CANARA ROBECO
Mutual Fund

SIP REGISTRATION CUM MANDATE FORM For investment through NACH/Direct Debit

(Investors applying under Direct Plan must mention "Direct " in ARN column.) All sections to be completed in ENGLISH in BLACK/BLUE COLORED INK and in BLOCK LETTERS

Distributor / Broker ARN / RIA Code#	Sub-Broker ARN Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No.(EUIN) (of Individual ARN holder or of employee / Relationship Manager / Sales Person of the Distributor)

#By mentioning RIA Code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Canara Robeco Mututal Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) - 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/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant

In case the subscription (lumpsum) amount Rs. 10,000/- or more and your Distributor has opted to receive transactions charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid the distributor. Units will be issued against the balance amount invested.

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.

Please tick (✓) ☐ New Registration ☐ Cancellation **Existing UMRN**

The Trustee, Canara Robeco Mutual Fund, I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

INVESTOR DETAILS

Sole / First Applicant's Name

Folio No. **PAN**

DEMAT ACCOUNT DETAILS (Optional) Please (✓) ☐ NSDL OR ☐ CDSL

Depository Participant (DP) ID

Depository Praticipant (DP) ID (CDSL only)

Beneficiary Account Number (NSDL only)

(The application form should mandatorily accompany the latest Client investor master / Demat account statement.)

SIP DETAILS

SIP Frequency : ☐ Monthly ☐ Quarterly

(Default SIP frequency is Monthly) In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.

SIP Date : ☐ 1st ☐ 5th ☐ 15th (Default) ☐ 20th ☐ 25th

SIP Start Month/Year M M / Y Y Y Y

SIP End Month/Year M M / Y Y Y Y

SCHEME NAME

PLAN OPTION / SUB-OPTION : Dividend Frequency:

Please refer instructions and Key Scheme Features for options. Sub-options and other facilities available under each scheme of the fund.

SIP Installment Amount Rs. Rs. in words :

FIRST INSTALLMENT PAYMENT DETAIL Cheque / DD No. _____ Date _____

Drawn on Bank / Branch / City _____

Amount Rs.

☐ **SIP TOP UP** (Optional) (Tick to avail this facility)

TOP UP Amount: Rs. _____

**TOP UP amount has to be multiples of Rs. 500 only (Minimum Rs. 500).*

TOP UP Frequency : ☐ Half Yearly ☐ Yearly

Note :
- Default Frequency is Annual
- It is mandatory to submit NACH (OTM)
- NACH mandate should be provided for maximum amount in line with your Top Up mandate & SIP tenure.

YOUR CONFIRMATION / DECLARATION: I/we hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs. 50,000 in a year as described in the Instruction of the common application form. 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. The AMC would not be liable for any delay in crediting the scheme collection accounts by the Service Providers which may result in a delay in application of NAV.

Signature(s) (As in Bank Records)

Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant

NACH MANDATE INSTRUCTION FORM (Refer Instruction over leaf before Filling)

CANARA ROBECO
Mutual Fund

DEBIT MANDATE FORM

UMRN[1] Date[2] D D / M M / Y Y Y Y

Please (✓)[7]
☐ CREATE
☐ MODIFY
☐ CANCEL

Sponsor Bank Code[3] C I T I O O O P I G W Utility Code[4] C I T I 0 0 0 0 2 0 0 0 0 0 0 0 3 7

I/We hereby authorize[5] Canara Robeco Mutual Fund to debit (Please ✓)[6] ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others _____

Bank Account Number[8]

With Bank[9] Bank Name IFSC[10] Or MICR[11]

An amount of Rupees[12] In Words Amount in Figures[13] ₹

FREQUENCY[14] ☐ Monthly ☐ Quarterly ☐ ~~Half Yearly~~ ☐ ~~Yearly~~ ☐ As & When presented **DEBIT TYPE**[15] ☐ Fixed Amount ☐ Maximum Amount

Folio No.[16] Phone[18]

PAN[17] E-mail[19]

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD[20]
FROM DD MM YYYY
TO DD MM YYYY
OR ☒ ~~Until Cancelled~~

[21]Signature Primary Account Holder	Signature Account Holder	Signature Account Holder
[22]Name as in bank records	Name as in bank records	Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the user entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorised the debit.