

## 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

### Request for registration of Systematic Withdrawal Plan (SWP)

#### EXISTING UNIT HOLDER DETAILS

Sole / First Investor Name	
PAN No.	
Folio No.	

#### SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme	
Plan	
Option & Sub Option	

Fixed Withdrawal Amount (₹) \_\_\_\_\_

SWP Date  1st  5th  15th  20th  25th

Withdrawal Frequency  Monthly (minimum 6)  Quarterly (minimum 6)  Yearly (minimum 2)

Period : Enrolment Period From \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

#### DECLARATION

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 intermediaries 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. I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN. 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 and hereby accept the same.

Signature of Sole / First Applicant	Signature of Second Applicant	Signature of Third Applicant

#### ACKNOWLEDGMENT SLIP (To be filled by the investor)

We acknowledge the receipt of the request for Registration of SWP from

Mr. / Ms. / M/s.	
in the Folio	
Scheme Name	Plan
Amount	From

Centre  
Signature  
and  
Stamp

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed.

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