

# 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.

## APPLICATION FORM (Please fill in BLOCK Letters)

Broker Name / ARN	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No. /Branch Stamp/Receipt Date
<b>ARN 102683</b>		<b>E 024075</b>	

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.

**Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 28):** I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

<input checked="" type="checkbox"/> Signature of 1st Applicant / Guardian	<input checked="" type="checkbox"/> Signature of 2nd Applicant	<input checked="" type="checkbox"/> Signature of 3rd Applicant
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## 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)
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In case the purchase / subscription amount is ₹ 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	
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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 <sup>@</sup>	Yes <input type="radio"/>
Second Applicant	Yes <input type="radio"/>
Third Applicant	Yes <input type="radio"/>

<sup>@</sup> 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.			
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) ☐ Birth Certificates   ☐ School Certificates / Mark Sheet   ☐ Pass Port   ☐ 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 (✓)	Private Sector Service <input type="checkbox"/>	Government Service <input type="checkbox"/>	Professional <input type="checkbox"/>	Retired <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="checkbox"/> Please specify	
	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Business <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>		
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  Pin Code

Tel. Off.  Resi.  **Mobile**

**E-Mail**

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  SAVINGS ☐ NRE ☐ CURRENT ☐ NRO ☐ FCNR ☐

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)

**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.

Depository Participant Name

Target ID No.

**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.					<input type="text"/>
2.					<input type="text"/>
3.					<input type="text"/>

# (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 <b>REGULAR SIP:</b> Start Month <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <b>PERPETUAL SIP:</b> Start Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Until further instruction

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Drawn on Bank _____ Branch & City _____

Details of Beneficial Ownership (Please tick applicable category). Ownership details to be provided if the Ownership percentage/interest in the trust of any Beneficiary is as per the threshold limit provided below. Details to be provided for each such beneficiary. (Refer Ins. No. 29)					
<input type="checkbox"/> Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association/ Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor \$\$\$
Ownership per cent @@@	>25%	>15%	>15%	>=15%	

@@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.

\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate CRAMC / its Registrar / KRA as may be applicable immediately about such change.

In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate CRAMC / its Registrar / KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)				
Sr.	Name	Address	Details of Identity such as PAN / Passport	% of ownership

[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form]

OTHER DETAILS (For Individuals Only)	
1. Gross Annual Income Details Please tick (✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs <div style="text-align: center;">[OR]</div> Net-worth in ₹ _____ as on (date) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	2. Please tick if applicable: <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
3. Any other information _____	

### ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

<b>CANARA ROBECO</b> <b>Canara Robeco Mutual Fund</b> Investment manager : Canara Robeco Asset Management Company Ltd. Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.	Application No. _____  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.	<div style="border: 1px solid black; padding: 5px; text-align: center;">             Stamp, Signature &amp; Date           </div>

**OTHER DETAILS (For Non-Individuals Only)**

1. Gross Annual Income Details Please tick (✓) ☐ Below 1 Lac ☐ 1-5 lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ 1 Crore

[OR]

2. Net-worth in ₹ \_\_\_\_\_ as on (date) / /

3. Is the entity involved in / providing any or the following services

– Foreign Exchange / Money Changer Services ☐ YES ☐ NO

– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO

– Money Lending / Pawning YES NO ☐ YES ☐ NO

3. Any other information \_\_\_\_\_

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

☐ 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. ☐ 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 intermediary 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

**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

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Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.  
Tel.: 6658 5000 - 5010, 6658 5086 Fax: 6658 5012 / 13 www.canararobeco.com

## Systematic Investment Plan (SIP) Auto Debit Facility/STP/SWP/MICRO SIP

Broker Name / ARN	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No. /Branch Stamp/Receipt Date
<b>ARN 102683</b>		<b>E 024075</b>	

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.

**Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 28):** I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

☒ Signature of 1st Applicant / Guardian

☒ Signature of 2nd Applicant

☒ Signature of 3rd Applicant

## Registration cum mandate form for ECS (Debit clearing / Auto debit)

**First Investment in SIP vide a cheque** and subsequent investments via **Auto Debit**, available in select cities only.

- ☐ New SIP Registration by existing investor    ☐ Change in Bank Account for an existing Investor with Canara Robeco Mutual Fund  
☐ New SIP Registration by new investor (also attach the new application form duly filled & signed)

## Investor and investment details

Sole / First Investor Name	
PAN No. (Refer Instruction No.10)	
Folio No.	
Scheme	
Plan	
Option & Sub Option	

## SIP and Bank details

Each SIP Amount (₹)  Frequency ☐ Monthly ☐ Quarterly  
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 the month/quarter

**REGULAR SIP:** SIP Period : Start from Month  Year  End On Month  Year

**PERPETUAL SIP:** SIP Period : Start from Month  Year  Until further instruction

(Note: Please allow minimum one month for auto debit to register and start).

I/We hereby, authorize Canara Robeco Mutual Fund and their authorized service providers (M/s. Tech Process Solutions Ltd.), to debit my/our following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

## Systematic Transfer Plan (STP)

I/We would like to switch to the following: From Scheme/Option  To Scheme/Option

☐ Fixed Amount ₹  OR ☐ Capital Appreciation. Frequency ☐ Monthly ☐ Quarterly ☐ 01st ☐ 05th ☐ 15th ☐ 20th ☐ 25th of the month/quarter

**Period :** Enrolment Period From  /  /  (dd/mm/yy) To  /  /  (dd/mm/yy)

## Systematic Withdrawal Plan (SWP)

☐ Fixed Amount ₹  OR ☐ Capital Appreciation Scheme Name/Option

Frequency ☐ Monthly ☐ Quarterly ☐ 01st ☐ 05th ☐ 15th ☐ 20th ☐ 25th of the month/quarter

**Period :** Enrolment Period From  /  /  (dd/mm/yy) To  /  /  (dd/mm/yy)

## Particulars of bank account

**Account Holder Name as in Bank Account**

**Bank Name**  **Branch**

**City**  **PIN code**

**Account Number**  **Account Type** ☐ Savings ☐ Current ☐ Cash Credit

**IFSC Code (RTGS/NEFT)**  (Mandatory for Credit via NEFT/RTGS) **9 Digit MICR Code**

(Please enter the 9 digit number that appears after your cheque number)

## Declaration

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform Canara Robeco Mutual Fund about any changes in my bank account I/We have read and agreed to the terms and conditions mentioned overleaf.

First Account Holder's Signature

Second Account Holder's Signature

Third Account Holder's Signature

## For office use only (not to be filled in by investor)

Recorded on  Scheme Code

Recorded by  Credit Account Number

Bank use Mandate Ref. No.  Customer Ref. No.

## Authorisation of the Bank Account Holder (to be signed by the Account Holder)

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in Canara Robeco Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative, (M/s. Tech Process Solutions Ltd.) carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.

Bank Account Number

First Account Holder's Signature  
(As in Bank Records)

Second Account Holder's Signature  
(As in Bank Records)

Third Account Holder's Signature  
(As in Bank Records)

# MICRO SIP/SIP with Auto Debit Facility: Terms & Conditions

## 1. Micro Systematic Investment Plan including MICRO SIP

In accordance with AMFI notification and Guidelines issued, investments in mutual fund schemes [including investments in systematic Investment Plan (MICRO SIP)] by investor in a rolling 12-month period or in a financial year i.e. April to March does not exceed Rs 50,000/- (known as "Micro Investment") shall be exempted from the requirement of PAN. However, requirements of Know Your Customer (KYC) shall be mandatory. Accordingly, investors seeking the above exemption for PAN still need to submit the KYC Acknowledgement, irrespective of the amount of investment. This exemption of PAN requirement is only available to individuals (including NRIs but not PIOs), Minors and Sole proprietary firms. HUFs cannot avail this exemption.

