Canara Robeco Mutual Fund Investment Manager : Canara Robeco Asset Management Co. Ltd. CIN No : U65990MH1993PLC071003 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

CANARA ROBECO

Tel.: 6658 5000 , 6658 508			rarobeco.com				Applica	tion No.				
Broker Nan	ne / ARN		APPLICATION Sub Broker Cod		ase fill in BLO Employe		dentification	n Number	Bank	Serial No. /Bra	nch Starr	p/Receipt Date
1320	61					E3	52389					
L Upfront commission shall be Declaration for "execution-only" tr (Refer Instruction 28): 1/We her intentionally left blank by me/us interaction or advice by the employed above distributor/sub broker or not if any, provided by the employed distributor/sub broker.	ansaction (only where E eby confirm that the as this transaction is es ree/relationship manage withstanding the advice of	UIN box is left black EUIN box has be recuted without a pr/sales person of fin-appropriatene	nk) een any the 255,				ssment of va			-		by the distributor. d Applicant
TRANSACTION CHARGES				AGENTS O								
I confirm that I am a Firs (₹ 150 deductible as Trar							t I am an exi ctible as Trar			ual Funds. payable to the D	istributor)	
In case the purchase / subs	cription amount is R	t 10,000 or m	ore and your Disti			e Transactio	on Charges,	the same a	re dedu	ictible as applic	able from	1 the purchase/
subscription amount and pa						nent Deta	ils and Pay	ment Deta	ils]			
Folio No.			Name of 1st Unit I									
The details in our records PAN/PEKRN AND KYC COM												
			(refer instruction)		12 0 20]	KYC Com	pliance Stat	us** (if yes	s, attac	h proof)		
First / Sole Applicant [@]						Yes	0					
Second Applicant						Yes	0					
Third Applicant						Yes	0					
@ If the first/sole applica	nt is a Minor, ther	n please provi	de details of Nat	ural / Legal	Guardian.	**Refer i	nstruction 1	2				
APPLICANT(S) INFORMATI	-						D. 1.75. 0.5	DIDTU				
NAME OF FIRST / SOLE APP	LICANT / MINOR (ir	icase of minor	their shall be no j	joint holder)			DATE OF (Mandato	BIRTH ry in case of N	Ainor)	D D / M	1 M /	YYYY
Mr. Ms. M/s.											\square	
Father/Husband's Name												
Occupation Please (Private Sector S Public Sector Resident Indivi		overnment Servic griculturist RI - NRO	🗆 Bus	siness	Forex De		Student Housewife Bank / Fl		NRI - NRE		thers 🗖 ease specify
Status Please (✓)	Minor thru Gua	ırdian □ Co	ompany/Body Corpo	rate □ Flls	. —		nip Firm 🗆	Society		NRI-NRE		
OTHER DETAILS Please tic			_		. –	-	_					
1. Gross Annual Income I	Details Please tick (•	✓) □ Below	1 Lac 📙 1-5 la	acs L 5	-10 Lacs] 10-25 La	ics 📋 >	25 Lacs - 1	Crore	🗌 1 Crore ម ដ	bove	
Net-worth in ₹				[00]		a	s on (date)	/	/[
2. Please tick if applicable	: D Politically Ex	kposed Person	(PEP)	C	Related to	a Politicall	y Exposed Po	erson (PEP)		🗌 Not App	licable	
3. Is the entity involved in	n / providing any or	the following s	services									
– Foreign Exchange / N	Noney Changer Serv	ices		🗌 YES [NO							
- Gaming / Gambling /	Lottery Services (e.e	g. casinos, bett	ing syndicates)	🗌 YES [NO							
– Money Lending / Paw	ning			🗌 YES [NO							
4. Any other information _												
I declare that the informati limited immediately in case	there is any change			ate and comp	lete. I agree to	notify Can	ara Robeco	Mutual Fun	d/ Cana	ira Robeco Asse	: Manage	ment company!
NAME OF SECOND APPLIC Mr. Ms. M/s.												
Occupation Please (\checkmark)	Private Sector S	Service 🗆 G	overnment Servio	ce 🗆 Pro	ofessional 🗆	Retired		Student			0	ithers 🗆
	Public Sector		griculturist		siness 🗖	Forex De		Housewife			Ple	ease specify
Status Please (✓)	Resident Indivi Minor thru Gua		RI - NRO ompany/Body Corpo			HUF Partnersh	nip Firm 🗆	Bank / Fl Society		NRI-NRE		
OTHER DETAILS Please tic	k (🗸) 🗌 Individual	Non-Ind	l ividual (Mandat	ory)								
1. Gross Annual Income	Details Please tick (✓) □ Below	1 Lac 🗌 1-5 k	acs 🗆 g	5-10 Lacs] 10-25 La	acs 🗌 :	>25 Lacs - 1	Crore	🗌 1 Crore မ	above	
Net-worth in ₹				[OR]		a	s on (date)					
2. Please tick if applicable		posed Person	(PEP)	C	Related to			erson (PEP)	L		ot Applica	able
3. Is the entity involved in	n / providing any or	the following s	services								be rippine	ABIC .
– Foreign Exchange / N	Noney Changer Serv	ices		🗌 YES [
– Gaming / Gambling /			ing syndicates)									
– Money Lending / Paw												
4. Any other information _	5			L	_							
I declare that the information limited immediately in case				ate and comp	olete. I agree to	o notify Can	iara Robeco	Mutual Fun	id/ Cana	ara Robeco Asse	t Manage	ement company

	т																	
NAME OF THIRD APPLICAN Mr. Ms. M/s.																		
