

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

TRANSACTION SLIP (Please fill in BLOCK Letters)

ARN & Name of Distributor	Sub-Broker
ARN 102683	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)

[illegible]**PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory).**

First Applicant / Guardian								Second Applicant								Third Applicant							

ADDITIONAL PURCHASE REQUEST

Scheme Name			
Options	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment
Cheque / DD Amount (Rs.)		Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)		Investment Amount (Rs. in Words)	

REDEMPTION REQUEST

[illegible]

SWITCH REQUEST

<p>Amount OR Number of Units</p> <p>From Scheme To Scheme</p> <p>Option (Please ✓) Option (Please)</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment </div>	<p style="text-align: right;">OR <input type="checkbox"/> All units (Please)</p>
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TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

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[illegible]

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP)	SWP installment amount				Amount (in words)				Frequency (Please any one only)	
									<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
	SWP From <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="YY"/> <input type="text" value=""/>				SWP To <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="YY"/> <input type="text" value=""/>					
Systematic Transfer Plan (STP)	From (Scheme)				To (Scheme)					
	Scheme									
	Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout					
STP Frequency & Enrolment Period (Please any one only)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Amount (Rs.) of STP		STP From		STP To				
					<input type="text" value="D"/> <input type="text" value="D"/> <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"/>		<input type="text" value="D"/> <input type="text" value="D"/> <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"/>			

CHANGE OF ADDRESS

[illegible]

DECLARATION & SIGNATURE : To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SID and Key Information Memo 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 intermediaries 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 as per mode of holding	⊗	⊗	⊗
	1st Applicant/Guardian// Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory
Date			Place

TEAR HERE

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