

# 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

# CANARA ROBECO Mutual Fund

Application No.

## APPLICATION FORM (Please fill in BLOCK Letters)

Distributor/Broker ARN/RIA Code#	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No. / Branch Stamp / Receipt Date
<b>ARN-153155</b>		<b>E-271894</b>	

#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. 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) (Refer Instruction 28):** 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.

⊗ Signature of 1st Applicant / Guardian

⊗ Signature of 2nd Applicant

⊗ Signature of 3rd Applicant

### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 25)

☐ I confirm that I am a First time investor across Mutual Funds.  
(₹ 150 deductible as Transaction Charge and payable to the Distributor)

☐ 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 / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

### EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Investment Details and Payment Details]

Folio No.  Name of 1st Unit Holder

The details in our records under the folio number mentioned will apply for this application.

### PAN / PEKRN AND CKYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 12 & 26]

PAN/PEKRN # (refer instruction)	CKYC Compliance Status** (if yes, attach proof)	KIN (CKYC Identification No.)
First / Sole Applicant@	Yes <input type="radio"/>	<input type="text"/>
Second Applicant	Yes <input type="radio"/>	<input type="text"/>
Third Applicant	Yes <input type="radio"/>	<input type="text"/>

Aadhaar Number (Optional)  First/Sole Applicant@  Second Applicant  Third Applicant

@ If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. \*\*Refer instruction 12

### APPLICANT(S) INFORMATION [Refer Instruction 1]

NAME OF FIRST / SOLE APPLICANT / MINOR (incase of minor their shall be no joint holder)  DATE OF BIRTH (Mandatory in case of Minor)

Mr. | Ms. | M/s.

Father / Husband's Name

Occupation Please (✓) ☐ Private Sector Service ☐ Government Service ☐ Professional ☐ Retired ☐ Student ☐ Others ☐  
Public Sector ☐ Agriculturist ☐ Business ☐ Forex Dealer ☐ Housewife ☐ Please specify

Status Please(✓) ☐ Resident Individual ☐ NRI - NRO ☐ Trust ☐ HUF ☐ Bank / Fls ☐ NRI-NRE ☐  
Minor thru Guardian ☐ Company/Body Corporate ☐ Fls/FIPs ☐ Partnership Firm ☐ Society ☐

### OTHER DETAILS Please tick (✓) ☐ Individual ☐ Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ 25 Lacs - 1 Crore ☐ 1 Crore & above

[OR]

Net-worth in ₹  as on (date)

2. Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

3. Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services ☐ YES ☐ NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO
- Money Lending / Pawning ☐ YES ☐ NO

4. Any other information

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

### ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST 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.

Application No.

#### CANARA ROBECO Mutual Fund

Received from Mr./Ms./M/s.

Date

An application for purchase of  units of

Stamp, Signature & Date

along with cheque/DD as detailed overleaf. Cheques/Drafts are subject to realisation.

NAME OF SECOND APPLICANT  
Mr. | Ms. | M/s.

Occupation Please (✓)

Private Sector Service  
Public Sector

☐  
☐

Government Service  
Agriculturist

☐  
☐

Professional  
Business

☐  
☐

Retired  
Forex Dealer

☐  
☐

Student  
Housewife

☐  
☐

Others  
Please specify

☐

Status Please(✓)

Resident Individual  
Minor thru Guardian

☐  
☐

NRI - NRO  
Company/Body Corporate

☐  
☐

Trust  
HUF  
FIs/FIPs

☐  
☐  
☐

Bank / FIs  
Partnership Firm

☐  
☐

NRI-NRE  
Society

☐  
☐

OTHER DETAILS Please tick (✓)

☐ Individual

☐ Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓)

☐ Below 1 Lac

☐ 1 - 5 Lacs

☐ 5 - 10 Lacs

☐ 10 - 25 Lacs

☐ 25 Lacs - 1 Crore

☐ 1 Crore & above

[OR]

Net-worth in ₹ as on (date)

D

D

/

M

M

/

Y

Y

Y

Y

2. Please tick if applicable:

☐ Politically Exposed Person (PEP)

☐ Related to a Politically Exposed Person (PEP)

☐ Not Applicable

3. Is the entity involved in / providing any or the following services

– Foreign Exchange / Money Changer Services

☐ YES

☐ NO

– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)

☐ YES

☐ NO

– Money Lending / Pawning

☐ YES

☐ NO

4. Any other information

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

NAME OF THIRD APPLICANT  
Mr. | Ms. | M/s.