Occupation Please (✓)	Private Secto	r Service 🗖	Govern	iment Se	ervice		Professiona		Retired			Student					Others 🗆]
	Public Sector		Agricul	turist			Business		Forex De	ealer		Housewif	e 🗆			P	lease speci	fy
Status Please (✓)	Resident Indi	ividual 🗖	NRI - NR	0			Trust		HUF			Bank / F	ls □	NRI - I	NRE 🗖			
	Minor thru Gu	Jardian 🗖	Compan	iy/Body C	orporate		FIIs/FIPs		Partners	hip Firm		Society						
OTHER DETAILS Please ti	ck (🗸) 🗌 Individu	al 🗌 Nor	n-Individu	ial (Ma	ndato	ry)												
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Nat worth in Ŧ						[OR]					-+- \ [
Net-worth in ₹ 2. Please tick if applicable		Exposed Dev	ron (DED	\	R		d to o Dolition			as on (da			/					
						elated	d to a Politica	iiiy exh	ioseu Pers	UII (PEP)	L	Not	Applica	able			
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– Gaming / Gambling ,	⁷ Lottery Services (e.g. casinos,	betting s	yndicate	es)	ΠY	'ES 🗌 NO											
– Money Lending / Pav	vnina					ΩY	ES 🗌 NO											
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4. Any other information									116 6				1/ 6					_
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NAME OF THE GUARDIAN	(In case First	Applicantis	a Minor)										R	elatio	nship wit	h Minor	Please (•	\sim
Mr. Ms. M/s.													_				gal Guard	,
Proof of DOB (Any one N	landatory) 🗖 Bir	rth Certificat	tes 🗆	School (Certific	ates ,	/ Mark Shee	t 🗆	Pass Por	t 🗆	I Oth	ers	_					
Occupation Please (✓)	Private Sector	r Service 🗖	Govern	iment Se	ervice		Professiona	al 🗆	Retired			Student					Others 🗖]
	Public Sector		Agricul	turist			Business		Forex De	ealer		Housewif	e 🗆			P	lease speci	fy
Status Please (✓)	Resident Indi	vidual 🗖	NRI - NR	0			Trust		HUF			Bank / F	ls □	NRI - I	NRE 🗖	_		
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							ES 🗌 NO											
– Gaming / Gambling /	Lottery Services (e	a.g. casinos,	betting s	yndicate			es 🗌 No											
– Money Lending / Paw	5					L YE	ES 🗌 NO											
4. Any other information _ I declare that the informati		f my knowle	dae and k	aliaf ac	curato	and c	omplete Lac	reeto	notify Car	ara Roh		Autual Eur	nd/Car	ara Po	hoco Ass	ot Mana	noment co	
limited immediately in case	there is any chang	e in the abov	e informa		curate		Jinpiete. Lag	Tee to	notity Cal		Jeco N	nutuai Fui	iu/ Cai		DECO ASS	et Malla	jennenit co	inpany
Mode of Holding Please (🗸) Anyone or Su	rvivor 🗆	Single				Joint		(Default	option	is An	yone or S	urvivo)				
POWER OF ATTORNEY (P			1 1	1 1	1 1								<u> </u>		1	<u> </u>	1 1	
Name of PoA Mr. Ms.	M/S.							<u> </u>										
		KYC [F	Please (✓)	(Manda	atory)]		Proof Attach	hor										
Occupation Please (✓)	Private Secto	r Service 🗖	Govern	nment S	ervice	_		ieu										
						Ш	Professiona		Retired			Student					Others E]
	Public Sector							al 🗆	Retired Forex De	ealer		Housewit	fe 🗆				Others C	
Status Please (✓)	Resident Indi	ividual 🗖	Agricul NRI - NR	turist 0			Business Trust		Forex De HUF			Housewil Bank / F	fe □ Fls □	NRI -	NRE 🗖	F		
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FATCA/CRS DETAILS For Individ					ual investors should mandatoril	y fill separate FATCA details form
The below information is required Address Type: Do you have non-Inidian Country	d for all applicant(s)/ guardian] Business □ Registered Office ([ies] of Birth/Citizenshi/Nationalit	for address mentioned in form/ex	isting address appearing □ No Please tick as a		and if yes, provide the below m	entioned information (mandatory)
Sole/First Applicant/Guardia	n 🗆 Yes 🗆 No	2nd Applicant	□ Yes □ No	D	□ 3rd Applicant □ Yes □	No or □ POA □ Yes □ No
Date Of Birth						
Place Of Birth						
Country of Birth		Country of Birth			Country of Birth	
Country of Citizenship/		Country of Citizenship/			Country of Citizenship/	
Nationality		Nationality			Nationality	
Are you a US Specified Person?	□ Yes □ No please provide Tax Payer Id	Are you a US Specified Person?	Please provide Tax F	Payer Id	Are you a US Specified Person?	□ Yes □ No please provide Tax Payer Id
