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

Application No.

APPLICATION FORM (Please fill in BLOCK Letters)

Distributor/Broker ARN/RIA Code#	Sub Broker ARN	Sub Broker Code	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

1. 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.*Name should be as per the PAN

2. 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.)	Gender
First / Sole Applicant@		Yes ○		○ Female ○ Male
Second Applicant		Yes ○		○ Female ○ Male
Third Applicant		Yes ○		○ Female ○ Male

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

PAN Card Copy is mandatory for all the unit holders/Guardian/POA/UBO to be enclosed with Application Form
@ If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. **Refer instruction 12

3. UNIT HOLDER(S) INFORMATION [Refer Instruction No. 1]

NAME OF FIRST / SOLE APPLICANT / MINOR (in case of minor there shall be no joint holder)

DATE OF BIRTH* D D / M M / Y Y Y Y

In case of Minor, please tick (✓) ☐ Father ☐ Mother ☐ Legal Guardian

(In case of Legal Guardian, submission of duly notarized court order is mandatory)

*Date of Incorporation is mandatory for Non-Individual and Date of Birth is mandatory for Individuals and Minor

Mr. | Ms. | M/s.
*Name should be as per the PAN

Father/Mother's Name (Mandatory)

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 ☐ Trust ☐ Company/Body Corporate ☐	HUF ☐ FIIs/FIPs ☐	Bank / FIs ☐ Partnership Firm ☐	NRI-NRE ☐ Society ☐	Sole Proprietorship ☐

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 of 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.

ACKNOWLEDGEMENT 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 ___/___/_____

PAN: ____

Stamp, Signature & Date

All Purchases are subject to realisation of cheques / Payment Instrument.

For any queries: Call at Toll Free No. **1800-209-2726** or write to us at: **crmf@canararobeco.com**

... continued overleaf

NAME OF SECOND UNIT HOLDER* Mr. | Ms. | M/s.
*Name should be as per the PAN
Father/Mother's Name (Mandatory)

DATE OF BIRTH* (Mandatory) D D / M M / Y Y Y Y

Occupation Please (✓) *Mandatory	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 ☐ Trust ☐ Company/Body Corporate ☐	HUF ☐ FIIs/FIPs ☐	Bank / FIs ☐ Partnership Firm ☐	NRI-NRE ☐ Society ☐	Sole Proprietorship ☐

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

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 UNIT HOLDER* Mr. | Ms. | M/s.
*Name should be as per the PAN
Father/Mother's Name (Mandatory)

DATE OF BIRTH* (Mandatory) D D / M M / Y Y Y Y

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 ☐ Trust ☐ Company/Body Corporate ☐	HUF ☐ FIIs/FIPs ☐	Bank / FIs ☐ Partnership Firm ☐	NRI-NRE ☐ Society ☐	Sole Proprietorship ☐

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

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 if First Unit Holder is minor)*
Mr. | Ms. | M/s.
*Name should be as per the PAN
Relation with Minor Please (✓) Mother ☐ Father ☐ Legal Guardian ☐
Father/Mother's Name (Mandatory)

DATE OF BIRTH* (Mandatory) D D / M M / Y Y Y Y

☐ Proof of DOB (Any one Mandatory) ☐ Birth Certificates ☐ School Certificates / Mark Sheet ☐ Passport ☐ 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 ☐ Trust ☐ Company/Body Corporate ☐	HUF ☐ FIIs/FIPs ☐	Bank / FIs ☐ Partnership Firm ☐	NRI-NRE ☐ Society ☐	Sole Proprietorship ☐

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

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 (✓) ☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is Anyone or Survivor)

4. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of POA* Mr. | Ms. | M/s.
*Name should be as per the PAN
PAN KYC [Please (✓) (Mandatory)] ☐ Proof Attached
PAN card copy is mandatory to be enclosed with the Application Form.
Father/Mother's Name (Mandatory)
DATE OF BIRTH* (Mandatory) D D / M M / Y Y Y Y

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 ☐ Trust ☐ Company/Body Corporate ☐	HUF ☐ FIIs/FIPs ☐	Bank / FIs ☐ Partnership Firm ☐	NRI-NRE ☐ Society ☐	Sole Proprietorship ☐

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

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.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details: Cheque/DD No./UMRN/ UTR No. (in case of NEFT/RTGS)	Payment Details: Bank and Branch
1		Regular	☐ Growth ☐ Income Distribution cum Capital Withdrawal Option ☐ Reinvestment of Income Distribution cum Capital Withdrawal Option ☐ Payout of Income Distribution cum Capital Withdrawal Option			

5. 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 Instruction No. 24)

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.

