

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-167174		E038800	

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

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

PAN/PEKRN # (refer instruction)	KYC Compliance Status** (if yes, attach proof)
First / Sole Applicant [@]	Yes <input type="radio"/>
Second Applicant	Yes <input type="radio"/>
Third Applicant	Yes <input type="radio"/>

@ 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 (✓)

Status Please (✓)

Others ☐ Please specify

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

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 (✓)

Status Please (✓)

Others ☐ Please specify

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

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		<input type="checkbox"/>	Government Service		<input type="checkbox"/>	Professional		<input type="checkbox"/>	Retired		<input type="checkbox"/>	Student		<input type="checkbox"/>			Others		<input type="checkbox"/>									
	Public Sector		<input type="checkbox"/>	Agriculturist		<input type="checkbox"/>	Business		<input type="checkbox"/>	Forex Dealer		<input type="checkbox"/>	Housewife		<input type="checkbox"/>			Please specify											
Status Please (✓)	Resident Individual		<input type="checkbox"/>	NRI - NRO		<input type="checkbox"/>	Trust		<input type="checkbox"/>	HUF		<input type="checkbox"/>	Bank / Fls		<input type="checkbox"/>	NRI - NRE		<input type="checkbox"/>											
	Minor thru Guardian		<input type="checkbox"/>	Company/Body Corporate		<input type="checkbox"/>	Flls/FIPs		<input type="checkbox"/>	Partnership Firm		<input type="checkbox"/>	Society		<input type="checkbox"/>														
OTHER DETAILS Please tick (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual (Mandatory) 1. Gross Annual Income Details 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 & above Net-worth in ₹ _____ [OR] _____ as on (date) ____/____/_____ 2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> 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.																													
NAME OF THE GUARDIAN (In case First Applicant is a Minor) Mr. Ms. M/s.																													
		Relationship with Minor Please (✓) Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>																											
Proof of DOB (Any one Mandatory) <input type="checkbox"/> Birth Certificates <input type="checkbox"/> School Certificates / Mark Sheet <input type="checkbox"/> Pass Port <input type="checkbox"/> Others _____																													
Occupation Please (✓)	Private Sector Service		<input type="checkbox"/>	Government Service		<input type="checkbox"/>	Professional		<input type="checkbox"/>	Retired		<input type="checkbox"/>	Student		<input type="checkbox"/>			Others		<input type="checkbox"/>									
	Public Sector		<input type="checkbox"/>	Agriculturist		<input type="checkbox"/>	Business		<input type="checkbox"/>	Forex Dealer		<input type="checkbox"/>	Housewife		<input type="checkbox"/>			Please specify											
Status Please (✓)	Resident Individual		<input type="checkbox"/>	NRI - NRO		<input type="checkbox"/>	Trust		<input type="checkbox"/>	HUF		<input type="checkbox"/>	Bank / Fls		<input type="checkbox"/>	NRI - NRE		<input type="checkbox"/>											
	Minor thru Guardian		<input type="checkbox"/>	Company/Body Corporate		<input type="checkbox"/>	Flls/FIPs		<input type="checkbox"/>	Partnership Firm		<input type="checkbox"/>	Society		<input type="checkbox"/>														
OTHER DETAILS Please tick (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual (Mandatory) 1. Gross Annual Income Details 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 & above Net-worth in ₹ _____ [OR] _____ as on (date) ____/____/_____ 2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> 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.																													
Mode of Holding Please (✓) <input checked="" type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> (Default option is Anyone or Survivor)																													
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		<input type="checkbox"/>	Government Service		<input type="checkbox"/>	Professional		<input type="checkbox"/>	Retired		<input type="checkbox"/>	Student		<input type="checkbox"/>			Others		<input type="checkbox"/>									
	Public Sector		<input type="checkbox"/>	Agriculturist		<input type="checkbox"/>	Business		<input type="checkbox"/>	Forex Dealer		<input type="checkbox"/>	Housewife		<input type="checkbox"/>			Please specify											
Status Please (✓)	Resident Individual		<input type="checkbox"/>	NRI - NRO		<input type="checkbox"/>	Trust		<input type="checkbox"/>	HUF		<input type="checkbox"/>	Bank / Fls		<input type="checkbox"/>	NRI - NRE		<input type="checkbox"/>											
	Minor thru Guardian		<input type="checkbox"/>	Company/Body Corporate		<input type="checkbox"/>	Flls/FIPs		<input type="checkbox"/>	Partnership Firm		<input type="checkbox"/>	Society		<input type="checkbox"/>														
OTHER DETAILS Please tick (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual (Mandatory) 1. Gross Annual Income Details 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 & above Net-worth in ₹ _____ [OR] _____ as on (date) ____/____/_____ 2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> 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. 23)																													
National Securities Depository Limited (NSDL)															Central Depository Services (India) Limited (CDSL)														
Depository Participant Name _____															Depository Participant Name _____														
DP ID No. _____															Target ID No. _____														
_____															_____														