Occupation Please (✓)

Private Sector Service  
Public Sector

☐  
☐

Government Service  
Agriculturist

☐  
☐

Professional  
Business

☐  
☐

Retired  
Forex Dealer

☐  
☐

Student  
Housewife

☐  
☐

Others  
Please specify

☐

Status Please(✓)

Resident Individual  
Minor thru Guardian

☐  
☐

NRI - NRO  
Company/Body Corporate

☐  
☐

Trust  
HUF  
FIs/FIPs

☐  
☐  
☐

Bank / FIs  
Partnership Firm

☐  
☐

NRI-NRE  
Society

☐  
☐

OTHER DETAILS Please tick (✓)

☐ Individual

☐ Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓)

☐ Below 1 Lac

☐ 1 - 5 Lacs

☐ 5 - 10 Lacs

☐ 10 - 25 Lacs

☐ 25 Lacs - 1 Crore

☐ 1 Crore & above

[OR]

Net-worth in ₹ as on (date)

D

D

/

M

M

/

Y

Y

Y

Y

2. Please tick if applicable:

☐ Politically Exposed Person (PEP)

☐ Related to a Politically Exposed Person (PEP)

☐ Not Applicable

3. Is the entity involved in / providing any or the following services

– Foreign Exchange / Money Changer Services

☐ YES

☐ NO

– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)

☐ YES

☐ NO

– Money Lending / Pawning

☐ YES

☐ NO

4. Any other information

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

NAME OF THE GUARDIAN (In case of first Applicant is a Minor)  
Mr. | Ms. | M/s.

Relation with Minor Please (✓)

Mother

☐

Father

☐

Legal Guardian

☐

Proof of DOB ( Any one Mandatory)

☐ Birth Certificates

☐ School Certificates / Mark Sheet

☐ Pass Port

☐ Others

Occupation Please (✓)

Private Sector Service  
Public Sector

☐  
☐

Government Service  
Agriculturist

☐  
☐

Professional  
Business

☐  
☐

Retired  
Forex Dealer

☐  
☐

Student  
Housewife

☐  
☐

Others  
Please specify

☐

Status Please(✓)

Resident Individual  
Minor thru Guardian

☐  
☐

NRI - NRO  
Company/Body Corporate

☐  
☐

Trust  
HUF  
FIs/FIPs

☐  
☐  
☐

Bank / FIs  
Partnership Firm

☐  
☐

NRI-NRE  
Society

☐  
☐

OTHER DETAILS Please tick (✓)

☐ Individual

☐ Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓)

☐ Below 1 Lac

☐ 1 - 5 Lacs

☐ 5 - 10 Lacs

☐ 10 - 25 Lacs

☐ 25 Lacs - 1 Crore

☐ 1 Crore & above

[OR]

Net-worth in ₹ as on (date)

D

D

/

M

M

/

Y

Y

Y

Y

2. Please tick if applicable:

☐ Politically Exposed Person (PEP)

☐ Related to a Politically Exposed Person (PEP)

☐ Not Applicable

3. Is the entity involved in / providing any or the following services

– Foreign Exchange / Money Changer Services

☐ YES

☐ NO

– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)

☐ YES

☐ NO

– Money Lending / Pawning

☐ YES

☐ NO

4. Any other information

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

Mode of Holding Please (✓)

☐ Anyone or Survivor

☐ Joint

(Default option is Anyone or Survivor)

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DD No./UTR No. (incase of NEFT/RTGS)	Bank and Branch
1.						
2.						
3						

KFin Technologies Private Limited

Selenium, Tower B, Plot No 31 & 32, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad 500 032

