

TRANSACTION SLIP FOR REGULAR PLAN (Please fill in BLOCK Letters)																			
Distributor/Broker ARN/RIA Code#				Sub Broker Code / ARN				Employee Unique Identification Number				Bank Serial No. / Branch Stamp / Receipt Date							
24603								E024583											
#By mentioning RIA Code, I/We authorise you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Canara Robeco Mutual Fund. 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.																			
								⊗ Signature of 1st Applicant / Guardian				⊗ Signature of 2nd Applicant				⊗ Signature of 3rd Applicant			
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS 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)											
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 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"/> 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															
Payment Options				<input type="checkbox"/> Cheque / DD <input type="checkbox"/> RTGS / NEFT <input type="checkbox"/> Transfer <input type="checkbox"/> OTBM				Bank Name				Instrument No.							
₹ (in figures)								₹ (in words)											
*OTBM is already registered in the folio. (No need to submit again).																			
DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL																			
Depository Participant Name								Depository Participant (DP) ID											
Beneficiary Account Number																			
Note: 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.																			
REDEMPTION REQUEST																			
Scheme																			
Amount								OR Number of Units											
Option (Please ✓)				<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															
FOR INVESTORS WHO HAVE REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY IN THE ABOVE FOLIO																			
The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:																			
Name of Bank								Bank A/c No.											
Branch								Bank City											
Important Note: If bank account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. Canara Robeco Asset Management Company Limited will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.																			
Folio No.								TRANSACTION SLIP - ACKNOWLEDGMENT				CANARA ROBECO Mutual Fund							
								To be filled in by the Investor											
(To be filled in by the first applicant/ Authorized Signatory) :												Stamp Signature & Date							
Received from																			
Nature of Transaction																			
For Additional Purchase		Scheme Name & Plan						Amount (₹)		Cheque No.									
Redemption		Scheme Name & Plan						Amount (₹)		Units									
Switch Request		Scheme Name & Plan						Amount (₹)		Units									
		From				To													

SWITCH REQUEST

Amount OR Number of Units OR ☐ All units (Please ✓)

From Scheme

Option (Please ✓)

☐ Growth

☐ Income Distribution cum Capital Withdrawal Option

☐ Reinvestment of Income Distribution cum Capital Withdrawal Option

☐ Payout of Income Distribution cum Capital Withdrawal Option

To Scheme

Option (Please ✓)

☐ Growth

☐ Income Distribution cum Capital Withdrawal Option

☐ Reinvestment of Income Distribution cum Capital Withdrawal Option

☐ Payout of Income Distribution cum Capital Withdrawal Option

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 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.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date			Place

Registrars:

KFin Technologies Limited

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