

Investment Manager : Canara Robeco Asset Management Co. Ltd.  
Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.  
Tel. : 6658 5000. 6658 5086 Fax: 6658 5012 / 13 [www.canararobeco.com](http://www.canararobeco.com)

**CANARA ROBECO**

## TRANSACTION SUP FOR REGULAR PLAN (Please fill in BLOCK Letters)

ARN & Name of Distributor	Employee Unique Identification Number	Sub-Broker
<b>ARN-97821</b>	E113814	

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.

If the Employee Unique Identification Number (EUI) box is left blank please refer DECLARATION & SIGNATURE section related to EUI

## INVESTOR DETAILS (MANDATORY)

[illegible]

**PAN DETAILS** (Furnishing of PAN together with an attested copy of PAN Card is mandatory)

[illegible]

#### ADDITIONAL PURCHASE REQUEST

ADDITIONAL FORMSHEET 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											
Amount		OR Number of Units								OR	<input type="checkbox"/> All units (Please ✓)

**Option (Please ✓)**

☐ Growth      ☐ Dividend  
☐ Dividend Reinvestment

## SWITCH REQUEST

Amount From Scheme <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	OR	Number of Units To Scheme <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	OR	<input type="checkbox"/> All units (Please ) Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment
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## TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

ARN-97821

**CANARA ROBECO**

Folio No. | | | | | | | | | |

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

## SIP / SWP / STP FACILITY REQUEST

Systematic Investment Plan	Each SIP Amount (₹) <input type="text"/>		Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
	First SIP Cheque No.: <input type="text"/>		Cheque date should be either 01st, 05th, 15th, 20th, 25th of the month/quarter. (Note: Cheque should be drawn on bank details provided below)	
	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"/>			
Systematic Withdrawal Plan (SWP)	SWP installment amount <input type="text"/>		Amount (in words) <input type="text"/>	
			Frequency (Please any one only) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Systematic Transfer Plan (STP)	SWP From <input type="text"/>		SWP To <input type="text"/>	
	From (Scheme)		To (Scheme)	
	Scheme Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout		Scheme Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	
STP Frequency & Enrolment Period (Please ✓ any one only)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Amount (₹) of STP <input type="text"/>	STP From <input type="text"/>	STP To <input type="text"/>

## CHANGE OF ADDRESS

Local Address of 1st Applicant	<input type="text"/>			
Landmark	<input type="text"/>			
City	<input type="text"/>			Pin <input type="text"/>
State	<input type="text"/>			
Foreign Address (NRI / FI Applicants)	Address for Correspondence for NRI Applicants only ( Please (3) ) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>			
City	<input type="text"/>			
Country	<input type="text"/>			Zip <input type="text"/>

**DECLARATION & SIGNATURE :** To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SID and Key Information Memo 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 intermediary whose stamp appears on the application form. I also authorize the Fund to disclose details as necessary, to the Fund's and investor's bankers 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.

☐ **EUIN :** 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(S) Applicants must sign as per mode of holding	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant/Guardian// Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory
Date	<input type="text"/>		Place <input type="text"/>

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

(For all Scheme)

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