For the purpose of identifying Micro investment, the value of investments at the investor level (first holder) will be aggregated based on the unique ID number mentioned on the KYC Acknowledgement and such aggregation shall be done irrespective of the number of folios/ accounts under which the investor is investing. All terms and conditions of Systematic Investment Plans (SIPs) shall apply to Micro SIPs. The Trustee reserves the right to change/modify the terms and conditions of Micro SIPs at a later date on a prospective basis.

2. Auto Debit facility is offered to the Investors having bank accounts in select cities mentioned above. The cities in the list may be modified / updated / changed / removed at any time in future entirely at the discretion of Canara Robeco Mutual Fund without assigning any reason or prior notice. If any city is removed, SIP instructions for investors in such cities via ECS (Debit) route will be discontinued without prior notice.
3. New Investors who wish to enroll for SIP through Auto Debit should fill the SIP Auto Debit Form in addition to the SIP Application Form provided with the Key Information Memorandum.
4. Completed Application Form, SIP Auto Debit Form and the first cheque should be submitted at least 30 Days before the first transaction date.
5. The Investor agree to abide by the terms and conditions of ECS facility of Reserve Bank of India (RBI).
6. Investors should compulsorily give a cheque for the first transaction. The cheque should be drawn on the same bank account which is to be registered for ECS (Debit).
7. The bank account provided for ECS (Debit) should participate in local MICR

clearing.

8. The cheque should be drawn in favour of Canara Robeco Mutual Fund and Crossed "A/c payee only". All cheques accompanying the SIP enrolment form should contain the SIP enrolment number on its reverse.
9. Minimum investment for Monthly SIP is ₹ 1,000/- and for quarterly SIP is ₹ 2,000/-.
10. SIP auto debit facility is available only on specific dates. Post dated SIP cheques should be dated either the 01st or 5th or 15th or 20th or 25th of every month/quarter.
11. For Systematic Withdrawal Plan (SWP)/ Systematic Transfer Plan (STP), kindly provide the SWP/STP amount you would like to redeem / Transfer, the frequency and date. The dates should be either the 1st or 5th or 15th or 20th 25th of every month/quarter. (SWP/STP plans not applicable for Micro SIP investments).
12. Investor will not hold Canara Robeco Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS.
13. Canara Robeco Asset Management Co. Ltd. (CRAMC), Canara Robeco Mutual Fund, Registrars, and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
14. Please refer the Key Information Memorandum and detailed Schemes Information Document (SID) for applicable NAV, risk factors, load and other information on respective Scheme/Plan before investing.
15. New Investors need to submit an application form and cheque (for the first instalment) in addition to the Auto Debit Form. Existing investors are required to submit the Transaction Form indicating the existing folio number and SIP details along with a cheque (for the first instalment) in addition to this form.
16. Investor can choose to discontinue this facility by giving 15 days written notice to our Branch Offices of CRAMC.
17. Canara Robeco Mutual Fund / AMC, reserves the right to reject any application inter alia in the absence of fulfillment of regulatory requirements.

