CANARA ROBECO

SIP Auto Debit/STP/SWP/MICRO Form No.

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 - 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
Bonanza - 0186			

Upfront commission shall be paid directly by the investor to the AMFI

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 (₹)

First SIP Cheque No.:

(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: SI

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 aut
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 Withdrawl 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

Accountholder 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 an
or not effected at all for reasons of incomplete or incorrect
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)*

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