Tel No. : 040 33215262/ 5269 Website : www.kfintech.com

## POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of POA    Mr.   Ms.   M/s.																													
PAN										KYC [Please (✓) (Mandatory)]										<input type="checkbox"/> Proof Attached									
Occupation Please (✓)	Private Sector Service Public Sector	<input type="checkbox"/>	Government Service Agriculturist	<input type="checkbox"/>	Professional Business	<input type="checkbox"/>	Retired Forex Dealer	<input type="checkbox"/>	Student Housewife	<input type="checkbox"/>	Others <input type="checkbox"/>	Please specify																	
Status Please(✓)	Resident Individual Minor thru Guardian	<input type="checkbox"/>	NRI - NRO <input type="checkbox"/> Trust Company/Body Corporate	<input type="checkbox"/>	HUF FIs/FIPs	<input type="checkbox"/>	Bank / FIs Partnership Firm	<input type="checkbox"/>	NRI-NRE Society	<input type="checkbox"/>																			

**OTHER DETAILS** Please tick (✓) ☐ Individual ☐ Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ 25 Lacs - 1 Crore ☐ 1 Crore & above

[OR]

Net-worth in ₹ \_\_\_\_\_ as on (date) 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

2. Please tick if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

3. Is the entity involved in / providing any or the following services

– Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
– Money Lending / Pawning	<input type="checkbox"/> YES	<input type="checkbox"/> NO

4. Any other information \_\_\_\_\_

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

**DEMAT ACCOUNT DETAILS** (This section to be filled only if investor wish to hold units in demat form) (Client Master List (CML) to be enclosed) (Refer instructions No. 24)

National Securities Depository Limited (NSDL)													Central Depository Services (India) Limited (CDSL)												
Depository Participant Name _____													Depository Participant Name <input type="text"/>												
DP ID No. <input type="text"/>													Target ID No. <input type="text"/>												
<input type="text"/>													<input type="text"/>												

**FATCA/CRS DETAILS** For individuals & HUF (Mandatory) (Refer instruction no. 30)

The below information is required for all applicant(s) / guardian

**Address Type:** ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form / existing address appearing in Folio)

Do you have non-Indian Country[ies] of Birth / Citizenship / Nationality and Tax Residency? ☐ Yes ☐ No Please tick as applicable and if yes, provide the below mentioned information (mandatory)

Sole / First Applicant / Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		Second Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		Third Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth		Date of Birth		Date of Birth	
Place of Birth		Place of Birth		Place of Birth	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id		Are you a US Specified Person? <input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id	
Country of Tax Residency# [other than India]	Taxpayer Identification No	Country of Tax Residency# [other than India]	Taxpayer Identification No	Country of Tax Residency# [other than India]	Taxpayer Identification No
1		1		1	
2		2		2	

# Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer Identification number.

In case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.

## MAILING ADDRESS [Please provide Full Address. P.O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address]

Local Address of 1st Applicant																														
City											State											Pin Code								
Tel Office											Residence											Mobile								
E-mail*	P L E A S E U S E B L O C K L E T T E R S																													

\* The primary holder's own email address and mobile number should be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions.  
Overseas Correspondence address (Mandatory for NRI/FII Applicant)

[illegible]

## COMMUNICATION (Please ✓)

☐ I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory/Regulatory Information via Physical Mode.

#### BANK ACCOUNT DETAILS - Mandatory

Name of the Bank																																		
Account No.																A/c Type (please ✓)	<input type="radio"/> SAVINGS	<input type="radio"/> NRE	<input type="radio"/> CURRENT	<input type="radio"/> NRO	<input type="radio"/> FCNR													
Branch Address																																		
Bank Branch City											State											Pin Code						MICR Code						
(Please enter the 9 digit number that appears after your cheque number)																																		

IFSC CODE (RTGS/NEFT)													
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

(Mandatory for Credit via NEFT/RTGS) Please attach a cancelled cheque OR a clear photo copy of a cheque

(11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your Bank)

## REDEMPTION / DIVIDEND REMITTANCE [Refer Instruction 20]

<input type="checkbox"/> Electronic Payment	It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/ destination branch corresponding to the Bank details.	<input type="checkbox"/> Cheque Payment
---	--	---

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

## SIP ENROLLMENT DETAILS

SIP Amount (Rs.)	Enrollment Period														
	<b>REGULAR SIP :</b> Start Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> End Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Frequency Please ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> Any Date <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly														
	<b>PERPETUAL SIP :</b> Start Month <input type="text" value=""/> <input type="text" value=""/> Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> until further instruction (or) End on Month <input type="text" value="1"/> <input type="text" value="2"/> Year <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>														

