

**TRANSACTION SLIP FOR DIRECT PLAN (Please fill in BLOCK Letters)**

|                       |  |  |  |  |  |  |  |  |  |            |      |   |   |   |   |   |   |   |   |
|-----------------------|--|--|--|--|--|--|--|--|--|------------|------|---|---|---|---|---|---|---|---|
| EXISTING FOLIO NO.    |  |  |  |  |  |  |  |  |  |            | DATE | D | D | M | M | Y | Y | Y | Y |
| Name<br>(Mr/ Ms/ M/s) |  |  |  |  |  |  |  |  |  |            |      |   |   |   |   |   |   |   |   |
| Email ID              |  |  |  |  |  |  |  |  |  |            |      |   |   |   |   |   |   |   |   |
| Telephone No.         |  |  |  |  |  |  |  |  |  | Mobile No. |      |   |   |   |   |   |   |   |   |

**PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)**

|                                   |                         |                        |
|-----------------------------------|-------------------------|------------------------|
| <b>First Applicant / Guardian</b> | <b>Second Applicant</b> | <b>Third Applicant</b> |
|                                   |                         |                        |

**ADDITIONAL PURCHASE REQUEST**

|  |  |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--------------|--|--|--|--|---|--|--|--|--|--|--|--|--|
| Scheme Name  |  |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Options  | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Payment Options  | <input type="checkbox"/> Cheque / DD <input type="checkbox"/> RTGS / NEFT <input type="checkbox"/> Transfer <input type="checkbox"/> OTBM                    Bank Name <input type="text"/> Instrument No. <input type="text"/>  |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |
| ₹ (in figures)   |  |  |  |  | ₹ (in words) |  |  |  |  |   |  |  |  |  |  |  |  |  |
| *OTBM is already registered in the folio. (No need to submit again).   |  |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <b>DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT</b> <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL   |  |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Depository Participant Name <input type="text"/>   |  |  |  |  |              |  |  |  |  | Depository Participant (DP) ID <input type="text"/> |  |  |  |  |  |  |  |  |
| Beneficiary Account Number <input type="text"/>  |  |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Note: In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency. |  |  |  |  |              |  |  |  |  |   |  |  |  |  |  |  |  |  |

**REDEMPTION REQUEST**

|                   |  |  |  |  |                    |  |  |  |  |    |   |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--------------------|--|--|--|--|----|---|--|--|--|--|--|--|--|--|
| Scheme            |  |  |  |  |                    |  |  |  |  |    |   |  |  |  |  |  |  |  |  |
| Amount            |  |  |  |  | OR Number of Units |  |  |  |  | OR | <input type="checkbox"/> All units (Please ✓) |  |  |  |  |  |  |  |  |
| Option (Please ✓) | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option <input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option |  |  |  |                    |  |  |  |  |    |   |  |  |  |  |  |  |  |  |

**FOR INVESTORS WHO HAVE REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY IN THE ABOVE FOLIO**

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:

Name of Bank  Bank A/c No.

Branch  Bank City

**Important Note:** If bank account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. Canara Robeco Asset Management Company Limited will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

**SWITCH REQUEST**

|                   |   |  |  |  |                    |  |  |  |  |                   |   |  |  |  |  |  |  |  |  |
|-------------------|---|--|--|--|--------------------|--|--|--|--|-------------------|---|--|--|--|--|--|--|--|--|
| Amount            |   |  |  |  | OR Number of Units |  |  |  |  | OR                | <input type="checkbox"/> All units (Please ✓)   |  |  |  |  |  |  |  |  |
| From Scheme       |   |  |  |  |                    |  |  |  |  | To Scheme         |   |  |  |  |  |  |  |  |  |
| Option (Please ✓) | <input type="checkbox"/> Growth<br><input type="checkbox"/> Income Distribution cum Capital Withdrawal Option<br><input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option<br><input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option |  |  |  |                    |  |  |  |  | Option (Please ✓) | <input type="checkbox"/> Growth<br><input type="checkbox"/> Income Distribution cum Capital Withdrawal Option<br><input type="checkbox"/> Reinvestment of Income Distribution cum Capital Withdrawal Option<br><input type="checkbox"/> Payout of Income Distribution cum Capital Withdrawal Option |  |  |  |  |  |  |  |  |

Folio No.

**TRANSACTION SLIP - ACKNOWLEDGMENT**  
To be filled in by the Investor

|  |                    |            |                           |
|--|--------------------|------------|---------------------------|
| (To be filled in by the first applicant/ Authorized Signatory) : |                    |            | Stamp<br>Signature & Date |
| Received from <input type="text"/>                               |                    |            |                           |
| <b>Nature of Transaction</b>                                     |                    |            |                           |
| For Additional Purchase  | Scheme Name & Plan | Amount (₹) | Cheque No.                |
| Redemption   | Scheme Name & Plan | Amount (₹) | Units                     |
| Switch Request   | Scheme Name & Plan |            | Amount (₹)                |
|  | From               | To         |                           |
|  |                    |            | Units                     |

**DECLARATION & SIGNATURE :** To the trustees Canara Robeco Mutual Fund. I / We have read and understood the contents of the SAI, SID and Key Information Memorandum of the Scheme. I/We hereby apply to the Trustees of Canara Robeco Mutual Fund for allotment of units of the Scheme, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We hereby declare that I/ We are authorised to make this investment in the above mentioned Scheme (s) and that the amount invested in the scheme (s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the government of India from time to time and we undertake to provide all necessary proof / documentation, if any, required to substantiate the facts of this undertaking. I have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I authorize the Fund to disclose details as necessary, to the Registrar & Transfer agent(s), call centers, banks, custodians, depositories and/or authorised external third parties who are involved in transaction processing, despatches, etc. for the purpose of effecting payments to me/us.

I/We hereby declare that currently there is no subsisting order/ruling/judgment etc., in force which has been passed by of any court, tribunal, statutory authority or regulator, including SEBI prohibiting or restraining me/us from dealing in securities.

That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading. I/We will be liable for the consequences arising therefrom. I/We will indemnify the fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity, and authorization of my/our transaction.

**Applicable to NRIs only :** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non Resident External / Ordinary Account / FCNR / NRSR Account. Investment in the scheme is made by me / us on:  Repatriation basis  Non Repatriation basis.

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

**In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency.**

|   |                                   |                  |                 |
|---|-----------------------------------|------------------|-----------------|
| SIGNATURE(S)<br>Applicants must sign as per mode of holding | ⊗                                 | ⊗                | ⊗               |
|   | First / Sole Applicant / Guardian | Second Applicant | Third Applicant |
| Date  |                                   |                  | Place           |

**Registrars:**  
**KFin Technologies Limited**  
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 Serilingampally, Hyderabad 500 032  
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