

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

CANARA ROBECO

Application No. _____

COMMON APPLICATION FORM FOR EQUITY SCHEMES (Please fill in BLOCK Letters)

Broker Name / ARN	Sub Broker Code / ARN	Bank Serial No. / Bank Stamp / Receipt Date
ARN- 34120		

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.

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.

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) DD / MM / YYYY

Mr. | Ms. | M/s. _____
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 (✓)
Mother Father Legal Guardian

Mode of Holding Please (✓) Anyone or Survivor Single Joint (Default option is Anyone or Survivor)

Occupation Please (✓) Business Service Professional Retired Student Housewife Others Please specify

Status Please (✓) Resident Individual NRI - NRO Trust HUF Bank / Fls NRI - NRE
 Minor thru Guardian Company/Body Corporate Fls Partnership Firm AOP / BOI Society

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. Off. _____ Resi. _____ Mobile _____

E-Mail **PLEASE USE BLOCK LETTERS** _____

Overseas Correspondence Address (Mandatory for NRI / FI Applicant)

City _____ Country _____ Pin Code _____

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 NRE CURRENT NRO FCNR

Branch Address _____

Bank Branch City _____ State _____ Pin Code _____ MICR Code _____

IFSC Code (RTGS) _____ IFSC Code (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)

<p>CANARA ROBECO</p> <p>Canara Robeco Mutual Fund</p> <p>Investment manager : Canara Robeco Asset Management Company Ltd. Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.</p> <p>Received from Mr. / Ms. /M/s. An application for purchase of _____ units of _____ Scheme along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.</p>	<p>Application No. _____</p> <p>Date ___ / ___ / _____</p> <p>Stamp, Signature & Date</p>
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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 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.

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 : Canara Robeco Infrastructure Canara Robeco Equity Diversified Canara Robeco Emerging Equities Canara Robeco Equity Tax Saver Canara Robeco Nifty Index Canara Robeco Balance Canara Robeco F.O.R.C.E Fund Canara Robeco Large Cap + Fund **Options :** Growth Growth with Automatic Repurchase Dividend Dividend Payout Dividend Reinvestment

Investment Amount (₹)	DD Charges# if any (₹)	Net Amount (₹)	Mode of Payment <input type="checkbox"/> Cheque / <input type="checkbox"/> DD / <input type="checkbox"/> Funds Transfer / <input type="checkbox"/> RTGS
Chq. / DD No. _____ Date _____ Drawn on Bank _____ Branch & City _____		<i>Strike out whichever is not applicable</i>	
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 (₹)	Enrolment Period	Start Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	End Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
PAYMENT MECHANISM (✓) <input type="checkbox"/> Option I : Debit through ECS / Auto Debit facility (Tick this box and fill up SIP ECS / Auto Debit Facility Form)				
<input type="checkbox"/> Option II : Through Post Dated Cheques - Total Cheques _____ Cheque Nos. From <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> To <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>				
Drawn on Bank _____		Branch & City _____		

NOMINATION DETAILS (OPTIONAL) [Minor / HUF / POA Holder / Non Individuals cannot Nominate]

I / We _____ do hereby 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.

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		D D - M M - Y Y Y Y			
2		D D - M M - Y Y Y Y			
3		D D - M M - Y Y Y Y			

⊗ Signature of 1st Nominee / Guardian	⊗ Signature of 2nd Nominee / Guardian	⊗ Signature of 3rd Nominee / Guardian
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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.

⊗ First / Sole Applicant / Guardian	⊗ Second Applicant	⊗ 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 Canara Robeco Mutual Fund. 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 along with this application for subscription. Name of the partners _____ Signatures _____

Growth Option (1)	Growth Option with Automatic Repurchase (2)	Income / Dividend Option (3)	Bonus (4)	Total Amount Invested (5=1+2+3+4)
₹	₹	₹	₹	₹

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

REGISTRAR & TRANSFER AGENTS

M/s. Karvy Computershare Pvt. Limited "Karvy Plaza"
 (For Canara Robeco Balance and Canara Robeco Equity Diversified Schemes)
 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