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

Frequency Please (✓) ☐ Half Yearly ☐ Yearly

PAYMENT MECHANISM : Debit through ECS / Auto Debit facility (Fill up SIP Registration cum mandate form for NACH/ECS/Direct Debit)

**INVESTMENT DETAILS AND PAYMENT DETAILS** (Payment through Cash/Outstation Cheques not accepted)

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan/Option/Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DD No./UTR No. (incase of NEFT/RTGS)	Bank and Branch and Account Number
1.						
2.						
3						

# (Type of Account / Saving / Current / NRE / NRO / FCNR / NRSR) \* All purchases are subject to realization of cheque/DD.

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Mandatory for Non-Individual)

<input type="checkbox"/> Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate CRAMC / its Registrar / KRA as may be applicable immediately about such change.

**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

Sr.	Name	Address	Details of Identity such as PAN/Passport	% of ownership

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

**NOMINATION DETAILS for Individuals** [Minor / HUF / POA Holder / Non Individuals cannot Nominate – Refer Instruction No. 13]

☐ I/We \_\_\_\_\_ do hereby by nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. ☐ I/We \_\_\_\_\_ do not wish to nominate

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship with Unit Holder	@ % of Share
1		D D - M M - Y Y Y Y Y			
2		D D - M M - Y Y Y Y Y			
3		D D - M M - Y Y Y Y Y			

⊗ First/Sole Applicant/Guardian	⊗ Second Applicant	⊗ Third Applicant
---------------------------------	--------------------	-------------------

@ If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

## 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 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.

⊗ First/Sole Applicant/Guardian	⊗ Second Applicant	⊗ Third Applicant
---------------------------------	--------------------	-------------------

## To be furnished by partnership firms

To, The Trustees of Canara Robeco Mutual Fund, Sub : Our Subscription to the Schemes of

We, the undersigned, being the partner of M/s. \_\_\_\_\_ a Partnership firm formed under Indian Partnership Act, 1932 do hereby jointly and severally authorise Mr. \_\_\_\_\_ to subscribe an amount of ₹ \_\_\_\_\_ for allotment of units of \_\_\_\_\_ Scheme on behalf of and in the name of our firm. He is / They are also authorised to encash / disinvest the above units. We undertake to intimate you in writing about any change in the constitution or composition of our firm and upon such change, also arrange to lodge the specimen signatures of the partners authorised to deal with the above units. We enclose the copy of the Partnership Deed alongwith this application for subscription.

Name of the partners \_\_\_\_\_ Signatures \_\_\_\_\_

Signatures

## GOAL SIP FORM

(Investors applying under Direct Plan must mention "Direct" in ARN column.) All sections to be completed in ENGLISH in BLACK/BLUE COLORED INK and in BLOCK LETTERS

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)
<b>ARN-153155</b>			<b>E-271894</b>

#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 Distribution has opted to receive transaction 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.

<b>REQUEST FOR</b>	<input type="checkbox"/> Registration of New SIP (Default Option if Not selected)	<input type="checkbox"/> Renewal of Existing SIP	<input type="checkbox"/> Registration of Micro SIP
--------------------	---	--	--

SIP TYPE ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM<sup>55</sup> ☐ SIP without first installment<sup>^</sup><sup>55</sup>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.<sup>^</sup>Please attach cancelled cheque copy (The name of the first/ sole applicant must be pre-printed on the cheque)

APPLICANT DETAILS	Application No. (for new investor) / Folio No. (For existing Unitholder)	
Applicant	Name	PAN/PEKRN <sup>#</sup> (Mandatory)
Sole/First Applicant		
Second Applicant		
Third Applicant		
Guardian <sup>@</sup> /POA Holder		

#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 Minor, then please provide details of Natural/Legal Guardian.

<b>UNIT HOLDING OPTION</b>	<input type="checkbox"/> DEMAT MODE*	<input type="checkbox"/> PHYSICAL MODE (Default) (Ref. Instruction No. 31 Demat Account details are compulsory if demat mode is opted)
----------------------------	--------------------------------------	--

\*Demat Account Details are mandatory for (i) Foreign Portfolio Investors and (ii) investors who wish to hold the units in Demat Mode (Account Statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name	DP ID	Beneficiary Account No.
CDSL	Depository Participant (DP) Name	Beneficiary Account No.	

