

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

ARN-106907		E143763
<p>#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 Mutual Fund.</p> <p>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.</p>		
X	X	X
Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
<p>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.</p>		
<p>Please tick (✓) <input type="checkbox"/> New Registration <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Existing UMRN</p>		
<p>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.</p>		
INVESTOR DETAILS		SIP DETAILS
Sole / First Applicant's Name _____		SIP Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Default SIP frequency is Monthly)
Folio No. _____	PAN _____	In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP.
DEMAT ACCOUNT DETAILS (Optional) Please (✓) <input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL		SIP Date : <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th
Depository Participant (DP) ID _____	Beneficiary Account Number (NSDL only) _____	SIP Start Month/Year _____
Depository Participant (DP) ID (CDSL only) _____	(The application form should mandatorily accompany the latest Client investor master / Demat account statement.)	SIP End Month/Year _____
SCHEME NAME		<input type="checkbox"/> SIP TOP UP (Optional) (Tick to avail this facility)
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.		
Each SIP Installment Amount Rs. _____ Rs. in words : _____		TOP UP Amount: Rs. _____ *TOP UP amount has to be multiples of Rs. 500 only (Minimum Rs. 500).
FIRST INSTALLMENT PAYMENT DETAIL	Cheque / DD No. _____ Date _____	TOP UP Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Drawn on Bank / Branch / City _____	Amount Rs. _____	Note : <ul style="list-style-type: none"> ● 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.
<p>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.</p>		
Signature(s) (As in Bank Records)		
X	X	X
Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant

DEBIT MANDATE FORM

UMRN * _____ Date _____

Please (✓) CREATE MODIFY CANCEL

Sponsor Bank Code **CITIOOPIGW** Utility Code **CITIO00020000000037**

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 _____ In Words _____ ₹ _____

IFSc _____ Or MICR _____

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 _____	Signature Primary Account Holder _____	Signature Account Holder _____	Signature Account Holder _____
	TO _____	_____	_____	_____
	OR <input checked="" type="checkbox"/> Until Cancelled	_____	_____	_____

• 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.