CANARA ROBECO
Mutual Fund

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

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

Distributor/Broker ARN/RIA Code#	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No./Branch Stamp / Receipt Date
ARN-79158		E027845	

#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.

The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lumpsum investments as well.

UMRN _____ Date D D / M M / Y Y Y Y

Sponsor Bank Code C I T I O O O P I G W Utility Code C I T I 0 0 0 0 2 0 0 0 0 0 0 0 3 7

☑ CREATE
☐ ~~MODIFY~~
☐ ~~CANCEL~~

I/We hereby authorize Canara Robeco Mutual Fund to debit (Please ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others _____

Bank Account Number _____

With Bank Bank Name IFSc _____ Or MICR _____

An amount of Rupees In Words Amount in Figures ₹

FREQUENCY ☑ ~~Monthly~~ ☑ ~~Quarterly~~ ☑ ~~Half Yearly~~ ☑ ~~Yearly~~ ☑ As & When presented **DEBIT TYPE** ☒ ~~Fixed Amount~~ ☑ Maximum Amount

Folio No. _____ Phone _____

PAN _____ E-mail _____

- 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.
- This is to confirm that the declaration has been carefully read, understood & 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.
- 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.

PERIOD
FROM DD MM YYYY
TO DD MM YYYY

Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
Name as in bank records	Name as in bank records	Name as in bank records

***As per NPCI Circular dated 18th Aug. 2023, mandate can be for maximum duration of 30 years from the date of application.

Declaration: 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.

Authorisation to Bank: 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.

FOR OFFICE USE ONLY (Not to be filled by in by Investor)

Acknowledgement	Date and Time Stamp No.
Investor Name: _____ Folio No./Application No. _____	

Website: www.canararobeco.com | **E-mail:** crmf@canararobeco.com | **Contact Centre:** 1800-209-2726

INSTRUCTIONS cum TERMS AND CONDITIONS for OTBM facility

1. 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.
2. Investors, who have not registered for OTBM facility, may fill the OTBM form and submit duly signed with their name mentioned.
3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
4. 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.
5. 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.
6. 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.
7. Existing investors need to provide their folio number in this mandate form and need not to fill in the Common Application Form
8. **The OTBM forms require three important and mandatory dates to be filled in:**
   a) **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.
   b) **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
   c) **Period "To" Date:** This date will be the end of the period for which the mandate is valid. The "To"* date must be within 30 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. 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.
11. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
12. One Time Bank Mandate registration will be folio based.
13. Registration or cancellation of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.

SIP REGISTRATION/RENEWAL FORM

CANARA ROBECO
Mutual Fund

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)
ARN-79158			E027845

#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

In case the subscription (lumpsum) amount Rs. 10,000/- or more and your Distributor has opted to receive transactions 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.

REQUESTR FOR

☐ Registration of New SIP (Default Option if Not slected ☐ Renewal of Existing SIP ☐ Registration of Micro SIP

SIP TYPE ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM$$ ☐ SIP without first installment
$$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.

APPLICANT DETAILS **APPLICATION NO./FOLIO NO.**

Name of Sole/1st Holder/Beneficiary Child

Name of Guardian (In case of Minor)

PAN Detials		
First Applicant/Guardian	Second Applicant	Third Applicant
Mandatory Enclousre	Mandatory Enclousre	Mandatory Enclousre
☐ PAN Proof ☐ KYC Complied	☐ PAN Proof ☐ KYC Complied	☐ PAN Proof ☐ KYC Complied
PAN Exempt KYC Ref No. (PEKRN for Micro Investments)_____	PAN Exempt KYC Ref No. (PEKRN for Micro Investments)_____	PAN Exempt KYC Ref No. (PEKRN for Micro Investments)_____

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't atach any proof. PEKRN mandatory for Micro SIP
@ If the first applicant is a Minor, then please provide detils of Natural/Legal Guardian.

UNIT HOLDING OPTION

☐ Demat Mode ☐ Physical mode (Ref. Instruction No. 31) Demat Account detials are complulsory if demat made is opted)

National Securities Depository Limited (NSDL)

DP ID No. Beneficiary Account No.

Central Depository Securities Limited (CDSL)

Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery instruction Slip (DIS)

SIP DETAILS (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 NACH mandate 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 30 years from the application date.

Sr. No.	Scheme/Plam/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#	Top up amount has to be in multiples of ₹500/-only (Minimum ₹ 500/-)	
						Amount (₹)	Frequency
1.	CR	₹	D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y To M M Y Y Y Y	₹ Top-up Amount / Top-Up Max CAP: ₹ _____ OR Y Y Y Y	☐ Yearly* ☐ Half-Yearly
2.	CR	₹	D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y To M M Y Y Y Y	₹ Top-up Amount / Top-Up Max CAP: ₹ _____ OR Y Y Y Y	☐ Yearly* ☐ Half-Yearly
3.	CR	₹	D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y To M M Y Y Y Y	₹ Top-up Amount / Top-Up Max CAP: ₹ _____ OR Y Y Y Y	☐ Yearly* ☐ Half-Yearly
4.	CR	₹	D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y To M M Y Y Y Y	₹ Top-up Amount / Top-Up Max CAP: ₹ _____ OR Y Y Y Y	☐ Yearly* ☐ Half-Yearly
5.	CR	₹	D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y To M M Y Y Y Y	₹ Top-up Amount / Top-Up Max CAP: ₹ _____ OR Y Y Y Y	☐ Yearly* ☐ Half-Yearly
(*Default Date/Frequency) (#Default/30 years)	Total						

First SIP transaction via single cheque no. **favouring Canara Robeco Mutual Fund** **Dated** D D M M Y Y Y Y

Debit Bank Details: **Bank Name:** **A/C. No.:**

YOUR CONFIRMATION/DECLARATION: I/we hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year as described in the Instruction of the common application form. 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. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

Signature(s)

Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant