

UMRN * Date

Please (✓)

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code

C I T I O O O P I G W

Utility Code

C I T I O O O O 2 0 0 0 0 0 0 0 3 7

I/We hereby authorize

Canara Robeco Mutual Fund

to debit (Please ✓)

- SB
- CA
- CC
- SB-NRE
- SB-NRO
- Others_____

Bank Account Number

With Bank an amount of Rupees

Bank Name

IFSc

Or MICR

In Words

₹

FREQUENCY :

- Monthly
- Quarterly
- ~~Half Yearly~~
- ~~Yearly~~
- As & When presented

DEBIT TYPE :

- Fixed Amount
- Maximum Amount

Folio No.

Phone

PAN

E-mail

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

FROM

TO

OR Until Cancelled

Signature Primary Account Holder

Signature Account Holder

Signature Account Holder

- 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.