Country of Tax Residency# [other than India]	Taxpayer Identification No	Country of Tax Residency# [other than India]	Taxpayer Identificat		Country of Tax Residency# [other than India]	Taxpayer Identification No
1		1			1	
2		2		2	2	
# Please indicate all countries in v In case of applications with PoA, t	which you are a resident for tax pu the PoA holder should fill separate					
MAILING ADDRESS [Please pro			· · · · · · · · · · · · · · · · · · ·	ave to prov	vide Indian Address]	
Local Address of 1st Applicant	-					
City	State				Pin Co	ode
Tel. Off.	Resi.			Mobile		
E-Mail P L E A S E	USE BLOCK	L E T T E R S				
Overseas Correspondence Add	ress (Mandatory for NRI / FII Ap	plicant)				
City		Country			Pin Co	ode
COMMUNICATION (Please ✓)				<u> </u>		
	ount Statements/Annual Repo	orts/Quarterly Statements/Ne	wsletter/Updates or	r any othe	er Statutory Information via	E- mail/SMS alerts in lieu of
Physical Documents. BANK ACCOUNT DETAILS - Man	datory					
Name of the Bank						
Account No.				. Type		
				ase (✓)	SAVINGS O NRE O CL	JRRENT O NRO O FCNR O
Branch Address						
Bank Branch City	State	Pin	Code	(Diassa	MICR Code	
IFSC Code (RTGS/NEFT)		(Mandatory for Cre	edit via NEFT/RTGS) Pleas	ise attach a ca	incelled cheque OR	appears after your cheque number)
(11 Character code appearing on	your cheque leaf. If you do not fin	d this on your cheque leaf, please	check for the same with	ar photo copy th your Ban	y of a cheque K	
	MITTANCE [Refer Instruction 2 esponsibility of the Investor to ensure t		code for Electronic	Chanue De		
If MICR and IFSC code for Redemption/	esponsibility of the Investor to ensure to recipient/destination branch correspon Dividend Payout is available all payouts			Cheque Pa		
SIP ENROLMENT DETAILS	chi i ayout is available all paybuts	Se automaticuity protesseu as Elec		Linear creatit/1		
SIP Amount E (Rs.) R	nrolment Period REGULAR SIP: Start Month M	M - Y Y Y End M	onth MM - Y	YYY	Frequency Please (✓) □ Monthly	Quarterly
	ERPETUAL SIP: Start Month	Year Year		instruction		2 Year 2 0 9 9
SIP Top Up : Rs.		Free	quency : 🔲 Half Yea	early 🗆 '	Yearly	
(in multiplies of Rs. 500/-)			ase (√)	,	•	
PAYMENT MECHANISM: Debit	through ECS / Auto Debit faci	ility (Fill up SIP Registration cu	Im mandate form for	or NACH/EC	CS/Direct Debit)	
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ACKNOWLEDGEMENT SLIP (TO) BE FILLED IN BY THE SOLE/FI	RST APPLICANT)				
CANARA RO	BECO			Appli	cation No.	
	a Robeco Asset Management			Аррію	cation No.	
	r, 5, Walchand Hirachand Ma	rg, Ballard Estate, Mumbai 40	0001.			Date / /
Received from Mr. / Ms. /M/s						Stamp,
	units of tailed overleaf. Cheques / Dra	fts are subject to realisation				Signature & Date
	taneu ovenear. eneques/ Did					

S. No.	ate cheque / demand dra	ft must be iss	ued for each inve	stment, drav	n in favour of respectiv	1				name as well as the F	Plan / Opt	on /Sub Opt
	Scheme Nar	ne	Plan		Option	Amo Inves	ene	que/DDNo., ase of NEFT,		Bank and Branc	h and Acco	ount Numbe
1.					Dividend (Payou	t)			_			
					d (Reinvestment)	:)						
2.					d (Reinvestment)							
3.					Dividend (Payout d (Reinvestment)				-			
	e of Account : Saving/C			SR) * All pure	hases are subject to r							
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\$\$\$ In the CRAMC /	Ownership percentage of shar e case of Foreign investors, th / its Registrar / KRA as may be	e beneficial owr applicable imm	nership will be deter ediately about such	mined as per SE change.	BI guidelines. For details refe	er to SAI/relevant	Addendum. In	hed by the inve case of any cha	stor. nge in the bei	neficial ownership, the ir	nvestor will I	e responsible
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□I/W	Ve in this folio no. in the	event of m	w / our death	I / We also	understand that all	do here	by nominate	the under	mentione	d Nominee(s) to re	eceive the	e units to m f the Nom
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