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

Please specify your Goal you wish to achieve or you can select from the below given option
--

GOAL PURPOSE: ☐ Kids Marriage ☐ Wealth Creation ☐ Kids Education ☐ Tax Savings ☐ Retirement Planning (Default) ☐ Dream Car ☐ Dream Vacation ☐ Dream House ☐ Others

YOUR GOAL AMOUNT : ₹

<b>GOAL NAME :</b>
--------------------

<b>INVESTMENT DETAILS FOR SIP</b> (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 OTBM and will need to fill the maximum amount in line with Top Up amount, SIP amount &amp; tenure.

# Investor has to mandatorily mention "END DATE". "END DATE" should be less than or equal to 40 years from the application date.

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#	SIP Top-up Amount TOP UP amount has to be multiples of Rs. 100 only (Minimum Rs. 100). (Refer instruction No. 29 (b))
CR	₹		<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount (₹) <input type="text"/> Frequency <input type="checkbox"/> Yearly* Top-Up Max CAP: <input type="text"/> OR <input type="checkbox"/> Half-Yearly
(*Default Date/Frequency) (*Default/40 years)	Cheque/DD No./UTR No. (incase of NEFT/RTGS) <input type="text"/> Date <input type="text"/> OTBM Ref. No. <input type="text"/>				

<b>BANK DETAILS (OTM Bank Details to be debited for the SIP (OTBM already Registered))</b>
--

Enclose scheme specific separate cheques in the names of the schemes in which you want to invest via SIP.

We would not accept single cheque for the multiple schemes investment.

Bank Name <input type="text"/>	Account No. <input type="text"/>
--------------------------------	----------------------------------

<b>DECLARATION AND SIGNATURE(S):</b>
--------------------------------------

I / We hereby confirm and declare as under:

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms &amp; conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ Debit Clearing / Direct Debit / Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature(s)	First/ Sole Applicant/Guardian/ POA Holder	Second Applicant	Third Applicant
--------------	--	------------------	-----------------

Please note: Signature(s) should be as it appears in the folio/on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

## ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN	For Office Use Only										Date	D	D	/	M	M	/	Y	Y	Y	Y													
Sponsor Bank Code		C I T I O O P I G W										Utility Code		C I T I O O O O 2 0 0 0 0 0 0 0 3 7																				
<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize		Canara Robeco Mutual Fund										to debit (Please ✓)		<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others _____																			
Bank Account Number												Destination Bank Account Number																						
With Bank	Name of Destination Bank										IFSC		11 Digit IFSC										Or MICR		9 Digit MICR									
An amount of Rupees	Amount in words												Amount in Figures		₹ Amount in figures																			
FREQUENCY	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & When presented										DEBIT TYPE		<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																					
Folio No.											Phone																							
PAN											E-mail																							
<ul style="list-style-type: none"><li>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.</li><li>This is to confirm that the declaration has been carefully read, understood &amp; 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.</li><li>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.</li></ul>																																		
PERIOD	FROM	DD	MM	YYYY	Signature of Sole/First Applicant										Signature of Second Applicant										Signature of Third Applicant									
	TO***	DD	MM	YYYY	Name as in bank records										Name as in bank records										Name as in bank records									
***As per NPCI Circular effective from 01st April 2024, Maximum period of validity for mandate is 40 years only.																																		
<b>Declaration:</b> 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.																																		
<b>Authorisation to Bank:</b> 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.																																		
Website: www.canararobeco.com   E-mail: 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 40 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 of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.
- Cancellation of One Time Bank Mandate will take 10 calendar days from the date of submission of the cancellation request.



## GOAL SIP FORM

(Investors applying under Direct Plan must mention "Direct" in ARN column.) All sections to be completed in ENGLISH in BLACK/BLUE COLORED INK and in BLOCK LETTERS

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)
<b>ARN-153155</b>			<b>E-271894</b>

#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 Distribution has opted to receive transaction 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.

