Canara Robeco Mutual Fund
Investment Manager: Canara Robeco Asset Management Co. Ltd. CIN No: U65990MH1993PLC071003
Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.
Tel.: 6658 5000, Fax: 6658 5012/13, www.canararobeco.com

Application No.

CANARA ROBECO

Mutual Fund

APPLICATION FORM (Please fill in BLOCK Letters)																	
Distributor/Broker ARN/RIA	\ Code#		Sub E	Broker Co	ode / ARN	١		Employee Unique Identification Number B					Bank Serial No. / Branch Stamp / Receipt Date				
#By mentioning RIA Code, I/We as Upfront commission shall be paid															red by the	distribu	ıtor.
Declaration for "execution-only" left blank) (Refer Instruction 28): I has been intentionally left blank by without any interaction or advice by sales person of the above distril the advice of in-appropriateness relationship manager/sales per	transaction (a/We hereby co y me/us as this y the employee outor/sub bro y, if any, provi	only where I onfirm that the transaction /relationship ker or notwi ded by the	EUIN both ne EUIN l is executor omanag ithstand employe	x is cox ted er/ ing ee/				t / Guardian			f 2nd App				nature of 3		
TRANSACTION CHARGES FOR APP	LICATIONS THE	ROUGH DIST	RIBUTOI	RS ONLY	(Refer In	struction	25)										
☐ I confirm that I am a First time (₹ 150 deductible as Transact	ion Charge an	d payable to	the Dist					(₹ 100 c	that I am an eductible as T	ransacti	on Charge	and paya	ble to t				1
In case the purchase / subscriptio amount and payable to the Distrib								ceive Iransa	tion Charges,	the san	ne are ded	luctible as	applica	able from	the purci	nase / s	ubscription
EXISTING UNIT HOLDER INFORMA	TION [Please	fill in your Fo	olio Nun	nber and	proceed	to Invest	ment D	etails and P	ayment Detail	s]							
Folio No.								Name of	Ist Unit Holder								
The details in our records under th	ne folio numbe	er mentioned	d will ap	ply for th	is applica	ation.							-!				
PAN / PEKRN AND CKYC COMPLIA	NCE STATUS D	ETAILS - Man	datory	Refer In	struction	Nos. 12 &	5 26]										
	PAN/F	PEKRN # (ref	er instru	ction)		CKYC Co	mplian	ice Status** (if	yes, attach proof)		KII	V (CKYC	Identifica	ation No.)		
First / Sole Applicant@							Yes		<u> </u>								
Second Applicant							Yes		0								
Third Applicant							Yes		0								
Aadhaar Number (Optional)	First/Sole	Applicant@						Second Appl	icant		7 [Third A	pplicant		
@ If the first/sole applicant is a M	linor, then ple	ase provide	details o	f Natura	l / Legal (Guardian.	**	*Refer instruc	tion 12								
APPLICANT(S) INFORMATION [Ref	fer Instruction	1]															
NAME OF FIRST / SOLE APPLICANT	/ MINOR (inc	ase of minor	their sh	all be no	joint hol	lder)			DATE O		se of Minor	D	D	/ M I	vI / I	YY	YY
Mr. Ms. M/s.									(Manua	J L	Se of Willion		I				
Father / Husband's Name																	
Occupation Please (✓)	Private Secto Public Sector			Governn Agriculti	nent Serv urist	rice		Professional Business		tired rex Dea	er [≓ ∣	tudent ousewi			Othe Please	rs specify
Status Please(✓)	Resident Indi Minor thru G			NRI - NR Compan		Trust Corporate		HUF FIIs/FIPs		nk / Fls rtnershi	p Firm	≓ ∣	RI-NRE ociety		\mathbb{H}		
OTHER DETAILS Please tick (✓)	Ind	lividual				al (Mand											
1. Gross Annual Income Details	Please tick (✔)	Be	elow 1 La	ac	1 - 5 Li	acs	5 - ⁻	10 Lacs ?]	10	- 25 Lac	5	25 l	.acs - 1	Crore	1	Crore ප	above
Net-worth in ₹									as on (date)	D D	/ M	M / Y	Υ	Y			
2. Please tick if applicable:	Pol	itically Expos	sed Pers	on (PEP)			Re	lated to a Po	itically Expose	d Perso	n (PEP)		[Not A	pplicable		