## Canara Robeco Asset Management Company Ltd.

**Branch Offices:** **AHMEDABAD:** Unit No.104, Onyx Building, Near Raj Hans Society, IDBI Cross Roads, Off. C.G. Road, Ahmedabad 380 006. Tel: (079) 40278936, Fax : (079) 40264254, E-mail : crmf.ahmedabad@canararobeco.com, **BANGALORE:** 1st Floor, "Sana Plaza", 21/14 A, M.G.Road, Near Trinity Metro Station, Bangalore - 560 001. Tel: +91 80 39871400 / 01 Fax: +91 80 30901092 e-mail: crmf.bangalore@canararobeco.com. **CHANDIGARH:** Canara Bank, Circle Office, 3rd Floor, Sector 34-A, Chandigarh - 160 022. Tel:(172) 2648007, E mail: crmf.chandigarh@canararobeco.com **CHENNAI:** 770-A, 1st Floor, Spencer Annexe, Anna Salai, Chennai 600 002. Email: crmf.chennai@canararobeco.com. Tel.: (044) 28492596-98 Fax: (044) 28497023 **DELHI:** 306, Kanchen Junga Building., 18, Barakamba Road, New Delhi 110 001. Email: crmf.delhi@canararobeco.com. Tel.: (011) 23326417, Fax (011) 23354780 **GOA:** Shop No F-3, Edcon Tower, Panajim, Goa - 403 001. Tel: +91 832 2422415 / 6450631, crmf.goa@canararobeco.com **HYDERABAD:** V. V. Vintage Boulevard, 1st Floor, Municipal H. No.6-3-1093, Somajiguda, Raj Bhavan Road, Hyderabad - 500 082. Tel: (40) 39132301 / 39132302, Fax: (40) 39132300, E-mail: crmf.hyderabad@canararobeco.com **INDORE:** Bansi Trade Centre 107, 1st Floor, 581/5 M.G. Road, Indore - 452 001. Tel: (731) 6451222E-mail : crmf.indore@canararobeco.com, **KOCHI:** Door No. XL/6030, 1st Floor, Al-Falah Plaza, Opp. Oriental Bank of Commerce, Broadway North End, Kochi 682 031. Email: crmf.kochi@canararobeco.com. Tel.: (0484) 2364846/36 Fax: (0484) 2364836 **KOLKATA:** Horizon, Block B, 5th Floor, 57, Chowringhee Road, Kolkata 700 071. Email: crmf.kolkata@canararobeco.com. Tel.: (033) 30584716-19 Fax: (033) 30584720 **MANGALORE:** 1st Floor Essel Towers, Bunts Hostel Circle Mangalore 575 003. Email: crmf.mangalore@canararobeco.com. Tel: (0824) 2448804 Telefax: (0824) 2445565 **MUMBAI:** Construction House, 4th Floor, S, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001. Email: crmf.mumbai@canararobeco.com. Tel.: (022) 66585000-18, 66585085 Fax: (022) 66585012/13 **PUNE:** C-2, Deccan Mall, 2nd Floor, Next to Deccan Post Office, Deccan Gymkhana, Pune 411 004. Email: crmf.pune@canararobeco.com. Tel.: (020) 30923820 Fax: (020) 25661454 **SURAT:** M - 8/9, Jolly Plaza, Athwagate, Surat - 395 001. Tel: (261)6554243, E-mail: crmf.surat@canararobeco.com,

**Statutory Details :** Canara Robeco Mutual Fund (CRMF) has been set up as a Trust under Indian Trust Act, 1882. **Sponsors :** Canara Bank, Head Office, 112 J. C. Road, Bangalore; Robeco Groep N.V., Coolsingel 120, 3011 Rotterdam, Netherlands. Investment Manager : Canara Robeco Asset Management Co. Ltd. (CR AMC) **Risk Factors : Mutual Funds and securities investments are subject to market risks and there can be no assurance or guarantee that the objectives of the Schemes will be achieved. As with any investment in securities, the NAV of the units issued under the Schemes may go up or down depending on the factors and forces affecting the Capital markets and Money markets. Past performance of the Sponsors/AMC/Mutual Fund do not guarantee future performance of the Schemes. Canara Robeco Schemes are only the name of the scheme and does not in any manner indicate either the quality of the scheme, its future prospects or returns. The Sponsors of the Fund are not responsible or liable for any loss or shortfall resulting from the operations of the Schemes of CRMF, beyond the initial contribution of a sum of ₹ 10 lac towards the setting up of CRMF. Investors should read the Offer Document / Scheme Information Document for Scheme specific risk factors and other details before investing.**

**Mutual Fund investments are subject to market risks, read all scheme related documents carefully.**