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 REGULAR PLAN (Please fill in BLOCK Letters)

ARN	Employee Unique Identification Number	Sub-Broker Code
ARN-272753	E513200	

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 intensionally 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 distributer / sub-broker or notwithstanding the advice on in-appropriateness, 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 ☐ Growth ☐ Dividend Payout ☐ 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

Amount | OR Number of Units | OR ☐ All units (Please ✓)

Option (Please ✓) ☐ Growth ☐ Dividend ☐ Dividend Reinvestment

SWITCH REQUEST

Amount | OR Number of Units | OR ☐ All units (Please ✓)

From Scheme | To Scheme

Option (Please ✓) ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment

Option (Please ✓) ☐ Growth ☐ Dividend Payout ☐ 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) :
Received from

Stamp Signature & Date

Nature of Transaction	☐ Change of Bank Particulars ☐ 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 From	To	STP Commencement Date	Amount (₹)	Units
Systematic Investment Plan	Scheme Name & Plan		Amount (₹)	Frequency	

SIP / SWP / STP FACILITY REQUEST

Systematic Investment Plan (SIP)

Each SIP Amount (₹) ☐☐☐☐☐☐☐☐☐☐ Frequency ☐ Monthly ☐ Quarterly

First SIP Cheque No. ☐☐☐☐☐☐☐☐☐☐ (Note: Cheque should be drawn on bank details provided below) (For Auto Debit, Please attach SIP Debit mandate form)

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 Up : Rs. (in multiplies of Rs. 500/-) _____ Frequency Please (✓) ☐ Half Yearly ☐ Yearly

Systematic Withdrawal Plan (SWP)

SWP installment amount	Amount (in words)	Frequency (Please ✓ any one only)
		☐ Monthly ☐ Quarterly

Scheme

SWP Dates : ☐ 01st ☐ 05th ☐ 15th ☐ 20th ☐ 25th of the month/quarter

SWP Period : Start from Month ☐☐ Year ☐☐☐☐ End on Month ☐☐ Year ☐☐☐☐

Systematic Transfer Plan (STP)

	From (Scheme)	To (Scheme)
Option	☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout	☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout

STP Dates : ☐ 01st ☐ 05th ☐ 15th ☐ 20th ☐ 25th of the month/quarter

☐ Monthly ☐ Quarterly	Amount (₹) of STP	STP From	STP To
		Month ☐☐ Year ☐☐☐☐	Month ☐☐ Year ☐☐☐☐

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

Local Address of First Applicant

Landmark

City PIN

State

Address for Correspondence for NRI Applicants only (Please (3)) Indian by Default ☐ Foreign ☐

Foreign Address (NRI / FII Applicants)

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 / 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.

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.

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency.

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	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) 33215262/5269 • E-mail ID: crmf@karvy.com