3. Is the entity involved in / prov	iding any or th	ne following	services														
– Foreign Exchange / Money	,						YES	_									
- Gaming / Gambling / Lotter	y Services (e.g	i. casinos, be	etting sy	ndicates))		☐ YES	_									
– Money Lending / Pawning4. Any other information							YES	S N	J								
I declare that the information is t immediately in case there is any c	to the best of	my knowled		belief, a	ccurate a	nd compl	ete. I a	gree to notif	y Canara Rob	eco Mut	ual Fund	/ Canara R	obeco	Asset Ma	nagemer	it comp	any limited
			_														
ACKNOWLEDGMENT SLIP (TO	BE FILLED IN	BY THE SC	LE/FIR	ST APPL	ICANT)												
Canara Robeco M Investment Manager : Canara Rol Construction House, 4th Floor, 5, 1	oeco Asset Ma	nagement C	o. Ltd. _I , Ballard	d Estate,	Mumbai -	400 001.		A	oplication No).		C	٩N	ARA			al Fund
Received from Mr./Ms./M/s.													[Date	_/	/	
An application forms 1		male of											-	Star	mp, Signa	ture &	Date
An application for purchase of along with cheque/DD as detailed																	

NAME OF SECOND APPLICANT Mr. Ms. M/s.													
Occupation Please (✓)	Private Sector Service Public Sector		Government Serv Agriculturist	rice		Professiona Business		Retired Forex Deale	er [Student Housewife		Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian		NRI - NRO Company/Body C	Trust orporate	: 📙	HUF Flls/FIPs		Bank / Fls Partnership	Firm		NRI-NRE Society		
OTHER DETAILS Please tick (✓)	Individual		Non-Individu	al (Man	datory))							
1. Gross Annual Income Details	Please tick (✓)	Below 1	Lac1 - 5 L	acs	5 - [0]	· 10 Lacs R]	I	10 - 25 Lacs			25 Lacs - 1 Crore		1 Crore හ above
Net-worth in ₹	Dolitically Fy	anned Day	veen (DED)					date) D D	/ M N	VI /	Y Y Y Y	 Annlie	ahla
2. Please tick if applicable:	Politically Ex				KE	elateu to a Po	illically E	exposed Person	(PEP)		□ NOI	Applica	able
3. Is the entity involved in / pro		ig service	:5		□ vr	-c	10						
- Foreign Exchange / Money	•	hotting	oundicator)		☐ YE								
 – Gaming / Gambling / Lotte – Money Lending / Pawning 	rly services (e.g. casillos,	betting s	sylluicates)		☐ YE								
Any other information							10						
	to the hest of my knowl	odgo and	d holief accurate a	nd comp	loto I	agree to not	fy Canar	a Poboco Mutu	al Eund /	Cana	ra Pohoso Assat A	Manage	mont company limited
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.													
Occupation Please (✓)	Private Sector Service Public Sector		Government Serv Agriculturist	ice		Professional Business		Retired Forex Deale	r []	Student Housewife		Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian		NRI - NRO Company/Body C	Trust orporate		HUF Flls/FIPs		Bank / Fls Partnership	Firm]	NRI-NRE Society		
OTHER DETAILS Please tick (✓)	Individual		Non-Individu	al (Man	datory))							
1. Gross Annual Income Details	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 ☐ 0R]												
Net-worth in ₹							_as on (d	date) D D	/ M N	Л /	YYYY	l	
2. Please tick if applicable:	Politically Ex	posed Pe	rson (PEP)		☐ Re	elated to a Po	litically E	Exposed Person	(PEP)		☐ Not	Applica	able
3. Is the entity involved in / pro	viding any or the followi	ng service	es										
– Foreign Exchange / Money	Changer Services				☐ YE	ES N	10						
– Gaming / Gambling / Lotte	ry Services (e.g. casinos,	betting s	syndicates)		YE	ES N	10						
– Money Lending / Pawning					YE	ES N	10						
4. Any other information													
