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 (Please fill in BLOCK Letters)														
	ARN & Name of Distributor		Sub-Broker											
ARN 102		E 024075												
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 INVESTOR DETAILS (MANDATORY)														
INVESTOR DETAILS (MAN	DATORY)		ı			1	ı	1 1	1 1 1					
EXISTING FOLIO NO.	LIO NO. DATE DATE													
Name (Mr/Ms/M/s)														
Email ID														
Telephone No.				Mobile	No.					Ш				
	PAN together with an attested copy of PAN	l Card is mandatory)			ļ									
First Appli	cant / Guardian	Second A	Applicant			1	ĺ	Third Appli	cant 					
ADDITIONAL PURCHASE	REQUEST													
Scheme Name														
Options	Growth Divi	dend Payout	vidend Rein	vestment										
	e / DD Amount (Rs.)			nk and Branch				Cheque	/ D.D. No. & Date					
Investment	Amount (Rs. in Figures)		Investment Amount (Rs. in Words)											
REDEMPTION REQUEST														
Scheme			1		1 1	1 1	1		Option (Please ✓)					
Scrience		1 1 1	1	<u> </u>		: /5		Gro	owth Dividend	t				
Amount		OR Number of Units			OR L All ur	nits (Plea	ise ✔)	Di	vidend Reinvestment					
SWITCH REQUEST														
Amount		OR Nu	umber of U	Inits				OR	All units (Please)					
From Scheme			To Sch	neme										
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Option (Please ✓) Gr	owth Dividend Payout	Dividend Reinvestment	Option	(Please)	J GIOWIII _	Julyidei	nd Payout		Dividend Reinvestmen					
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TRANSACTION SLIP - ACKN OWLEDGEMENT To be filled in by the Investor CANARA ROBECO														
Folio No.														
(To be filled in by the First app	licant/Authorized Signatory) :								Stamp					
Received from									Signature & Date	ā				
Nature of Transaction. Change of Bank Particulars Change of Address For Additional Purchase Scheme Name & Plan Amount Units														
<u>For Additional Purchase</u>	Scrieme No	ame o Plan		AI	iloulit		Unit	5						
Redemption / Systematic	Scheme Name 8	9 Plan		Amount	(Rs.)		Frequency							
Withdrawal Plan					,									
Systematic Transfer Plan /		Name & Plan		STP Commo			Amoun	t	Units					
Switch Over	From	То		Dat	re									

SWP / STP FAC	ILITY RE	QUES	Ī																								
			SWP installment amount										Amount (in words)									Frequency (Please any one only)					
Systematic Withdrawal Plan (SWP)																				Monthly							
				SWE	SWP From D D M M Y Y Y									SWP TO D D M M Y Y YY								_	Quarterly				
				From (Scheme)									31111					<u> </u>	To (S	cheme)							
Systematic Transfer Plan (STP)			Scheme																								
			Option Growth Dividend Reinvestment								tment	nt Growth Dividend Payout						Dividend Reinvestment									
STP Frequency & Enrolment Period		Monthly Amount (Rs.) of STP									STP From						STP To										
(Please any one only)										D				D D	M M Y Y						D	М	М	у у	l y	I y I	
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(NRI / FII Applicants)		Ì			ĺ							ĺ		ĺ													
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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.																											
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SIGNATURE(S) Applicants must sign as per mode of holding																											
per mode or nordi	¹⁹ ⊗			t/Consider // Authorize 1.5							⊗ 2nd Applicant/Authorised Sig						enatory 2rd					Applicant/ Authorised Signatory					
1st Applicant/Guardian// Authorised Signatory Date						<u> </u>	Zita Applicant, Authorised Signatory								Place					utilotiseu signatory							
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								M/:	s. Karv	/y Con	npute	rshare	Pvt.	Limite	d "Kar	vy Pla	ıza"										
(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																											