

Application No.

**APPLICATION FORM (Please fill in BLOCK Letters)**

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

#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

**1. 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\*

The details in our records under the folio number mentioned will apply for this application. \*Name should be as per the PAN

**2. PAN / PEKRN AND CKYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 12 & 26]**

	PAN/PEKRN # (refer instruction)	CKYC Compliance Status** (if yes, attach proof)	KIN (CKYC Identification No.)	Gender
First / Sole Applicant@	<input type="text"/>	Yes <input type="radio"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male
Second Applicant	<input type="text"/>	Yes <input type="radio"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male
Third Applicant	<input type="text"/>	Yes <input type="radio"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male

Aadhaar Number  First/Sole Applicant@  Second Applicant  Third Applicant

PAN Card Copy is mandatory for all the unit holders/Guardian/POA/UBO to be enclosed with Application Form  
@ If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. \*\*Refer instruction 12

**3. UNIT HOLDER(S) INFORMATION [Refer Instruction No. 1]**

**NAME OF FIRST / SOLE APPLICANT / MINOR** (in case of minor there shall be no joint holder)

**In case of Minor, please tick (✓)**  Father  Mother  Legal Guardian

(In case of Legal Guardian, submission of duly notarized court order is mandatory)

DATE OF BIRTH\*

\*Date of Incorporation is mandatory for Non-Individual and Date of Birth is mandatory for Individuals and Minor

Mr. | Ms. | M/s.

\*Name should be as per the PAN  
Father/Mother's Name (Mandatory)

Occupation Please (✓)	Private Sector Service <input type="checkbox"/>	Government Service <input type="checkbox"/>	Professional Business <input type="checkbox"/>	Retired Forex Dealer <input type="checkbox"/>	Student Housewife <input type="checkbox"/>	Others <input type="checkbox"/>
	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>				Please specify
Status Please(✓)	Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	HUF <input type="checkbox"/>	Bank / FIs <input type="checkbox"/>	NRI-NRE Society <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Trust <input type="checkbox"/>	FIs/FIPs <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>		

**OTHER DETAILS** Please tick (✓)  Individual  Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓)  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  25 Lacs - 1 Crore  1 Crore & above

Net-worth in ₹  as on (date)

2. Please tick if applicable:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

3. Is the entity involved in / providing any of the following services:

- Foreign Exchange / Money Changer Services  YES  NO
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  YES  NO
- Money Lending / Pawning  YES  NO

4. Any other information

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management Company Limited immediately in case there is any change in the above information.

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

**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.

Application No.

Received from Mr./Ms./M/s.

PAN:

All Purchases are subject to realisation of cheques / Payment Instrument.