I declare that the information is immediately in case there is any			d belief, accurate a	nd comp	lete. I	agree to not	fy Canar	a Robeco Mutu	al Fund /	' Cana	ra Robeco Asset N	/lanage	ment company limited
NAME OF THE GUARDIAN (In case Mr. Ms. M/s.	of first Applicant is a Mi	nor)											n Minor Please (✔) r
Proof of DOB (Any one Mandato	ry)	ates -	School Certificate	s / Mark	Sheet	Pass Po	ort [Others					
Occupation Please (🗸)	Private Sector Service		Government Serv	<u> </u>		Professional		Retired		1	Student		Oth
, , , ,	Public Sector	_ <u></u>	Agriculturist			Business		Forex Deale	_	<u> </u> 	Housewife	<u> </u>	Others Please specify
Status Please(✓)	Resident Individual Minor thru Guardian		NRI - NRO Company/Body C			HUF Flls/FIPs		Bank / Fls Partnership	Firm _]	NRI-NRE Society		
OTHER DETAILS Please tick (🗸)	Individual	Dolassia	∐ Non-Individu					□10 251÷			OF Lace 1 C	-	☐ 1 Crore C- ab
1. Gross Annual Income Details	Please tick (▼)	Below 1	Lac	acs	[0]	· 10 Lacs R]	ı	10 - 25 Lacs			25 Lacs - 1 Crore	_ L	1 Crore & above
Net-worth in ₹							as on (d	date) D D	/ M N	Л /	YYYY	J	
2. Please tick if applicable:	Politically Ex	posed Pe	rson (PEP)		Re	elated to a Po	olitically E	Exposed Person	(PEP)		☐ Not	Applica	able
3. Is the entity involved in / pro	viding any or the followi	ng service	es										
– Foreign Exchange / Money	Changer Services				YE	ES N	10						
– Gaming / Gambling / Lotte	ry Services (e.g. casinos,	betting s	syndicates)		YE	ES N	10						
– Money Lending / Pawning					YE	ES N	10						
4. Any other information													
I declare that the information is			d belief, accurate a	nd comp	lete. I	agree to not	fy Canar	a Robeco Mutu	al Fund /	' Cana	ra Robeco Asset N	/lanage	ment company limited
immediately in case there is any Mode of Holding Please (✓) [Change in the above into	rmation.	Joint (Def	ault opti	on is A	nyone or Sur	vivor)						
					_								
										Dave	ment Details		
Sr. Scheme Name	Plan		Option			Amount	Choon	e/DD No./UTR I	No	rdy			
No.			250011		Inv	ested (₹)		ise of NEFT/RTGS			Bank a	and Bra	nch
1.													
2.													
3													

POWER OF ATTORNEY (PoA) HOLDER DETAILS									
Name of POA Mr. Ms. M/s.									
PAN		KYC [Please (✔) (M	Mandatory)] Proof Attach	ed					
Occupation Please (✓)	Private Sector Service	Government Service	Professional Retired	Student	Others				
Status Please(✓)	Resident Individual	Agriculturist NRI - NRO Trust	Business Forex De	ls NRI-NRE	Please specify				
OTHER RETAILS Discuss High (4)	Minor thru Guardian	Company/Body Corporate		hip Firm Society					
OTHER DETAILS Please tick (✓) 1. Gross Annual Income Details	☐ Individual Please tick (✓) ☐ Below 1	■ Non-Individual (Mandatory Lac ■ 1 - 5 Lacs ■ 5 -	, 10 Lacs	acs 25 Lacs - 1 Crore	1 Crore & above				
Gross / minual meeting Details	ricase tien (, zeron :	[0]	_						
Net-worth in ₹			as on (date)) / M M / Y Y Y	(
2. Please tick if applicable:	Politically Exposed Pe		elated to a Politically Exposed Per	son (PEP) N	ot Applicable				
3. Is the entity involved in / pro – Foreign Exchange / Money		es 🗌 YI	S NO						
	ry Services (e.g. casinos, betting								
- Money Lending / Pawning YES NO 4. Any other information									
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. 24)									
Nation	nal Securities Depository Limited (NSDL)	Central	Depository Services (India) Limited	f (CDSL)				
Depository Participant Name			Depository Participant Name						
DP ID No.	IN		Target ID No.						
			larger 15 No.						
