type="checkbox"/> Third Applicant</p>
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