Date

Stamp, Signature & Date

**For any queries:** Call at Toll Free No. 1800-209-2726 or write to us at: crmf@canararobeco.com

<b>NAME OF SECOND UNIT HOLDER*</b>																							
Mr.   Ms.   M/s.																							
*Name should be as per the PAN																							
Father/Mother's Name (Mandatory)																							
DATE OF BIRTH* (Mandatory)																							
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D	D	/	M	M	/	Y	Y	Y	Y	Y	Y												
Occupation Please (✓)		Private Sector Service Public Sector		Government Service Agriculturist		Professional Business		Retired Forex Dealer		Student Housewife		Others Please specify											
Status Please(✓)		Resident Individual Minor thru Guardian		NRI - NRO Company/Body Corporate		Trust HUF FIs/FIPs		Bank / FIs Partnership Firm		NRI-NRE Society		Sole Proprietorship											
1. Gross Annual Income Details Please tick (✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1- 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> 1 Crore & above																							
[OR] Net-worth in ₹ _____ as on (date) _____																							
2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable																							
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<b>NAME OF THIRD UNIT HOLDER*</b>																							
Mr.   Ms.   M/s.																							
*Name should be as per the PAN																							
Father/Mother's Name (Mandatory)																							
DATE OF BIRTH* (Mandatory)																							
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D	D	/	M	M	/	Y	Y	Y	Y	Y	Y												
Occupation Please (✓)		Private Sector Service Public Sector		Government Service Agriculturist		Professional Business		Retired Forex Dealer		Student Housewife		Others Please specify											
Status Please(✓)		Resident Individual Minor thru Guardian		NRI - NRO Company/Body Corporate		Trust HUF FIs/FIPs		Bank / FIs Partnership Firm		NRI-NRE Society		Sole Proprietorship											
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<b>NAME OF THE GUARDIAN (In case if First Unit Holder is minor)*</b>																							
Mr.   Ms.   M/s.																							
*Name should be as per the PAN																							
Father/Mother's Name (Mandatory)																							
DATE OF BIRTH* (Mandatory)																							
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D	D	/	M	M	/	Y	Y	Y	Y	Y	Y												
<input type="checkbox"/> Proof of DOB (Any one Mandatory) <input type="checkbox"/> Birth Certificates <input type="checkbox"/> School Certificates / Mark Sheet <input type="checkbox"/> Passport <input type="checkbox"/> Others _____																							
Occupation Please (✓)		Private Sector Service Public Sector		Government Service Agriculturist		Professional Business		Retired Forex Dealer		Student Housewife		Others Please specify											
Status Please(✓)		Resident Individual Minor thru Guardian		NRI - NRO Company/Body Corporate		Trust HUF FIs/FIPs		Bank / FIs Partnership Firm		NRI-NRE Society		Sole Proprietorship											
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Mode of Holding Please (✓) <input type="checkbox"/> Single <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint (Default option is Anyone or Survivor)																							
<b>4. POWER OF ATTORNEY (PoA) HOLDER DETAILS</b>																							
Name of POA* Mr.   Ms.   M/s.																							
*Name should be as per the PAN																							
PAN _____ KYC [Please (✓) (Mandatory)] <input type="checkbox"/> Proof Attached																							
PAN card copy is mandatory to be enclosed with the Application Form.																							
Father/Mother's Name (Mandatory)																							
DATE OF BIRTH* (Mandatory)																							
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I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management Company Limited immediately in case there is any change in the above information.																							

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/UMRN/ UTR No. (in case of NEFT/RTGS)	Bank and Branch
1						
2						
3						

**5. 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 Instruction 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; border-collapse: collapse;"> <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																				

**6. FATCA/CRS DETAILS For Individuals & HUF (Mandatory) (Refer Instruction No. 30)**

The below information is required for all applicant(s)/guardian:  
**Address Type:**  Residential  Business  Registered Office (for address mentioned in Form/existing address appearing in Folio)  
 Do you have non-Indian Country[ies] of Birth / Citizenship / Nationality and Tax Residency?  Yes  No Please tick as applicable and if yes, provide the below mentioned information (mandatory)

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	or
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> POA <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Date of Birth	Date of Birth	
Place of Birth	Place of Birth	Place of Birth	
Country of Birth	Country of Birth	Country of Birth	
Country of Citizenship/ Nationality	Country of Citizenship/ Nationality	Country of Citizenship/ Nationality	
Are you a US Specified Person? please provide Tax Payer Id	Are you a US Specified Person? please provide Tax Payer Id	Are you a US Specified Person? please provide Tax Payer Id	please provide Tax Payer Id
Country of Tax Residency# [other than India]	Country of Tax Residency# [other than India]	Country of Tax Residency# [other than India]	Taxpayer Identification No.
1	1	1	
2	2	2	

\*Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer Identification number. In case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.

**7. 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 \_\_\_\_\_ Pin Code \_\_\_\_\_

Tel Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile No.\* + \_\_\_\_\_

E-mail\* **P L E A S E U S E B L O C K L E T T E R S** \_\_\_\_\_

\*The primary holder's own email address and mobile number shall be provided for speed and ease of communication in a convenient and cost-effective manner, and to help prevent fraudulent transactions.  
 Please tick (✓) Mobile Number is of  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian (in case of a minor)  
 Please tick (✓) Email Id is of  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian (in case of a minor)  
 Overseas Correspondence address (Mandatory for NRI/FII Applicant)

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Country \_\_\_\_\_ Overseas Mobile No.# + \_\_\_\_\_

#SMS/OTP alerts will not be triggered to overseas mobile number. Investors may receive transaction alerts and OTPs only on the registered email ID.

