

NAME OF THIRD APPLICANT
Mr. | Ms. | M/s.

Occupation Please (✓)	Private Sector Service <input type="checkbox"/>	Government Service <input type="checkbox"/>	Professional <input type="checkbox"/>	Retired <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="checkbox"/> Please specify
	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Business <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>	
Status Please (✓)	Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust <input type="checkbox"/>	HUF <input type="checkbox"/>	Bank / Fls <input type="checkbox"/>	NRI - NRE <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Company/Body Corporate <input type="checkbox"/>	Fls/FPIs <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Society <input type="checkbox"/>	

OTHER DETAILS Please tick (✓) Individual Non-Individual (Mandatory)

1. Gross Annual Income Details Please tick (✓) Below 1 Lac 1-5 lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore 1 Crore & above
[OR]
 Net-worth in ₹ _____ as on (date) / /

2. Please tick if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

3. Is the entity involved in / providing any or the following services
 – Foreign Exchange / Money Changer Services YES NO
 – Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES NO
 – Money Lending / Pawning YES NO

4. Any other information _____

I declare that the information is to the best of my knowledge and belief ,accurate and complete. I agree to notify Canara Robeco Mutual Fund/ Canara Robeco Asset Management company limited immediately in case there is any change in the above information.

NAME OF THE GUARDIAN (In case First Applicant is a Minor)
Mr. | Ms. | M/s. Relationship with Minor Please (✓)
Mother Father Legal Guardian

Proof of DOB (Any one Mandatory) Birth Certificates School Certificates / Mark Sheet Pass Port Others _____

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	Public Sector <input type="checkbox"/>	Agriculturist <input type="checkbox"/>	Business <input type="checkbox"/>	Forex Dealer <input type="checkbox"/>	Housewife <input type="checkbox"/>	
Status Please (✓)	Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust <input type="checkbox"/>	HUF <input type="checkbox"/>	Bank / Fls <input type="checkbox"/>	NRI - NRE <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Company/Body Corporate <input type="checkbox"/>	Fls/FPIs <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Society <input type="checkbox"/>	

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Mode of Holding Please (✓) Anyone or Survivor Single Joint (Default option is Anyone or Survivor)

POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. | Ms. | M/s.

PAN KYC [Please (✓) (Mandatory)] Proof Attached

Occupation Please (✓)	Private Sector Service <input type="checkbox"/>	Government Service <input type="checkbox"/>	Professional <input type="checkbox"/>	Retired <input type="checkbox"/>	Student <input type="checkbox"/>	Others <input type="checkbox"/> Please specify
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DEMAT ACCOUNT DETAILS (This section to be filled only if investor wish to hold units in demat form) (Client Master List (CML) to be enclosed) (Refer instructions No. 23)

National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)	
Depository Participant Name	Depository Participant Name _____		
DP ID No.	<input type="text"/>	Target ID No.	<input type="text"/>

FATCA/CRS DETAILS For Individuals & HUF (Mandatory) (Refer instruction no.29) Non Individual investors should mandatorily fill separate FATCA details form

The below information is required for all applicant(s)/ guardian
Address Type: Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)
 Do you have non-Indian Country[ies] of Birth/Citizenshi/Nationality and Tax Residency? Yes No Please tick as applicable and if yes, provide the below mentioned information (mandatory)

Sole/First Applicant/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		2nd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		3rd Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> POA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Of Birth					
Place Of Birth					
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id
Country of Tax Residency# [other than India]	Taxpayer Identification No	Country of Tax Residency# [other than India]	Taxpayer Identification No	Country of Tax Residency# [other than India]	Taxpayer Identification No
1		1		1	
2		2		2	

Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer Identification number.
 In case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.

MAILING ADDRESS [Please provide Full Address. P. O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address]

Local Address of 1st Applicant -

City State Pin Code

Tel. Off: Resi. **Mobile**

E-Mail

Overseas Correspondence Address (Mandatory for NRI / FII Applicant)

City Country Pin Code

COMMUNICATION (Please ✓)

I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E- mail/SMS alerts in lieu of Physical Documents.

BANK ACCOUNT DETAILS - Mandatory

Name of the Bank

Account No. A/c. Type SAVINGS NRE CURRENT NRO FCNR Please (✓)

Branch Address

Bank Branch City State Pin Code MICR Code

IFSC Code (RTGS/NEFT) (Mandatory for Credit via NEFT/RTGS) Please attach a cancelled cheque OR a clear photocopy of a cheque

REDEMPTION / DIVIDEND REMITTANCE [Refer Instruction 20]

Electronic Payment It is the responsibility of the Investor to ensure the correctness of the IFSC code/ MICR code for Electronic Payout at recipient/destination branch corresponding to the Bank details. Cheque Payment

If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

SIP ENROLMENT DETAILS

SIP Amount (Rs.)

Enrolment Period **REGULAR SIP:** Start Month --- End Month --- Frequency Monthly Quarterly Please (✓)

PERPETUAL SIP: Start Month Year Until further instruction (or) End on Month Year

SIP Top Up : Rs. Frequency : Half Yearly Yearly (in multiples of Rs. 500/-) Please (✓)

PAYMENT MECHANISM: Debit through ECS / Auto Debit facility (Fill up SIP Registration cum mandate form for NACH/ECS/Direct Debit)

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

CANARA ROBECO
Canara Robeco Mutual Fund
 Investment manager : Canara Robeco Asset Management Company Ltd.
 Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.

Application No. _____
 Date ___ / ___ / _____

Received from Mr. / Ms. /M/s.
 An application for purchase units of _____
 along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

Stamp,
Signature & Date