6. 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	☐ Yes ☐ No	**Second Applicant**	☐ Yes ☐ No	**Third Applicant** ☐ Yes ☐ No or ☐ POA	☐ Yes ☐ 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?	☐ 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 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.

7. 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 No.*

E-mail* PLEASE USE BLOCK LETTERS

*The primary holder's own email address and mobile number shall be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions.

Please tick (✓) Mobile Number is of ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian (in case of a minor)

Please tick (✓) Email Id is of ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian (in case of a minor)

Overseas Correspondence address (Mandatory for NRI/FII Applicant)

City State Pin Code

Country

8. COMMUNICATION (Please ✓)

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

9. 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)

10. REDEMPTION / IDCW REMITTANCE [Refer Instruction No. 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/IDCW Payout is available, all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.

11. SIP ENROLLMENT DETAILS

SIP Amount (Rs.)

Enrollment Period

SIP : Start Month Year End on Month Year Frequency Please (✓) ☐ Any Date ☐ Monthly ☐ Quarterly

*Mandate can be registered for a maximum period of 40 years from the date of application

SIP Top-up : Rs. (in multiples of Rs. 500/-) ______ Frequency Please (✓) ☐ Half Yearly ☐ Yearly

PAYMENT MECHANISM: Debit trough ECS/OTBM/Auto Debit Facility (Please fill up the SIP Registration Form along with One Time Bank Mandate Form for NACH/Direct debit)

12. 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.

Mode of Payment: ☐ Cheque ☐ DD ☐ NEFT ☐ RTGS ☐ OTM

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DD No./UMRN/ UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number ☐ Source of payment bank is same as default bank
1		Regular	☐ Growth ☐ Income Distribution cum Capital Withdrawal Option ☐ Reinvestment of Income Distribution cum Capital Withdrawal Option ☐ Payout of Income Distribution cum Capital Withdrawal Option			

(Type of Account / Savings / Current / NRE / NRO / FCNR / NRSR) * All purchases are subject to realisation of Cheque/DD

13. 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)

☐ 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 (as per PAN)*	Date of Birth*	Father/Mother's Name*	Address	Details of Identity such as PAN/Passport	% of ownership

Please enclose self attested copy of the PAN card of the UBO along with the Application Form
*Mandatory Details to be filled

14. NOMINATION DETAILS FOR INDIVIDUALS [Minor / HUF / POA Holder / Non-Individuals cannot Nominate - Refer Instruction No. 13]

Nomination can be made upto three nominees in the account.			Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)*				
2	Share of each Nominee	Equally [If not equally, please specify percentage]	%	%	%
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant				
*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)					
4	Date of Birth* (for minor Nominee)				
5	Name of Guardian*				

Additional Details

6	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:			
	PIN Code			
7	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			
9	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] Copy of the document is not required. ☐ PAN ☐ Driving Licence ☐ Aadhaar (last 4 digits) ☐ Passport			

I/We want the details of my/our nominee to be printed in the statement of holding or statement of account, provided to me/us by the AMC/DP as follow; (please tick, as appropriate)

☐ Name of Nominee(s) ☐ Nomination: Yes/No

Name(s) of holder(s)	Signature(s) of holder/ thumb impression	Signature of two witnesses*	Name of Witness & address (Wherever applicable)*
Sole/First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

* Signature of two witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

☐ **Nomination Opt Out Declaration:** I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my/our mutual fund units held in my/our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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

*ALL Applicants must sign.

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 authorise 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 authorise the Fund to disclose details as necessary, to the Registrar & Transfer Agent, call centres, 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/judgement 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 authorisation of my/our transaction.

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage; (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) 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 along with this application for subscription.

Name of the Partners ______________________ Signatures ______________________

Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:

We are falling under "**Non-Profit Organization**" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ Yes ☐ No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If you have not registered in Darpan Portal yet, please register immediately and furnish the above information to us. Please note that failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable.

We are aware that we may be liable for any fines or other consequences as applicable under the respective statutory requirements, and we authorize you to deduct such fines / charges under intimation to us or collect such fines / charges in any other manner as might be applicable by law.