

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
84334			

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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

<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
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 25)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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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
The details in our records under the folio number mentioned will apply for this application.

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

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

NAME OF SECOND APPLICANT

Mr. | Ms. | M/s.

NAME OF THIRD APPLICANT

Mr. | Ms. | M/s.

NAME OF THE GUARDIAN (In case First Applicant is a Minor) Relationship with Minor Please (✓)

Mr. | Ms. | M/s. Mother Father Legal Guardian

Proof of DOB (Any one Mandatory) Birth Certificates School Certificates / Mark Sheet Pass Port Others _____

Mode of Holding Please (✓)	Anyone or Survivor <input type="checkbox"/>	Single <input type="checkbox"/>	Joint <input type="checkbox"/>	(Default option is Anyone or Survivor)		
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"/> Please specify
	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Business <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>	
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"/>	Fls <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Society <input type="checkbox"/>	

POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. | Ms. | M/s.

PAN KYC [Please (✓) (Mandatory)] Proof Attached

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 / FII Applicant)

City Country Pin Code

COMMUNICATION (Please ✓)

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 SAVINGS NRE CURRENT NRO FCNR Please (✓)

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]

Electronic Payment Cheque 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.

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.

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)

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. <input type="text"/>	Target ID No. <input type="text"/>

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="text"/>
2.					<input type="text"/>
3.					<input type="text"/>

(Type of Account : Saving/Current/NRE/NRO/FCNR/NRSR) * All purchases are subject to realization of cheque/DD

SIP ENROLMENT DETAILS	
SIP Amount (Rs.)	Enrolment Period REGULAR SIP: Start Month <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly PERPETUAL SIP: Start Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Until further instruction

PAYMENT MECHANISM (✓) Option I : Debit through ECS / Auto Debit facility (Tick this box and fill up SIP ECS / Auto Debit Facility Form)
 Option II : Through Post Dated Cheques - Total Cheques _____ Cheque Nos. From To

Drawn on Bank _____ Branch & City _____

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. (Refer Ins. No. 29)

<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 CRAMC / its Registrar / KRA as may be applicable immediately about such change.
 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	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]

OTHER DETAILS (For Individuals Only)

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs
 [OR]
 Net-worth in ₹ _____ as on (date) / /

2. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

3. Any other information _____

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 of _____ units of _____ along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.	Stamp, Signature & Date
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OTHER DETAILS (For Non-Individuals Only)

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

[OR]

2. **Net-worth in ₹** _____ as on (date) / /

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 YES NO

3. **Any other information** _____

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

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. 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
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@ 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 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 confirm and certify that the source of these funds is not directly / indirectly a result of "proceeds 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 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
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

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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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.					
2.					
3.					

REGISTRAR & TRANSFER AGENTS

M/s. Karvy Computershare Pvt. Limited "Karvy Plaza"
 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