



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)

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  
Company/Body Corporate

☐  
☐

Trust  
HUF  
FIs/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)

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.

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)

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  
Company/Body Corporate

☐  
☐

Trust  
HUF  
FIs/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)

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.

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

DATE OF BIRTH\*  
(Mandatory)

☐ 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  
Company/Body Corporate

☐  
☐

Trust  
HUF  
FIs/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)

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.

Mode of Holding Please (✓)

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

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

KFin Technologies Limited

Selenium, Tower B, Plot Nos. 31 & 32, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad 500 032

Tel No. : 040 33215262/ 5269 Website : www.kfintech.com

## 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)

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  
FIs/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

Net-worth in ₹

[OR]

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 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.

## 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

DP ID No.

I

N

Depository Participant Name

Target ID No.

## FATCA/CRS DETAILS For Individuals &amp; 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Second Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third 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		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?	<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 Office

Residence

Mobile

E-mail\*

\* The primary holder's own email address and mobile number should be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions. Overseas Correspondence address (Mandatory for NRI/FII Applicant)

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)

City

State

Pin Code

## COMMUNICATION (Please ✓)

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

## 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

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 / IDCW 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/IDCW Payout is available, all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.							
SIP ENROLLMENT DETAILS							
SIP Amount (Rs.)	Enrollment Period <b>SIP :</b> Start Month <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> End on Month <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> *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 ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly							
<b>PAYMENT MECHANISM:</b> 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)							
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.							
Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number	
1			<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option				
* (Type of Account / Savings / Current / NRE / NRO / FCNR / NRSR) * All purchases are subject to realisation of Cheque/DD.							
<b>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)</b>							
<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%	
@@@ 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.							
<b>Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)</b>							
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							
NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate – Refer Instruction No. 13]							
<input type="checkbox"/> I/We _____ do hereby 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. In case, you do not wish to nominate, please sign in "Nomination Opt Out Declaration" below							
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 - <input style="width: 20px;" type="text"/> - M - <input style="width: 20px;" type="text"/> - Y - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>					
2		D - <input style="width: 20px;" type="text"/> - M - <input style="width: 20px;" type="text"/> - Y - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>					
3		D - <input style="width: 20px;" type="text"/> - M - <input style="width: 20px;" type="text"/> - Y - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>					
⊗ First/Sole Applicant/Guardian		⊗ Second Applicant		⊗ Third Applicant			
@ If the percentage of share is not mentioned, then the claim will be settled equally amongst all the indicated nominee(s)							
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 (iii) 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: <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.							
⊗ 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).	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
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.

## GOAL SIP FORM

(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

Please tick ☒ as applicable: ☐ OTBM is already registered in the folio. (No need to submit again). ☐ OTBM is attached and to be registered in the folio.

Distributor/Broker ARN/RIA Code#	Sub Broker ARN	Sub Broker/Branch/RM Internal Code	Employee Unique Identification No. (EUIN)
<b>ARN-257030</b>			<b>E 479794</b>

#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 EUIN box is left blank) - I/We hereby confirm that the EUIN 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 Distribution has opted to receive transaction 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.

**REQUEST FOR** ☐ Registration of New SIP (Default Option if Not selected) ☐ Renewal of Existing SIP ☐ Registration of Micro SIP

**SIP TYPE** ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM<sup>55</sup> ☐ SIP without first installment<sup>^</sup>

<sup>55</sup>This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

<sup>^</sup>Please attach cancelled cheque copy (The name of the first/ sole applicant must be pre-printed on the cheque)

APPLICANT DETAILS		Application No. (for new investor) / Folio No. (For existing Unitholder)
<b>Applicant</b>	<b>Name</b>	<b>PAN/PEKRN<sup>#</sup>(Mandatory)</b>
Sole/First Applicant		
Second Applicant		
Third Applicant		
Guardian <sup>@</sup> /POA Holder		

#Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. PEKRN mandatory for Micro SIP.

@If the first applicant is Minor, then please provide details of Natural/Legal Guardian.

**UNIT HOLDING OPTION** ☐ **DEMAT MODE\*** ☐ **PHYSICAL MODE (Default)** (Ref. Instruction No. 31 Demat Account details are compulsory if demat mode is opted)

\*Demat Account Details are mandatory for (i) Foreign Portfolio Investors and (ii) investors who wish to hold the units in Demat Mode (Account Statement (CAS) for units held in demat mode will be issued only by NSDL/CDSL)

NSDL	Depository Participant (DP) Name _____	DP ID _____	Beneficiary Account No. _____
CDSL	Depository Participant (DP) Name _____	Beneficiary Account No. _____	

\*Investor opting to hold units in demat form, may provide a copy of the DP statement for us to match the demat details as stated in the application form.

