

Canara Robeco Mutual Fund

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

Application No. _____

APPLICATION FORM FOR DEBT SCHEMES (Please fill in BLOCK Letters)

Broker Name / ARN	Sub Broker Code / ARN	Bank Serial No. / Branch Stamp/Receipt Date
Ganesh S. Shanbhag / ARN-0988		

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.

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

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid 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	
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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 & 13]

PAN # (refer instruction)	KYC Compliance Status** (if yes, attach proof)
First / Sole Applicant [@]	Yes <input type="radio"/> No <input type="radio"/>
Second Applicant	Yes <input type="radio"/> No <input type="radio"/>
Third Applicant	Yes <input type="radio"/> No <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	DATE OF BIRTH (Mandatory in case of Minor & 1st Applicant)
Mr. Ms. M/s.	DD / MM / YYYY
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 <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>

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 (✓)	Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others <input type="checkbox"/> Please specify
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"/>

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
Tel. Off.	Resi.
	Mobile

E-Mail PLEASE USE BLOCK LETTERS

Overseas Correspondence Address (Mandatory for NRI / FI Applicant)

City	Country	Pin Code
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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 Please (✓) SAVINGS <input type="radio"/> NRE <input type="radio"/> CURRENT <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/>
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)

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

CANARA ROBECO

Application No. _____

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.

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

MODE OF PAYMENT OF REDEMPTION / DIVIDEND PROCEEDS VIA RTGS/NEFT/CHEQUE/DEMAND DRAFT (PLEASE TICK THE RELEVANT OPTION BELOW) [Refer Instruction 21]

Unit holders have the option of receiving their redemption/ dividend proceeds directly into their bank accounts (as furnished by them in the column for "bank account details" as per the following arrangements: Please (✓): (i) Electronic credit through the Real Time Gross Settlement (RTGS) System of RBI for amounts of ₹ 1.00 lac and above. (Please mention the IFSC code for RTGS of your bank/branch and full account number as appearing on your cheque leaf in the column for "bank account details" to receive redemption proceeds through RTGS) (ii) Electronic credit through the National Electronic Funds Transfer (NEFT) System of RBI. (Please mention the IFSC code for NEFT of your bank/branch and full account number as appearing on your cheque leaf in the column for "bank account details" to receive redemption proceeds through NEFT) (iii) ECS credit through ECS system of RBI (option available only for dividend payments) (Please mention 9 digit MICR as code as appearing in your cheque leaf in the column for bank account details (iv) Redemption proceeds by way of a cheque/demand draft instead of a direct credit to our account.

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. <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N																			Target ID No. _____			
I	N																							
Beneficiary Account No. <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						_____		

INVESTMENT DETAILS AND PAYMENT DETAILS (Payment through Cash/Outstation Cheques not accepted)

Kindly fill up the scheme name(s), plan/option and sub-option. For complete information on Investment Details please refer to Instructions No. 6, 7 & 8

Scheme Name : _____

Plan & Options : Growth Growth with Automatic Repurchase Dividend Dividend Payout Dividend Reinvestment Monthly Div Payout Reinvestment Quarterly Div Payout Reinvest. **Short Term Plan :** Growth Income Weekly Dividend Reinvestment Daily Dividend Reinvestment **Retail Plan :** Growth Income Daily Dividend Reinvestment Weekly Dividend Reinvestment Fortnightly Dividend Reinvestment Monthly Dividend Reinvestment **Institutional Plan :** Growth Daily Dividend Reinvestment Weekly Dividend Reinvestment Fortnightly Dividend Reinvestment Monthly Div o Payout Reinvestment Quarterly Div Payout Reinvest. **Super Institutional Plan :** Growth Daily Dividend Reinvest. Weekly Dividend Reinvest Fortnightly Dividend Reinvest Monthly Div o Payout o Reinvest Growth with Automatic Repurchase Dividend

Investment Amount (₹) _____	DD Charges# if any (₹) _____	Net Amount (₹) _____	Mode of Payment _____	Cheque / DD / Funds Transfer/ RTGS _____
Chq. / DD No. _____ Date _____ Drawn on Bank _____		Branch & City _____ <small>Strike out whichever is not applicable</small>		
A/c Type - (✓) S/B <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR* <input type="checkbox"/> *Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) evidencing source of funds				
Please (✓) RTGS <input type="checkbox"/> Fund transfer <input type="checkbox"/> Letter dated _____ of _____ Bank & Branch from A/c No. _____				

SIP ENROLMENT DETAILS

SIP Amount (Rs.) _____	Enrolment Period REGULAR SIP: Start Month <table border="1" style="display: inline-table; width: 50px; height: 15px;"><tr><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> End Month <table border="1" style="display: inline-table; width: 50px; height: 15px;"><tr><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	M	M	-	Y	Y	Y	Y	M	M	-	Y	Y	Y	Y
M	M	-	Y	Y	Y	Y									
M	M	-	Y	Y	Y	Y									
PERPETUAL SIP: Start Month _____ Year _____ 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 _____

NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 20]

I / We _____ do here by 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		<table border="1" style="display: inline-table; width: 50px; height: 15px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y			
D	D	-	M	M	-	Y	Y	Y	Y						
2		<table border="1" style="display: inline-table; width: 50px; height: 15px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y			
D	D	-	M	M	-	Y	Y	Y	Y						
3		<table border="1" style="display: inline-table; width: 50px; height: 15px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y			
D	D	-	M	M	-	Y	Y	Y	Y						

<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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@ 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 Fund's and investor's bankers for the purpose of effecting payments 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. 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.

<input type="checkbox"/> First / Sole Applicant / Guardian	<input type="checkbox"/> Second Applicant	<input 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 _____

Scheme Name : _____ Plan: _____ Option: _____

Cheque / DD No. : _____ Date : _____ Amount : ₹. _____ Bank and Branch: _____

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