

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)

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

#By mentioning RIA Code, I/We authorise 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 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

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 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"/> Income Distribution cum Capital Withdrawal Option	<input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option	<input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option																	
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 <input type="checkbox"/> All units (Please ✓)
Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Income Distribution cum Capital Withdrawal Option	<input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option	<input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option																

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																			
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	

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"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option

SIP / SWP / STP FACILITY REQUEST

Systematic Investment Plan (SIP)	Each SIP Amount (₹) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
	First SIP Cheque No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		End on Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	SIP Top Up : Rs. (in multiples of Rs. 500/-) _____ 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)	
					<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
	Scheme					
	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"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		End on Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Systematic Transfer Plan (STP)	From (Scheme)		To (Scheme)			
	Option	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option		<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option		
		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 <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily (Minimum one Month)		Amount (₹) of STP	STP From	STP To
			Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <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.

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

Registrars:
KFin Technologies Limited
 Selenium, Tower B, Plot Nos. 31 & 32,
 Gachibowli, Financial District, Nanakramguda,
 Serilingampally, Hyderabad 500 032
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