Canara Robeco Mutual Fund

CANARA ROBECO

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

TRANSACTION SLIP FOR REGULAR PLAN (Please fill in BLOCK Letters) ARN & Name of Distributor Employee Unique Identification Number Sub-Broker													
ARN & Na	me of Distributor	Employee Unique I	dentification Number	Sub-Broker									
	paid directly by the investor to the AMFI	=	n the investors' assessment of vario	us factors includi	ng the service rend	ered by the distributor.							
EUIN: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/felationship manager/slaep person of the above distributor or notivithstanding the advice of in-appropriateness, if any, provided by the employee/felationship manager/slaep serson of the distributor and the distributor has not charged any advisory fees on this transaction. Signature of 1st Applicant / Guardiar Signature of 2nd Applicant Signature of 3rd Applicant Signature Of 3													
INVESTOR DETAILS (MAN	DATORY)				<u> </u>								
EXISTING FOLIO NO.				DATE									
Name (Mr/Ms/M/s)													
Email ID													
Telephone No.			Mobile No.										
PAN DETAILS (Furnishing of	PAN together with an attested copy of PA	N Card is mandatory)											
First Appli	cant / Guardian	Second	Applicant		Third Appli	cant							
ADDITIONAL PURCHASE	REQUEST												
Scheme Name													
Options	Growth Div	vidend Payout D	ividend Reinvestment										
	e / DD Amount (₹)		rawn on Bank and Branch	Cheque / D.D. No . & Date									
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Investment	Amount (₹ in Figures)	Investment Amount (₹in Words)											
REDEMPTION REQUEST						a :: (8)							
Scheme					Gro	Option (Please ✓) with □ Dividend							
Amount		OR Number of Units	OR [All units (Pleas	se ✔) ☐ Div	vidend Reinvestment							
SWITCH REQUEST													
Amount		OR 1	Number of Units		OR	All units (Please)							
From Scheme			To Scheme										
Option (Please ✓) ☐ Gr	owth Dividend Payout	Dividend Reinvestment	Option (Please) Growtl	n Dividen	d Payout	Dividend Reinvestment							
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		TRANSACTION SLIP -	ACKN OWLEDGEMENT										
			by the Investor	C	ANARA	ROBECO							
Folio No.		1 1											
(To be filled in by the First app	licant/Authorized Signatory) :			1 1		Stamp							
Received from Nature of Transaction	Change of Bank Particulars		of Address			Signature & Date							
For Additional Purchase	 	Name & Plan	Amount		Units								
						_							
Redemption/Systematic Withdrawal Plan	Scheme Name	ਦੇ Plan	Amount (₹)			Frequency							
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Systematic Investment Plan	Scheme Name	හි Plan	Amount (₹)	•		Frequency							

SIP / SWP / STP FACILITY REQUEST																												
Systematic Investment Plan					Each SIP Amount (₹) Quarterly																							
Systematic investin		Firs	t SIP C	heque	No.:																h, 25th ovided		month	quart	er.			
				SIP Auto Debit Dates: 01st 05th 15th 20th 25th of the month/quarter																								
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				SWP installment amount											Amount (in words) Frequency (Please any one only)													
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Country																		Zip										
DECLARATION & SIGNATURE: To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SID and Key Information Memo randum 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 ag ree 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 "proce eds 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. 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.																												
SIGNATURE(S) Applicants must sign a	s ⊗									8									⊗									
per mode of holding		1st A	pplicar	ıt/Guar	dian//	Author	ised Sig	gnatory				2nd Ap	plican	t/Auth	orised S	ignato	ry				3rd App	plicant,	/ Autho	rised Si	gnatory			
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M/s. Karvy Computershare Pvt. Limited "Karvy Plaza" (For all Scheme) 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

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	TRANSACTION	SLIP FOR DIRECT PLA	AN (Please fill in BLOCK Letter)													
INVESTOR DETAILS (MAN	IDATORY)															
EXISTING FOLIO NO.			DATE													
Name (Mr/Ms/M/s)				1 1 1 1												
Email ID																
Telephone No.			Mobile No.													
PAN DETAILS (Furnishing of	PAN together with an attested copy of PAI	N Card is mandatory)														
First Appli	cant / Guardian	Second	d Applicant	Third Appl	Third Applicant											
ADDITIONAL PURCHASE	REQUEST															
Scheme Name																
Options																
Chequ	e / DD Amount (₹)	D	Orawn on Bank and Branch	Cheque	e/D.D. No.&Date											
Investment	t Amount (₹in Figures)	Investment Amount (₹ in Words)														
REDEMPTION REQUEST																
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Scheme				Gr	owth Dividend											
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SWITCH REQUEST																
Amount		OR N	Number of Units	OR	All units (Please)											
From Scheme			To Scheme		1 1 1 1 1											
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			RE													
			ACKN OWLEDGEMENT by the Investor	CANAR	ROBECO											
Folio No.		To be filled iff	by the hivestor	CANAIV	NOBLCO											
(To be filled in by the First app	licant/Authorized Signatory) :				Stamp Signature & Date											
Nature of Transaction	Change of Bank Particulars	Change c	of Address		9											
For Additional Purchase	Scheme N.	ame & Plan	Amount	Units												
Redemption / Systematic	Scheme Name	G Plan	Amount (₹)		Frequency											
Withdrawal Plan																
Systematic Transfer Plan / Switch Over	Scheme From	Name & Plan To	STP Commencement Date	Amount	Units											
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SIP / SW	P / STP	FACIL	ITY RE	QUEST																									
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.,		First SIP Cheque No.: Cheque date should be either 01st, 05th, 15th, 20th, 25th of the month/quarter. (Note: Cheque should be drawn on bank details provided below)																											
SIP Auto Debit Dates: 01st 05th 15th 20th 25th of th										of the m	nonth/o	quarter																	
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Country																			Zip										
apply to the hereby co provide al investmen	DECLARATION & SIGNATURE: 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 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, despataches, etc. for the purpose of effecting payments to me / us.																												
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Applicants	must sign a of holding	s ⊗														\otimes													
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Fax No.: (040) 233311968, Email: crmf@karvy.com