<b>REQUEST FOR</b>	<input type="checkbox"/> Registration of New SIP (Default Option if Not selected)	<input type="checkbox"/> Renewal of Existing SIP	<input type="checkbox"/> Registration of Micro SIP
--------------------	---	--	--

SIP TYPE ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM<sup>55</sup> ☐ SIP without first installment<sup>^</sup>

<sup>55</sup>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.

<sup>^</sup>Please attach cancelled cheque copy (The name of the first/ sole applicant must be pre-printed on the cheque)

APPLICANT DETAILS		Application No. (for new investor) / Folio No. (For existing Unitholder)
Applicant	Name	PAN/PEKRN <sup>#</sup> (Mandatory)
Sole/First Applicant		
Second Applicant		
Third Applicant		
Guardian <sup>@</sup> /POA Holder		

#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 Minor, then please provide details of Natural/Legal Guardian.

<b>UNIT HOLDING OPTION</b>	<input type="checkbox"/> DEMAT MODE*	<input type="checkbox"/> PHYSICAL MODE (Default) (Ref. Instruction No. 31 Demat Account details are compulsory if demat mode is opted)
----------------------------	--------------------------------------	--

\*Demat Account Details are mandatory for (i) Foreign Portfolio Investors and (ii) investors who wish to hold the units in Demat Mode (Account Statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name	DP ID	Beneficiary Account No.
CDSL	Depository Participant (DP) Name	Beneficiary Account No.	

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

Please specify your Goal you wish to achieve or you can select from the below given option
--

GOAL PURPOSE: ☐ Kids Marriage ☐ Wealth Creation ☐ Kids Education ☐ Tax Savings ☐ Retirement Planning (Default) ☐ Dream Car ☐ Dream Vacation ☐ Dream House ☐ Others

YOUR GOAL AMOUNT : ₹

<b>GOAL NAME :</b>
--------------------

<b>INVESTMENT DETAILS FOR SIP</b> (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 OTBM 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 40 years from the application date.

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#	SIP Top-up Amount TOP UP amount has to be multiples of Rs. 100 only (Minimum Rs. 100). (Refer instruction No. 29 (b))
CR	₹		<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From MM YY YY To MM YY YY	Amount (₹) Frequency ₹ Top-up Amount Top-Up Max CAP: OR MM YY
(*Default Date/Frequency) (*Default/40 years)	Cheque/DD No./UTR No. (incase of NEFT/RTGS)				Date
OTBM Ref. No.					

<b>BANK DETAILS (OTM Bank Details to be debited for the SIP (OTBM already Registered))</b>
--

Enclose scheme specific separate cheques in the names of the schemes in which you want to invest via SIP.

We would not accept single cheque for the multiple schemes investment.

Bank Name	Account No.	Dated
-----------	-------------	-------

<b>DECLARATION AND SIGNATURE(S):</b>
--------------------------------------

I / We hereby confirm and declare as under:

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ Debit Clearing / Direct Debit / Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature(s)	First/ Sole Applicant/Guardian/ POA Holder	Second Applicant	Third Applicant
--------------	--	------------------	-----------------

Please note: Signature(s) should be as it appears in the folio/on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

