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 , 6658 5086 Fax: 6658 5012 / 13 www.canararobeco.com

CANARA ROBECO

Application No.

APPLICATION FORM (Please fill in BLOCK Letters)

Broker Name / ARN	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No. /Branch Stamp/Receipt Date
ARN-109217		E-150257	

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/AGENTS 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 AND KYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 12 & 26]

	PAN # (refer instruction)	KYC Compliance Status** (if yes, attach proof)
First / Sole Applicant@		Yes ○
Second Applicant		Yes ○
Third Applicant		Yes ○

@ 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) D D / M M / Y Y Y Y

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 / FIs ☐	NRI-NRE ☐	
	Minor thru Guardian ☐	Company/Body Corporate ☐	FIIs/FPIs ☐	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.

NAME OF SECOND APPLICANT

Mr. | Ms. | M/s.

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 / FIs ☐	NRI-NRE ☐	
	Minor thru Guardian ☐	Company/Body Corporate ☐	FIIs/FPIs ☐	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.

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

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 / FIs ☐	NRI - NRE ☐
	Minor thru Guardian ☐	Company/Body Corporate ☐	FIIs/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.

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

Relationship 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 ☐	Government Service ☐	Professional ☐	Retired ☐	Student ☐	Others ☐
	Public Sector ☐	Agriculturist ☐	Business ☐	Forex Dealer ☐	Housewife ☐	Please specify
Status Please (✓)	Resident Individual ☐	NRI - NRO ☐	Trust ☐	HUF ☐	Bank / FIs ☐	NRI - NRE ☐
	Minor thru Guardian ☐	Company/Body Corporate ☐	FIIs/FPIs ☐	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.

Mode of Holding Please (✓) Anyone or Survivor ☐ Single ☐ Joint ☐ (Default option is Anyone or Survivor)

POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. | Ms. | M/s.

PAN

KYC [Please (✓) (Mandatory)] ☐ Proof Attached

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 / FIs ☐	NRI - NRE ☐
	Minor thru Guardian ☐	Company/Body Corporate ☐	FIIs/FPIs ☐	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.

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. 23)

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name ______	Depository Participant Name ______
DP ID No. I N	Target ID No.

FATCA DETAILS For Individuals & HUF (Mandatory)

Non Individual investors should mandatorily fill separate FATCA details form

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

Sole/First Applicant/Guardian ☐ Yes ☐ No		2nd Applicant ☐ Yes ☐ No		☐ 3rd Applicant ☐ Yes ☐ No or ☐ POA ☐ Yes ☐ No	
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?	☐ Yes ☐ No please provide Tax Payer Id	Are you a US Specified Person?	☐ Yes ☐ No please provide Tax Payer Id	Are you a US Specified Person?	☐ Yes ☐ No please provide Tax Payer Id
Country of Tax Residency# [other tan India]	Taxpayer Identification No	Country of Tax Residency# [other tan India]	Taxpayer Identification No	Country of Tax Residency# [other tan 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. Off. Resi. Mobile

E-Mail PLEASE USE BLOCK LETTERS

Overseas Correspondence Address (Mandatory for NRI / FII Applicant)

City Country Pin Code

COMMUNICATION (Please ✓)

☐ **I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E- mail/SMS alerts in lieu of Physical Documents.**

BANK ACCOUNT DETAILS - Mandatory

Name of the Bank

Account No. A/c. Type Please (✓) SAVINGS ○ NRE ○ CURRENT ○ NRO ○ 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]

☐ 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. ☐ 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 ENROLMENT DETAILS

SIP Amount (Rs.)

Enrolment Period
REGULAR SIP: Start Month MM-YYYY End Month MM-YYYY Frequency Please (✓) ☐ Monthly ☐ Quarterly
PERPETUAL SIP: Start Month Year Until further instruction

PAYMENT MECHANISM (✓)
☐ Option I : Debit through ECS / Auto Debit facility (Tick this box and fill up SIP ECS / Auto Debit Facility Form)
☐ Option II : Through Post Dated Cheques - Total Cheques_____ Cheque Nos. From To

Drawn on Bank____________________Branch & City____________________

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

CANARA ROBECO

Canara Robeco Mutual Fund
Investment manager : Canara Robeco Asset Management Company Ltd.
Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

Application No.

Date___ / ___ / ________

Received from Mr. / Ms. /M/s.
An application for purchase of________ units of ________________________
along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

Stamp, Signature & Date

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.

S. No.	Scheme Name	Plan / Option	Amount Invested (₹)	Cheque/DDNo./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.

☐ Category	☐ Unlisted company	☐ Partnership Firm	☐ Unincorporated Association/ Body of Individuals	☐ Trust	☐ 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 here 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			
2		D D – M M – Y Y Y Y			
3		D D – M M – Y Y Y Y			

⊗ Signature of 1st Applicant / Guardian	⊗ Signature of 2nd Applicant	⊗ Signature of 3rd 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 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, despataches, 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.

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

⊗ 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 ______________________________

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

REGISTRAR & TRANSFER AGENTS

M/s. Karvy Computershare Pvt. Limited

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

Tel No: +91 040 33215262/5269 E-Mail:crmf@karvy.com