FATCA/CRS DETAILS For indiv	iduals & HIJE (Mandatory) ()	Pefer instruction no. 20)							
The below information is required		Refer instruction no. 50)							
Address Type: Residen	tial 🗌 Business 🗌 Reg	stered Office (for address mention nality and Tax Residency? Yes			ntioned information (mandatory)				
Sole / First Applicant / Guardian	Yes No	Second Applicant Ye	s 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					
		urpose and associated Taxpayer Id							
	·	e form to provide the above detail: No. may not be sufficient. Ove	<u>, </u>	provide Indian Address]					
Local Address of 1st Applicant	Tovide Full Address: 1.0. Box	No. may not be summer. Ov	criscus investors will have to	STOVICE INCIDENT ACCUSES 1					
Local Address of 1st Applicant									
City	S	tate		Pin Co	de				
Tel Office		Residence		Mobile					
E-mail* P L E A	S E U S E	B L O C K L E	T T E R S						
* The primary holder's own email a Overseas Correspondence addres		be provided for speed and ease of c t)	ommunication in a convenient and	cost-effective manner, and to help p	revent traudulent transactions.				
City	S	tate		Pin Co	de				
COMMUNICATION (Please ✓)								
_		orts/Quarterly Statements/N	ewsletter/Undates or any oth	ner Statutory/Regulatory Info	rmation via Physical Mode				
BANK ACCOUNT DETAILS - Ma		ores, quarterly statements, it	ewstetter, opulates of unity of	ici statutory, negalatory illio	mation via i nysical model				
Name of the Bank									
Account No.			A/c Type (please ✓)	O SAVINGS O NRE O	CURRENT O NRO O FCNR				
			A/c Type (please ¥)	O SAVINGS O INICE O	COMMENT O TWO O PLINK				
Branch Address		. [1 1 1 1 1 1					
Bank Branch City	Sta	TE	Pin Code Please	MICR Code MICR Code enter the 9 digit number that app	pears after your cheque number)				
IFSC CODE (RTGS/NEFT)		(Mandatory for Cred		cancelled cheque OR a clear photo					
(11 Character code appearing on	your cheque leaf. If you do not fir	d this on your cheque leaf, please	check for the same with your Ban	k)					

REDEIVIPTION /	DIVIDEND REMITTANC	E [Dofor Instru	ection 201								
REDEMPTION / DIVIDEND REMITTANCE [Refer Instruction 20] It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/											
Electronic Payment destination branch corresponding to the Bank details. 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.											
If MICR and IFSC	code for Redemption/Divid	lend Payout is a	vailable all payouts will be au	ıtomatic	ally processed as	Electronic Pa	yout-RTGS/NEF	T/Direct Credit/NECS.			
SIP ENROLLME	NT DETAILS										
SIP Amount (Rs.)	Enrollment Period										
(1/2.)	REGULAR SIP : Start Mo		Y Y Y Y End Mont		VI - Y Y	YYY	Frequency Ple			ly Quarterly	
	PERPETUAL SIP : Start N	Month	Year L	until furt	her instruction (d	or) End on Mo	onth 1 2	Year 2 0 9	9		
H	in multiplies of Rs. 500/-)						·	ency Please (✔)	Half Yearly	Yearly	
			lity (Fill up SIP Registration co				ct Debit)				
		• , ,	nt through Cash/Outstation estment, drawn in favour of re				propriate schen	e name as well as the	Plan/Ontion/S	aub Ontion	
Sr.	Scheme Name	Plan	Option		Amount	Cheque/DD No./UTR No. (incase of NEFT/RTGS)		Bank and Branch and Account Number			
No.			,		Invested (₹)	(incase of	NEFI/KIGS)				
1.											
2.											
3	3										
# (Type of Accoun	t / Saving / Current / NRE /	I NRO / FCNR / N	I RSR) * All purchases are subje	ct to rea	lization of cheque	e/DD.					
