

## 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

# CANARA ROBECO

Mutual Fund

### TRANSACTION SLIP FOR DIRECT PLAN (Please fill in BLOCK Letters)

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

### SWITCH REQUEST

Amount	OR Number of Units												OR <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

## CANARA ROBECO

Mutual Fund

Folio No.																				
(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																			
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	
	From					To														
Systematic Investment Plan	Scheme Name & Plan										Amount (₹)				Frequency					

## 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 <input type="text"/>		Amount (in words) <input type="text"/>	
			Frequency (Please ✓ any one only) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
	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"/>			
	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	
	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 <input type="text"/>	
	<input type="checkbox"/> Quarterly		STP From Month <input type="text"/> Year <input type="text"/>	
		STP To Month <input type="text"/> Year <input type="text"/>		

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

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

### 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, despatches, 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 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.

**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.

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date <input type="text"/>			Place <input type="text"/>

### R & T AGENT

**Unit: Canara Robeco Mutual Fund, Karvy Selenium, Tower B, Plot No. 31 & 32,**

**Gachibowli Financial District, Nanakramguda, Serilingampally, Hyderabad - 500 032.**  
Tel. No: (040) 33215262/5269 • E-mail ID: crmf@karvy.com

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

<b>ARN</b>	<b>Employee Unique Identification Number</b>	<b>Sub-Broker Code</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) :**  
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.

<input type="checkbox"/> Signature of 1st Applicant/ Guardian	<input type="checkbox"/> Signature of 2nd Applicant	<input type="checkbox"/> Signature of 3rd Applicant
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<b>EXISTING FOLIO NO.</b>		<b>DATE</b>	D	D	M	M	Y	Y	Y	Y
<b>Name (Mr/ Ms/ M/s)</b>										
<b>Email ID</b>										
<b>Telephone No.</b>		<b>Mobile No.</b>								

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

<b>First Applicant / Guardian</b>	<b>Second Applicant</b>	<b>Third Applicant</b>

**ADDITIONAL PURCHASE REQUEST**

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

**REDEMPTION REQUEST**

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

**SWITCH REQUEST**

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

<b>(To be filled in by the first applicant/ Authorized Signatory) :</b>				<b>Stamp Signature &amp; Date</b>	
Received from <input type="text"/>					
<b>Nature of Transaction</b>	<input type="checkbox"/> Change of Bank Particulars <input type="checkbox"/> Change of Address				
<b>For Additional Purchase</b>	<b>Scheme Name &amp; Plan</b>	<b>Amount</b>	<b>Units</b>		
<b>Redemption/ Systematic Withdrawal Plan</b>	<b>Scheme Name &amp; Plan</b>	<b>Amount (₹)</b>	<b>Frequency</b>		
<b>Systematic Transfer Plan/</b>	<b>Scheme Name &amp; Plan</b>	<b>STP Commencement Date</b>	<b>Amount</b>	<b>Units</b>	
	<b>From</b>	<b>To</b>			
<b>Systematic Investment Plan</b>	<b>Scheme Name &amp; Plan</b>	<b>Amount (₹)</b>	<b>Frequency</b>		

## 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			
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	Scheme <input type="text"/>			
	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	
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	<input type="checkbox"/> Monthly		Amount (₹) of STP <input type="text"/>	
	<input type="checkbox"/> Quarterly		STP From Month <input type="text"/> Year <input type="text"/> STP To Month <input type="text"/> Year <input type="text"/>	

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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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	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date <input type="text"/>			Place <input type="text"/>

## 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) 33215262/5269 • E-mail ID: crmf@karvy.com