FATCA/CRS DETAILS For Individuals & HUF (Mandatory) (Refer instruction no.29)				Non Individual investors should mandatorily fill separate FATCA details form			
The below information is required for all applicant(s)/ guardian							
Address Type: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office (for address mentioned in form/existing address appearing in Folio)							
Do you have non-Indian Country[ies] of Birth/Citizenshi/Nationality and Tax Residency? <input type="checkbox"/> Yes <input type="checkbox"/> 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		2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd 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							
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. Off.							
Resi.							
Mobile							
E-Mail							
Overseas Correspondence Address (Mandatory for NRI / Fil Applicant)							
City							
Country							
Pin Code							
COMMUNICATION (Please ✓)							
<input type="checkbox"/> 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 <input type="radio"/> NRE <input type="radio"/> CURRENT <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/>							
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 ENROLMENT DETAILS							
SIP Amount (Rs.)							
Enrolment Period REGULAR SIP: Start Month							
End Month							
Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly							
PERPETUAL SIP: Start Month							
Year							
Until further instruction (or) End on Month							
Year							
SIP Top Up : Rs.							
(in multiplies of Rs. 500/-)							
Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly							
Please (✓)							
PAYMENT MECHANISM: Debit through ECS / Auto Debit facility (Fill up SIP Registration cum mandate form for NACH/ECS/Direct Debit)							
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 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.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
2.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
3.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
# (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 CRRAMC / 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]						
<input type="checkbox"/> 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. <input type="checkbox"/> 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			
<input checked="" type="checkbox"/> Signature of 1st Applicant / Guardian			<input checked="" type="checkbox"/> Signature of 2nd Applicant		<input checked="" type="checkbox"/> 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, 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 transactions.						
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: <input type="checkbox"/> Repatriation basis <input type="checkbox"/> 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.						
<input checked="" type="checkbox"/> First / Sole Applicant / Guardian			<input checked="" type="checkbox"/> Second Applicant		<input checked="" type="checkbox"/> 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.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
2.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
3.			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Payout) <input type="checkbox"/> Dividend (Reinvestment)			
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						

SIP REGISTRATION CUM MANDATE FORM

For investment through NACH/Direct Debit

(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

Distributor / Broker ARN / RIA Code*	Sub-Broker ARN Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No.(EUIIN) (of Individual ARN holder or of employee / Relationship Manager / Sales Person of the Distributor)
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#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
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In case the subscription (lumpsum) amount Rs. 10,000/- or more and your Distributor has opted to receive transactions 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.

Please tick (✓) ☐ New Registration ☐ Cancellation ☐ Existing UMRN

The Trustee, Canara Robeco Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

INVESTOR DETAILS	SIP DETAILS	
Sole / First Applicant's Name	SIP Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default SIP frequency is Monthly)	
Folio No.	PAN	
DEMAT ACCOUNT DETAILS (Optional)	In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.	
Please (✓) <input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL	SIP Date : <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	
Depository Participant (DP) ID	Beneficiary Account Number (NSDL only)	
Depository Participant (DP) ID (CDSL only)	(The application form should mandatorily accompany the latest Client investor master / Demat account statement.)	
SCHEME NAME	<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility)	
PLAN	OPTION / SUB-OPTION :	
Dividend Frequency:	TOP UP Amount: Rs.	
Please refer instructions and Key Scheme Features for options. Sub-options and other facilities available under each scheme of the fund.	*TOP UP amount has to be multiples of Rs. 500 only (Minimum Rs. 500).	
Each SIP Installment Amount Rs. Rs. in words :	TOP UP Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
FIRST INSTALLMENT PAYMENT DETAIL	Note : <ul style="list-style-type: none">Default Frequency is AnnualIt is mandatory to submit NACH (OTM)NACH mandate should be provided for maximum amount in line with your Top Up mandate & SIP tenure.	
Cheque / DD No.	Date	
Drawn on Bank / Branch / City	Amount Rs.	
YOUR CONFIRMATION / DECLARATION: I/we hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year as described in the Instruction of the common application form. 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. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.		
Signature(s) (As in Bank Records)		
Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant

DEBIT MANDATE FORM

UMRN * Date / /

Please (✓) ☐ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others

Bank Account Number

With Bank an amount of Rupees In Words ₹ in figures

FREQUENCY : ☐ Monthly ☐ Quarterly ☒ Half Yearly ☐ Yearly ☐ As & When presented

DEBIT TYPE : ☐ Fixed Amount ☐ Maximum Amount

Folio No. Phone

PAN E-mail

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.

PERIOD	FROM <input type="text"/>	Signature Primary Account Holder	Signature Account Holder	Signature Account Holder
	TO <input type="text"/>	Name as in bank records	Name as in bank records	Name as in bank records
	OR <input checked="" type="checkbox"/> Until Cancelled			

- This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the user entity/ Corporate to debit my account.
- 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.

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

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

CANARA ROBECO
Mutual Fund

Name of the entity																
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office															
PAN				Date of incorporation			D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation																
Country of incorporation																

ADDITIONAL KYC INFORMATION																
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	Rs. _____ as on DD ____ MM ____ YYYY (Not older than 1 year)															
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)														<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable		
<small>*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.</small>																
Non-Individual Investors involved/ providing any of the mentioned services										<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above						

FATCA & CRS Declaration			
Please tick the applicable tax resident declaration -			
1. Is "Entity" a tax resident of any country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)</small>			
Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other ¹ , please specify)
1.			
2.			
3.			
<small>* In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.</small>			
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____			

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)	
1. We are a, Financial institution <input type="checkbox"/> or Direct reporting NFE <input type="checkbox"/> (Refer 3(vii) of Part C) (please tick as appropriate)	GIIN _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category _____ (Refer 1 A of Part C)
GIIN not available (please tick as applicable)	

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")	
1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE _____ (Mention code – refer 2c of Part C)
4. Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company
☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust
☐ Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [*]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder

^{*}In case Tax Identification Number is not available, kindly provide functional equivalent

[§]Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We 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/us on this Form is true, correct and complete. I/We 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/We 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)'.

Name			
Designation			
Signature	Signature	Signature	Place _____ Date ____/____/____