

# 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

## TRANSACTION SLIP FOR REGULAR PLAN (Please fill in BLOCK Letters)

ARN & Name of Distributor	Employee Unique Identification Number	Sub-Broker
Bonanza - 0186		

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.

**EUN** : I/We hereby confirm that the EUN 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.

<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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### INVESTOR DETAILS (MANDATORY)

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 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 (₹)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (₹ in Figures)	Investment Amount (₹ in Words)	

### REDEMPTION REQUEST

Scheme	Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)	Option (Please ✓)
				<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
				<input type="checkbox"/> Dividend Reinvestment

### SWITCH REQUEST

Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)
From Scheme	To Scheme	
Option (Please ✓)	Option (Please ✓)	
<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	

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### TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor



Folio No.

(To be filled in by the First applicant/Authorized Signatory) :				Stamp Signature & Date
Received from				
Nature of Transaction	<input type="checkbox"/> Change of Bank Particulars <input type="checkbox"/> Change of Address			
For Additional Purchase	Scheme Name & Plan	Amount	Units	
Redemption/Systematic Withdrawal Plan	Scheme Name & Plan	Amount (₹)	Frequency	
Systematic Transfer Plan / Switch Over	From	To	STP Commencement Date	Amount
				Units
Systematic Investment Plan	Scheme Name & Plan	Amount (₹)	Frequency	

**SIP / SWP / STP FACILITY REQUEST**

Systematic Investment Plan	Each SIP Amount (₹) <input type="text"/>	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
	First SIP Cheque No.: <input type="text"/>	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: <input type="checkbox"/> 01st <input type="checkbox"/> 05th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th of the month/quarter	
	SIP Period : Start from Month <input type="text"/> Year <input type="text"/>	End On Month <input type="text"/> Year <input type="text"/>

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"/>		SWP To <input type="text"/>	

Systematic Transfer Plan (STP)	From (Scheme)		To (Scheme)	
	Scheme			
Option		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment	
		<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Payout	

STP Frequency & Enrolment Period (Please ✓ any one only)	<input type="checkbox"/> Monthly	Amount (₹) of STP	STP From	STP To
	<input type="checkbox"/> Quarterly		<input type="text"/>	<input type="text"/>

**CHANGE OF ADDRESS**

Local Address of 1st Applicant	<input type="text"/>
Landmark	<input type="text"/>
City	<input type="text"/> Pin <input type="text"/>
State	<input type="text"/>
Foreign Address (NRI / FIJ Applicants)	Address for Correspondence for NRI Applicants only ( Please (3) ) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>
City	<input type="text"/>
Country	<input type="text"/> Zip <input type="text"/>

**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 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 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 as per mode of holding	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant/Guardian// Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory

Date	<input type="text"/>	Place	<input type="text"/>
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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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Tel.: 6658 5000, 6658 5086 Fax: 6658 5012 / 13 www.canararobeco.com

# CANARA ROBECO

## TRANSACTION SLIP FOR DIRECT PLAN (Please fill in BLOCK Letter)

### INVESTOR DETAILS (MANDATORY)

EXISTING FOLIO NO.	<input type="text"/>	DATE	<input type="text"/>
Name (Mr/Ms/M/s)	<input type="text"/>		
Email ID	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>

### PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)

First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

### ADDITIONAL PURCHASE REQUEST

Scheme Name	<input type="text"/>	
Options	<input type="text"/>	
Cheque / DD Amount (₹)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Amount (₹ in Figures)	Investment Amount (₹ in Words)	
<input type="text"/>	<input type="text"/>	

### REDEMPTION REQUEST

Scheme	<input type="text"/>	Option (Please ✓)
Amount	<input type="text"/>	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
	OR Number of Units <input type="text"/>	<input type="checkbox"/> Dividend Reinvestment
	OR <input type="checkbox"/> All units (Please ✓)	

### SWITCH REQUEST

Amount	<input type="text"/>	OR Number of Units	<input type="text"/>	OR <input type="checkbox"/> All units (Please ✓)
From Scheme	<input type="text"/>	To Scheme	<input type="text"/>	
Option	<input type="text"/>	Option	<input type="text"/>	

TEAR HERE

## TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

# CANARA ROBECO

Folio No.

(To be filled in by the First applicant/Authorized Signatory) :				Stamp Signature & Date
Received from	<input type="text"/>			
Nature of Transaction	<input type="checkbox"/> Change of Bank Particulars <input type="checkbox"/> Change of Address			
For Additional Purchase	Scheme Name & Plan	Amount	Units	
Redemption/Systematic Withdrawal Plan	Scheme Name & Plan	Amount (₹)	Frequency	
Systematic Transfer Plan / Switch Over	From <input type="text"/>	To <input type="text"/>	STP Commencement Date	Amount
Systematic Investment Plan	Scheme Name & Plan	Amount (₹)	Frequency	

**SIP / SWP / STP FACILITY REQUEST**

Systematic Investment Plan	Each SIP Amount (₹) <input type="text"/>	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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	SIP Period : Start from Month <input type="text"/> Year <input type="text"/>	End On Month <input type="text"/> Year <input type="text"/>

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"/>		SWP To <input type="text"/>	

Systematic Transfer Plan (STP)	From (Scheme)		To (Scheme)	
	Scheme	<input type="text"/>	<input type="text"/>	
	Option	<input type="text"/>	<input type="text"/>	

STP Frequency & Enrolment Period (Please ✓ any one only)	<input type="checkbox"/> Monthly	Amount (₹) of STP	STP From	STP To
	<input type="checkbox"/> Quarterly		<input type="text"/>	<input type="text"/>

**CHANGE OF ADDRESS**

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Landmark	<input type="text"/>
City	<input type="text"/> Pin <input type="text"/>
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City	<input type="text"/>
Country	<input type="text"/> Zip <input type="text"/>

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SIGNATURE(S) Applicants must sign as per mode of holding	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant/Guardian// Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory
Date	<input type="text"/>	Place	<input type="text"/>

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(For all Scheme)  
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