Canara Robeco Mutual Fund

CANARA ROBECO

Investment Manager : Canara Robeco Asset Management Co. Ltd.
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

ARN & Na	me of Distributor		Identification Number	Sub-Broker											
ARN	-171669	E-3440	21												
	, ,	3	on the investors' assessment of vario	ng the service rendered by the distributor.											
EUIN: I/We hereby confirm that the ast this is an "execution-only" transproper/sathe advice of in-appropriateness, manager/sales person of the distrib fees on this transaction.	he EUIN box has been intentionally left blan nsaction without any interaction or adv lles person of the above distributor or notwi , if any, provided by the employee/r utor and the distributor has not charged a	by me/us ze by the standing ationship y advisory Signature of 1st Ap	plicant / Guardian 🚫 Signature of	2nd Applicant	⊗ Signat	ture of 3rd Applicant									
INVESTOR DETAILS (MAN	DATORY)														
EXISTING FOLIO NO.				DATE											
Name (Mr/Ms/M/s)			 												
Email ID															
Telephone No.			Mobile No.												
PAN DETAILS (Furnishing of	PAN together with an attested copy	of PAN Card is mandatory)													
First Appli	cant / Guardian	Secon	d Applicant		Third Applicant										
ADDITIONAL PURCHASE	REQUEST														
Scheme Name															
Options] Growth	· · · · · · · · · · · · · · · · · · ·	Dividend Reinvestment												
Chequ	e / DD Amount (₹)		Drawn on Bank and Branch		Cheque	/D.D. No.&Date									
Investment	: Amount (₹in Figures)		Investment Amo	unt (₹in Words)	Jords)										
REDEMPTION REQUEST															
Scheme					Gro	Option (Please ✓)									
Amount		OR Number of Units	or [All units (Plea	co -/\ =	vidend Reinvestment									
SWITCH REQUEST															
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From Scheme			To Scheme												
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			ACKN OWLEDGEMENT	C	ANIAD/	ROBECO									
Folio No.		To be filled t	n by the Investor		ANAINA	ROBECO									
(To be filled in by the First app	licant/Authorized Signatory) :			1 1		Stamp Signature & Date									
Nature of Transaction	Change of Bank Particulars	Change	of Address												
For Additional Purchase	Sche	me Name හ Plan	Amount		Units										
Redemption / Systematic Withdrawal Plan	Scheme N	ame & Plan	Amount (₹)			Frequency									
Systematic Transfer Plan / Switch Over	Scl From	eme Name හ Plan To	STP Commencemer Date	t	Amount	Units									
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Systematic Investment Plan	Scheme N	ame හ Plan	Amount (₹)		Frequency										

SIP / SWP / STP FACILITY REQUEST																												
Systematic Investment Plan					Each SIP Amount (₹) Quarterly First SIP Cheque No.: Cheque date should be either 01st, 05th, 15th, 20th, 25th of the month/quarter.																							
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1st Applicant																												
Landmark																												
City																					Pin							
State																												
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DECLARATION & SIGNATURE: To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SID and Key Information Memo randum 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 confirm and certify that the source of these funds is not directly / indirectly a result of "proce eds of crime" as defined in "The Prevention of Money Laundering Act, 2002" 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 Fund's and investor's bankers 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.																												
SIGNATURE(S)																												
Applicants must sign a per mode of holding	s ⊗									8									8									
		1st A	pplican	t/Guar	dian//	Author	ised Sig	gnatory				2nd Ap	plican	t/Autho	rised S	ignato	ry					olicant,	/ Autho	rised Si	gnatory	'		
Date																				L	Place							
												TEAR	HERE					_					_					
	M/s. Karvy Computershare Pvt. Limited "Karvy Plaza" (For all Scheme) H. No. 8-2-596 Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034.																											

Tel No.: (040) 23394436, 23397901, 23312454, Fax No.: (040) 23311968, Email : crmf@karvy.com

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	TRANSACTION	SLIP FOR DIRECT PLA	AN (Please fill in BLOCK Letter)													
INVESTOR DETAILS (MAN	IDATORY)															
EXISTING FOLIO NO.			DATE													
Name (Mr/Ms/M/s)				1 1 1 1												
Email ID																
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PAN DETAILS (Furnishing of	PAN together with an attested copy of PAI	N Card is mandatory)														
First Appli	cant / Guardian	Second	Applicant	Third Appl	Third Applicant											
ADDITIONAL PURCHASE	REQUEST															
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Options																
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(To be filled in by the First app	licant/Authorized Signatory) :				Stamp Signature & Date											
Nature of Transaction	Change of Bank Particulars	Change c	of Address													
For Additional Purchase	Scheme N	ame & Plan	Amount	Units												
Redemption / Systematic	Scheme Name	& Plan	Amount (₹)		Frequency											
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Systematic Transfer Plan / Switch Over	Scheme From	Name & Plan To	STP Commencement Date	Amount	Units											
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DECLARATION	ON & SI	GNATI	JRF:	Totl	ne trust	eesCa	nara R	oheco	Mutua	l Fund	I/We	have re	ad and	lunde	rstood	the cor	ntents	of the S	ID and	Kev Inf	ormati	on Me	moran	dum of	the Sc	heme	I/Weh	nerehv
apply to the hereby conf provide all r investment involved in	e Trustees firm and necessary t. I also au	s of Ca certify y proof uthoriz	nara R that th f / docu e the F	obeco ne sour imenta und to	Mutua ce of th tion, if disclos	l Fund lese fu any, r e deta	for allo inds is i equired ils as no	otment not dire d to sub ecessa	of unitectly / instantion	ts of th Indirect ate the ne Regi	e Sche tly a re facts o	me, as sult of of this u Trans	indica "proce nderta fer age	ted ab eds of king. I ent(s),	ove ar crime have i	nd agre " as def not rece	e to ab fined ir eived n	ide by "The I or beer	the ter Preven n induc	ms, coo tion of ed by a	ndition Money ny reb	ns, rule y Laund ate or g	s and r lering gifts, di	egulati Act, 20 irectly c	ons of 02" ar or indir	the Sch nd we u ectly in	neme. Inderta makin	I /We ake to ng this
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Fax No.: (040) 233311968, Email: crmf@karvy.com