

TRANSACTION SLIP FOR REGULAR PLAN (Please fill in BLOCK Letters)

ARN	Employee Unique Identification Number	Sub-Broker Code

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

<input type="checkbox"/> Signature of 1st Applicant/ Guardian	<input type="checkbox"/> Signature of 2nd Applicant	<input type="checkbox"/> Signature of 3rd Applicant
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EXISTING FOLIO NO.											DATE	D	D	M	M	Y	Y	Y	Y
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 Applicant / Guardian	Second Applicant	Third Applicant

ADDITIONAL PURCHASE REQUEST

Scheme Name																							
Options	<input type="checkbox"/> Growth						<input type="checkbox"/> Dividend Payout						<input type="checkbox"/> Dividend Reinvestment										
Cheque / DD Amount (₹)										Drawn on Bank and Branch										Cheque / D.D. No. & Date			
Investment Amount (₹ in Figures)										Investment Amount (₹ in Words)													

REDEMPTION REQUEST

Scheme											Option (Please ✓)	<input type="checkbox"/> Growth		<input type="checkbox"/> Dividend	
Amount					OR Number of Units					OR <input type="checkbox"/> All units (Please ✓)	<input type="checkbox"/> Dividend Reinvestment				

SWITCH REQUEST

Amount										OR Number of Units										OR <input type="checkbox"/> All units (Please ✓)
From Scheme										To Scheme										
Option (Please ✓)	<input type="checkbox"/> Growth						<input type="checkbox"/> Dividend Payout						<input type="checkbox"/> Dividend Reinvestment							

TRANSACTION SLIP - ACKNOWLEDGMENT

To be filled in by the Investor

Folio No.

(To be filled in by the first applicant/ Authorized Signatory) :				Stamp Signature & Date	
Received from <input type="text"/>					
Nature of Transaction	<input type="checkbox"/> Change of Bank Particulars		<input type="checkbox"/> Change of Address		
For Additional Purchase	Scheme Name & Plan		Amount (₹)	Units	
Redemption/ Systematic Withdrawal Plan	Scheme Name & Plan		Amount (₹)	Frequency	
Systematic Transfer Plan	Scheme Name & Plan		STP Commencement Date	Amount (₹)	Units
	From	To			
Systematic Investment Plan	Scheme Name & Plan		Amount (₹)	Frequency	

SIP / SWP / STP FACILITY REQUEST

Systematic Investment Plan (SIP)	Each SIP Amount (₹) <input type="text"/>		Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
	First SIP Cheque No. <input type="text"/>		(Note: Cheque should be drawn on bank details provided below) (For Auto Debit, Please attach SIP Debit mandate form)	
	SIP Auto Debit Dates : <input type="checkbox"/> 01st <input type="checkbox"/> 05th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th of the month/quarter			
	SIP Period : Start from Month <input type="text"/>		Year <input type="text"/> End on Month <input type="text"/> Year <input type="text"/>	
	SIP Top Up : Rs. (in multiples of Rs. 500/-)		Frequency Please (✓) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
Systematic Withdrawal Plan (SWP)	SWP installment amount		Amount (in words)	
			Frequency (Please ✓ any one only) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
	Scheme <input type="text"/>			
	SWP Dates : <input type="checkbox"/> 01st <input type="checkbox"/> 05th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th of the month/quarter			
	SWP Period : Start from Month <input type="text"/>		Year <input type="text"/> End on Month <input type="text"/> Year <input type="text"/>	
Systematic Transfer Plan (STP)	From (Scheme)		To (Scheme)	
	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment	
	<input type="checkbox"/> Dividend Payout		<input type="checkbox"/> Dividend Payout	
	STP Dates : <input type="checkbox"/> 01st <input type="checkbox"/> 05th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th of the month/quarter			
	<input type="checkbox"/> Monthly	Amount (₹) of STP		STP From
	<input type="checkbox"/> Quarterly	Month <input type="text"/>	Year <input type="text"/>	STP To
		Month <input type="text"/>	Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>

CHANGE OF ADDRESS (Only for Non - KYC compliant investors)

Local Address of First Applicant	<input type="text"/>														
Landmark	<input type="text"/>														
City	<input type="text"/>												PIN		
State	<input type="text"/>														
	Address for Correspondence for NRI Applicants only (Please (3)) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>														
Foreign Address (NRI / FI Applicants)	<input type="text"/>														
City	<input type="text"/>														
Country	<input type="text"/>												ZIP		

DECLARATION & SIGNATURE :

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 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.

I/We hereby declare that currently there is no subsisting order/ruling/judgment 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 authorization of my/our transaction.

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.

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.

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency.

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date <input type="text"/>			Place <input type="text"/>

R & T AGENT

M/s. KARVY COMPUTERSHARE PVT. LTD.

Unit: Canara Robeco Mutual Fund, Karvy Selenium, Tower B, Plot No. 31 & 32, Gachibowli Financial District, Nanakramguda, Serilingampally, Hyderabad - 500 032.

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