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

UMRN	For Office Use Only										Date	D D / M M / Y Y Y Y																									
Sponsor Bank Code		C I T I O O P I G W										Utility Code		C I T I O O O O 2 0 0 0 0 0 0 0 3 7																							
<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize		Canara Robeco Mutual Fund										to debit (Please ✓)		<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others _____																						
Bank Account Number												Destination Bank Account Number																									
With Bank	Name of Destination Bank										IFSc	11 Digit IFSC										Or MICR	9 Digit MICR														
An amount of Rupees	Amount in words																				Amount in Figures	₹ Amount in figures															
FREQUENCY	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & When presented										DEBIT TYPE		<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																								
Folio No.											Phone																										
PAN											E-mail																										
<ul style="list-style-type: none"><li>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.</li><li>This is to confirm that the declaration has been carefully read, understood &amp; 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.</li><li>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.</li></ul>																																					
PERIOD	FROM	DD		MM		YYYY		Signature of Sole/First Applicant										Signature of Second Applicant										Signature of Third Applicant									
	TO***	DD		MM		YYYY		Name as in bank records										Name as in bank records										Name as in bank records									
***As per NPCI Circular effective from 01st April 2024, Maximum period of validity for mandate is 40 years only.																																					
<b>Declaration:</b> 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.																																					
<b>Authorisation to Bank:</b> 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.																																					
Website: www.canararobeco.com   E-mail: crmf@canararobeco.com   Contact Centre: 1800-209-2726																																					
<b>INSTRUCTIONS cum TERMS AND CONDITIONS for OTBM facility</b>																																					
<ol style="list-style-type: none"><li>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.</li><li>Investors, who have not registered for OTBM facility, may fill the OTBM form and submit duly signed with their name mentioned.</li><li>Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.</li><li>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.</li><li>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.</li><li>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.</li><li>Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form</li><li><b>The OTBM forms require three important and mandatory dates to be filled in:</b><ol style="list-style-type: none"><li><b>Mandate Registration Date:</b> 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.</li><li><b>Period "From" Date:</b> This is the starting date of the period for which the mandate will be applicable, should be mentioned in DD/MM/YYYY format</li><li><b>Period "To" Date:</b> This date will be the end of the period for which the mandate is valid. The "To" date must be within 40 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.</li></ol></li><li>The numeric data like Bank account number, Investors account number should be left padded with zeroes.</li><li>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.</li><li>Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.</li><li>One Time Bank Mandate registration will be Folio based.</li><li>Registration of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.</li><li>Cancellation of One Time Bank Mandate will take 10 calendar days from the date of submission of the cancellation request.</li></ol>																																					



## Know Your Client

## Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fieldsApplication ☐ NewType\* ☐ Update KYC Number\* KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

## 1. Identity Details (Please refer instruction A at the end)

PAN 

Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country <input type="text"/>	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector		
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		

Photo

Signature/  
Thumb Impression

## 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C &amp; K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

## 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

## Address

Line 1*	<input type="text"/>	City / Town / Village*	<input type="text"/>
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>
State/UT*	<input type="text"/>	State/UT Code	<input type="text"/>
		Country*	<input type="text"/>
		Country Code	<input type="text"/>

Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*		Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Passport Number	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>		
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/>	City / Town / Village*	<input type="text"/>
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>
State/UT*	<input type="text"/>	State/UT Code	<input type="text"/>
		Country*	<input type="text"/>
		Country Code	<input type="text"/>

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

**5. FATCA/CRS Information** (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name\* Prefix  First Name  Middle Name  Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person\* (Please see instruction (H) at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number  Passport Expiry Date --

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence  Driving Licence Expiry Date --

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)  Identification Number

**7. Remarks (If any)****8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: --Place: 

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only****Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

**Institution Details**

Name

Code

Emp. Branch

[Institution Stamp]

# SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS - SELF CERTIFICATION FORM FOR INDIVIDUALS

[Please consult your professional tax advisor on your tax residency and related FATCA & CRS guidance]

**CANARA ROBECO**  
Mutual Fund

## A. FATCA & CRS INFORMATION (SELF CERTIFICATION)

PAN		Folio No.	
Name			
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Residential / Business <input type="checkbox"/> Registered Office		
Nationality		Gender	
		Date of birth	D D M M Y Y Y Y
Mobile		Place of Birth	
		Country of Birth	
Father's name	(mandatory if PAN not provided)		
Spouse's name			
Documents required (if PAN not provided)	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others		
Identification number of the document provided			

Is the applicant/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

S No	Country of Tax Residency#	Tax Payer Identification Number ^	Identification Type [TIN or other, please specify]
1			
2			
3			

#To also include USA, where the individual is a citizen/ green card holder of USA.

^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

## B. ADDITIONAL KYC INFORMATION

Occupation Details [Please tick (✓)]	<input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore
OR	
Net-worth (Mandatory for Non-Individuals)	Rs. _____ as on DD MM YYYY (Not older than 1 year)
Politically Exposed Person (PEP) Status*	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

## C. Declaration:

I have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me on this Form is true, correct and complete. I hereby agree and confirm to inform Canara Robeco Asset Management Company Limited/Canara Robeco Mutual Fund/ Trustees for any modification to this information promptly.

I further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Date: D D M M Y Y Y Y

Place: \_\_\_\_\_

First Applicant / Guardian