	# (Type of Account / Saving / Current / NRE / NRO / FCNR / NRSn) * 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)										
Cate		ted company	Partnership Firm		ncorporated Asso			Trust	ПЕ	oreign Investor \$\$\$	
Ownership per		25%	>15%		· ·	15%		>=15%		717	
			uridical person/interest in the Trus determined as per SEBI guideline						wnership, the inv	restor will be responsible to	
	s Registrar / KRA as may be app ial Ownership (Please atta		ly about such change. eet with this format if the spa	ce provi	ded is insufficient)					
Sr.		Name			Address			Identity such as I/Passport	% o	of ownership	
							174	yr assport			
[Please attach sel	f attested copy of PAN/Pass	port (proof of ph	oto identity) along with appli	cation fo	rm]		1		'		
	ETAILS for Individuals [Minor / HUF / I	POA Holder / Non Individu								
the event of my /	our death. I/We also under	stand that all pay	ments and settlements made							r credit in this folio no. in	
AMC / Mutual Fur	nd / Trustees. I/We Nominee(s)	Namo			donot					e a valid discharge by the	
	Norminee(3)	Name	Date of Rin	th (in ca		wish to nomi		Palations			
			Date of Bir	th (in ca	se of Minor)	Name	inate of the Guardian ase of Minor)	Relations Unit H	hip with	@ % of Share	
1			D D - M	th (in ca		Name	of the Guardian		hip with		
2 3			Date of Bir	th (in ca		Name	of the Guardian		hip with		
2			D D - M	M - M - M -		Name	of the Guardian		hip with		
2 3) First/Sole Applicant/G	uardian	D D - M	M - M - M -		Name	of the Guardian	Unit H	hip with		
2 3	, , ,		D D - M	M - M - M -	se of Minor) Y Y Y Y Y Y Y Y Y	Name (in c	of the Guardian	Unit H	hip with older		
2 3 @ If the percentage	ge of share is not mention	ed then the clair	D D - M D D - M	M - M - M - M - M - M - M - M - M - M -	se of Minor) Y Y Y Y Y Y Y Y Y	Name (in c	of the Guardian ase of Minor)	Unit H	hip with older nird Applicant	@ % of Share	
2 3 @ If the percentar DECLARATION To the trustees Can- for allotment of uni	ge of share is not mention gra Robeco Mutual Fund. 1 / V ts of the Scheme, as indicates	ed then the clair Ve have read and d above and agree	n will be settled equally amo	M - M - M - M - M - M - M - M - M - M -	se of Minor) Y Y Y Y Y Y Y Y Y	Name (in c	of the Guardian ase of Minor) m of the Scheme /We hereby decl	Unit H ⊗ Th	hip with older irred Applicant he Trustees of Carised to make thi	@ % of Share	
@ If the percentar DECLARATION To the trustees Cans for allotment of uni mentioned Scheme Notifications or Dire	ge of share is not mention ara Robeco Mutual Fund. I / V ts of the Scheme, as indicate: (s) and that the amount inve- ections of the provisions of Inc	ed then the clair Ve have read and d above and agree sted in the schemome Tax Act, Anti	n will be settled equally amounderstood the contents of the to abide by the terms, condition (s) is through legitimate source (s) is through legitimate source (money Landering Act, Anti Corr	SAI, SID a ses only arruption A	se of Minor) Y Y Y Y Y Y Y Y Y Y	Name (in c	of the Guardian ase of Minor) m of the Scheme /We hereby decl igned for the pur	Unit H ⊗ Th . I/We hereby apply to the start of the st	hip with older hird Applicant he Trustees of Ca rised to make thi n or evasion of a ne to time and w	@ % of Share @ % of Share anara Robeco Mutual Fund is investment in the above invest, Rules, Regulations, we undertake to provide all	
2 3 @ If the percentar DECLARATION To the trustees Cans for allotment of uni mentioned Scheme Notifications or Dire necessary proof / dc to disclose details of	ge of share is not mention ara Robeco Mutual Fund. I / V ts of the Scheme, as indicate (s) and that the amount inve ections of the provisions of Inc ocumentation, if any, required if my/our account and all my/c	ed then the clair Ve have read and d above and agree sted in the schem ome Tax Act, Anti to substantiate thur transactions to	n will be settled equally amounderstood the contents of the to abide by the terms, conditic (s) is through legitimate source Money Laundering Act, Anti Core e facts of this undertaking. I have the intermediately whose stamp	SAI, SID a ses only arruption A ree not reco	se of Minor) Y Y Y Y Y Y Y Y Y Y	ninee(s) n Memorandu the Scheme. I and is not de licable laws en uced by any reb	of the Guardian ase of Minor) m of the Scheme, //We hereby ded igned for the puracted by the gov atte or gifts, direct	Unit H	hip with older nird Applicant he Trustees of Ca rised to make thi on or evasion of a me to time and w j this investment essary, to the Rec	@ % of Share @ % of Share anara Robeco Mutual Fund is investment in the above up Act, Rules, Regulations, we undertake to provide all i. I / We authorize the Fund gistrar & Transfer agent(s),	
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