**8. COMMUNICATION (Please ✓)**

I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory/Regulatory Information via Physical Mode.

**9. BANK ACCOUNT DETAILS - Mandatory**

Name of the Bank \_\_\_\_\_

Account No. \_\_\_\_\_ A/c Type (please ✓)  SAVINGS  NRE  CURRENT  NRO  FCNR

Branch Address \_\_\_\_\_

Bank Branch City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_ MICR Code \_\_\_\_\_

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)

**10. REDEMPTION / IDCW REMITTANCE [Refer Instruction No. 20]**

Electronic Payment It is the responsibility of the Investor to ensure the correctness of the IFSC code/MICR code for Electronic Payout at recipient/ destination branch corresponding to the Bank details.  Cheque Payment

If MICR and IFSC code for Redemption/IDCW Payout is available, all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.

**11. SIP ENROLLMENT DETAILS**

SIP Amount (Rs.) \_\_\_\_\_ Enrollment Period

SIP : Start Month \_\_\_\_\_ Year \_\_\_\_\_ End on Month \_\_\_\_\_ Year \_\_\_\_\_ Frequency Please (✓)  Any Date  Monthly  Quarterly

\*Mandate can be registered for a maximum period of 40 years from the date of application

SIP Top-up : Rs. (in multiples of Rs. 500/-) \_\_\_\_\_ Frequency Please (✓)  Half Yearly  Yearly

**PAYMENT MECHANISM:** Debit through ECS/OTBM/Auto Debit Facility (Please fill up the SIP Registration Form along with One Time Bank Mandate Form for NACH/Direct debit)

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

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan/Option/Sub Option.

Mode of Payment:  Cheque  NEFT  RTGS  OTM

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/UMRN/ UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number <input type="checkbox"/> Source of payment bank is same as default bank
1						
2						
3						

# (Type of Account / Savings / Current / NRE / NRO / FCNR / NRSR) \* All purchases are subject to realisation of Cheque

**13. DETAILS OF BENEFICIAL OWNERSHIP (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Mandatory for Non-Individual)**

<input type="checkbox"/> Category	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor. \$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate CRAMC / its Registrar / KRA as may be applicable immediately about such change.

**Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)**

Sr.	Name (as per PAN)*	Date of Birth*	Father/Mother's Name*	Address	Details of Identity such as PAN/Passport	% of ownership

Please enclose self attested copy of the PAN card of the UBO along with the Application Form

\*Mandatory Details to be filled

**14. NOMINATION DETAILS FOR INDIVIDUALS [Minor / HUF / POA Holder / Non-Individuals cannot Nominate - Refer Instruction No. 13]**

Nomination can be made upto three nominees in the account.		Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
1	Name of the nominee(s) (Mr./Ms.)*			
2	Share of each Nominee Equally [If not equally, please specify percentage]	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
3	Relationship With the Applicant			
*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)				
4	Date of Birth* (for minor Nominee)			
5	Name of Guardian*			

Additional Details				
6	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:  PIN Code			
7	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
8	Email ID of nominee(s)/ Guardian in case of Minor			
9	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] Copy of the document is not required. <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar (last 4 digits) <input type="checkbox"/> Passport			

I/We want the details of my/our nominee to be printed in the statement of holding or statement of account, provided to me/us by the AMC/DP as follow; (please tick, as appropriate)

Name of Nominee(s)    Nomination: Yes/No

Name(s) of holder(s)	Signature(s) of holder/ thumb impression	Signature of two witnesses*	Name of Witness & address (Wherever applicable)*
Sole/First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

\* Signature of two witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

**Nomination Opt Out Declaration:** I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my/our mutual fund units held in my/our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

<input checked="" type="checkbox"/> First/Sole Applicant/Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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\*ALL Applicants must sign.