Please specify your Goal you wish to achieve or you can select from the below given option

**GOAL PURPOSE:** ☐ Kids Marriage ☐ Wealth Creation ☐ Kids Education ☐ Tax Savings ☐ Retirement Planning (Default) ☐ Dream Car ☐ Dream Vacation ☐ Dream House ☐ Others \_\_\_\_\_

**YOUR GOAL AMOUNT :** ₹ \_\_\_\_\_

**GOAL NAME :** \_\_\_\_\_

**INVESTMENT DETAILS FOR SIP** (Refer instruction No. 24. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

All Applicants have to submit OTBM and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

# Investor has to mandatorily mention "END DATE". "END DATE" should be less than or equal to 40 years from the application date.

Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date - (1 to 28, default date 15*)	Frequency	Start Month/Year End Month/Year#	SIP Top-up Amount TOP UP amount has to be multiples of Rs. 100 only (Minimum Rs. 100). (Refer instruction No. 29 (b))
CR	₹	DD	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From MM YY YY To MM YY YY	Amount (₹)
					Frequency
					₹ Top-up Amount Top-Up Max CAP: _____ OR _____ MM YY
(*Default Date/Frequency) (*Default/40 years)	Cheque/DD No./UTR No. (incase of NEFT/RTGS) _____ Date _____				
	OTBM Ref. No. _____				

**BANK DETAILS (OTM Bank Details to be debited for the SIP (OTBM already Registered))**

Enclose scheme specific separate cheques in the names of the schemes in which you want to invest via SIP.

We would not accept single cheque for the multiple schemes investment.

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_ Dated DD MM YY YY

**DECLARATION AND SIGNATURE(S):**

I / We hereby confirm and declare as under:

I/ We have read, understood and agree to comply with the terms and conditions of the scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP) and of NACH/ Debit Clearing / Direct Debit / Standing Instruction facilities. I/ We hereby apply to the Trustees for enrolment under the SIP.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature(s)	First/ Sole Applicant/Guardian/ POA Holder	Second Applicant	Third Applicant
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Please note: Signature(s) should be as it appears in the folio/on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.



## ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN	For Office Use Only		Date	D D / M M / Y Y Y Y											
Sponsor Bank Code		Utility Code													
<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize		Canara Robeco Mutual Fund		to debit (Please ✓)		<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others								
Bank Account Number		Destination Bank Account Number													
With Bank	Name of Destination Bank		IFSc	11 Digit IFSC				Or MICR	9 Digit MICR						
An amount of Rupees	Amount in words						Amount in Figures	₹ Amount in figures							
FREQUENCY	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & When presented						DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount							
Folio No.							Phone								
PAN							E-mail								
<ul style="list-style-type: none"><li>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.</li><li>This is to confirm that the declaration has been carefully read, understood &amp; made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me.</li><li>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.</li></ul>															
PERIOD	FROM	DD MM YYYY		Signature of Sole/First Applicant				Signature of Second Applicant				Signature of Third Applicant			
	TO***	DD MM YYYY		Name as in bank records				Name as in bank records				Name as in bank records			
***As per NPCI Circular effective from 01st April 2024, Maximum period of validity for mandate is 40 years only.															
<b>Declaration:</b> I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Canara Robeco Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I hereby authorize the representatives of Canara Robeco Mutual Fund and its Associates to contact me through any mode of communication.															
<b>Authorisation to Bank:</b> I/We wish to inform you that I/We have registered with Canara Robeco Mutual Fund for NACH/Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.															
Website: www.canararobeco.com   E-mail: crmf@canararobeco.com   Contact Centre: 1800-209-2726															

## INSTRUCTIONS cum TERMS AND CONDITIONS for OTBM facility

- Investor may register for the One Time Bank Mandate (OTBM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg. lumpsum, SIP) received through any mode i.e. physical or electronic ("OTBM facility"). Investors who have already submitted a One Time Bank Mandate (OTBM) form i.e. already registered for OTBM facility should not submit OTBM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTBM facility may fill the form.
- Investors, who have not registered for OTBM facility, may fill the OTBM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
- Where the mode of holding in the bank account is "Joint", the OTBM mandate is to be signed by all Joint holders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTBM Facility, SIP registration through OTBM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Canara Robeco Mutual Fund.
- Mandatory fields in OTBM form as per NPCI: • Date • Bank account number and Bank name • IFSC and/or MICR Code • Folio number or application number • Signatures as per bank records • Account type to be selected • Name as per bank records • Maximum amount to be mentioned in figures and words.
- Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form
- The OTBM forms require three important and mandatory dates to be filled in:**
  - Mandate Registration Date:** This date is located on the top right corner of the form. This will be the initial date from which the mandate will be registered.
  - Period "From" Date:** This is the starting date of the period for which the mandate will be applicable, should be mentioned in DD/MM/YYYY format
  - Period "To" Date:** This date will be the end of the period for which the mandate is valid. The "To" date must be within 40 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction. Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.  
The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- One Time Bank Mandate registration will be Folio based.
- Registration of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.
- Cancellation of One Time Bank Mandate will take 10 calendar days from the date of submission of the cancellation request.