

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. **0124398**

APPLICATION FORM (Please fill in BLOCK Letters)			
Broker Name / ARN	Sub Broker Code / ARN	EUIN	Bank Serial No. /Branch Stamp/Receipt Date
NJ India Invest / ARN-0155			

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. I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction 25)	
<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable 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
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 & 26]	
PAN # (refer instruction)	KYC Compliance Status** (if yes, attach proof)
First / Sole Applicant @	Yes <input type="radio"/>
Second Applicant	Yes <input type="radio"/>
Third Applicant	Yes <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 (incase of minor their shall be no joint holder)	DATE OF BIRTH (Mandatory in case of Minor)
Mr. Ms. M/s.	DD MM YY
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) <input type="checkbox"/> Birth Certificates <input type="checkbox"/> School Certificates / Mark Sheet <input type="checkbox"/> Pass Port <input type="checkbox"/> 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"/>

POWER OF ATTORNEY (PoA) HOLDER DETAILS	
Name of PoA Mr. Ms. M/s.	
PAN	KYC [Please (✓) (Mandatory)] <input type="checkbox"/> Proof Attached

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. <input type="checkbox"/> Mobile <input type="checkbox"/>
Pin Code	

E- Mail [PLEASE USE BLOCK LETTERS]	
Overseas Correspondence Address (Mandatory for NRI / FI Applicant)	
City	Country
Pin Code	

COMMUNICATION (Please ✓)	
<input type="checkbox"/> 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. **0124398**

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

REDEMPTION / DIVIDEND REMITTANCE [Refer Instruction 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/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

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 _____ DP ID No. <table border="1" style="display:inline-table; vertical-align:middle;"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Depository Participant Name _____ Target ID No. <table border="1" style="display:inline-table; vertical-align:middle;"><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>																				
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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.

S. No.	Scheme Name	Plan / Option	Amount Invested (₹)	Cheque/DDNo./UTR No. (Incase of NEFT/RTGS)	Bank and Branch and Account Number
1.					
2.					
3.					

(Type of Account : Saving/Current/NRE/NRO/FCNR/NRSR) * All purchases are subject to realization of cheque/DD

SIP ENROLMENT DETAILS

SIP Amount (Rs.) _____ Enrolment Period
REGULAR SIP: Start Month

M	M				
---	---	--	--	--	--

 End Month

M	M				
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 Frequency Please (✓) Monthly Quarterly
PERPETUAL SIP: Start Month

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 Year

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 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

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 To

--	--	--	--	--	--

 Drawn on Bank _____ Branch & City _____

NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 13]

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		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 Applicant / Guardian Signature of 2nd Applicant Signature of 3rd Applicant

@ 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 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
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

First / Sole Applicant / Guardian Second Applicant Third Applicant

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 _____

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

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