

# ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Distributor/Broker ARN/RIA Code#	Sub Broker Code / ARN	Employee Unique Identification Number	Bank Serial No./Branch Stamp / Receipt Date

#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. The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lumpsum investments as well.

UMRN  Date  /  /

Please (✓)\* Sponsor Bank Code  Utility Code

☒ CREATE ☐ I/We hereby authorize  to debit (Please ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others

☒ MODIFY ☐ Bank Account Number

☒ CANCEL

With Bank  Bank Name  IFSc  Or MICR

An amount of Rupees  In Words  Amount in Figures

**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.
- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me.
- 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.

PERIOD	FROM	TO	OR	Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input checked="" type="checkbox"/> Until Cancelled			<input type="text"/>	<input type="text"/>	<input type="text"/>

**Declaration:** I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Canara Robeco Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I hereby authorize the representatives of Canara Robeco Mutual Fund and its Associates to contact me through any mode of communication.

**Authorisation to Bank:** I/We wish to inform you that I/We have registered with Canara Robeco Mutual Fund for NACH/Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled by in by Investor)	
<b>Acknowledgement</b>	<b>Date and Time Stamp No.</b>
Investor Name: <input type="text"/>	
Folio No./Application No. <input type="text"/>	

Website: [www.canararobeco.com](http://www.canararobeco.com) | E-mail: [crmf@canararobeco.com](mailto:crmf@canararobeco.com) | Contact Centre: 1800-209-2726

## INSTRUCTIONS cum TERMS AND CONDITIONS for OTBM facility

- Investor may register for the One Time Bank Mandate (OTBM) for NACH/ECS/DIRECT DEBIT/Standing Instruction (SI), as applicable, for payment towards any future purchase transactions (eg. lumpsum, SIP) received through any mode i.e. physical or electronic ("OTM facility"). Investors who have already submitted a One Time Bank Mandate (OTBM) form i.e. already registered for OTM facility should not submit OTBM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTBM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
- Where the mode of holding in the bank account is "Joint", the OTBM mandate is to be signed by all Joint holders. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Canara Robeco Mutual Fund.
- Mandatory fields in OTBM form as per NPCI: • Date • Bank account number and Bank name • IFSC and/or MICR Code • Folio number or application number • Signatures as per bank records • SIP start date, end date or until cancelled • Account type to be selected • Name as per bank records • Transaction type to be selected • Maximum amount to be mentioned in figures and words.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format. Mandate can be issued for a maximum period of 30 years from the date of issuance.
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank, IFSC / MICR Code.
- Maximum Amount: The MAXIMUM AMOUNT is the per transaction maximum limit. Investor can register multiple SIPs but the amount should not exceed the maximum amount mentioned per transaction. Generally speaking, your SIP amount will be lesser than this amount, but choosing a slightly higher limit helps you to undertake additional investments as per your choice. Always remember to mention an amount that is convenient to you.  
The maximum amount per transaction that can be processed must be mentioned in words. The amount in figures should be same as the amount mentioned in words. In case of ambiguity, the mandate will be rejected.
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- One Time Bank Mandate registration will be folio based.
- Registration or cancellation of One Time Bank Mandate will take 21 days from the date of submission of OTBM form.

## SIP REGISTRATION/RENEWAL FORM

Attention: No need to attach OTBM Debit Mandate again, if already registered earlier.

Please tick ☒ as applicable:☐ OTBM Debit Mandate is already registered in the folio. (No need to submit again).☐ OTBM Debit Mandate is attached and to be registered in the folio.

Distributor/Broker ARN/RIA Code#	Sub Broker ARN	Sub Broker/Branch/RM Internal Code	Employee Unique Identification No. (EUN)

#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.

Declaration for "execution-only" transaction (only where EUN box is left blank) - I/We hereby confirm that the EUN 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.

Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
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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.

Please tick (✓) ☐ New Registration ☐ Cancellation ☐ Existing UMRN

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.

## INVESTOR DETAILS

Sole/First Applicant's Name

Folio No.

PAN

DEMAT ACCOUNT DETAILS (Optional)

Please (✓) ☐ NSDL OR ☐ CDSL

Depository Participant (DP) ID

Beneficiary Account Number (NSDL only)

Depository Participant (DP) ID (CDSL only)

(The application form should mandatorily accompany the latest Client investor master/Demat account statement.)

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date - (For dates 29th, 30th and 31st, the date considered will be 28th).	Frequency	Start Month/Year End Month/Year	Top up amount has to be in multiples of ₹ 500/-only (Minimum ₹ 500/-)	
						Amount (₹)	Frequency
1.	CR		<input type="text" value="D"/> <input type="text" value="D"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> To <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Or <input type="checkbox"/> Perpetual#	₹	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
2.	CR		<input type="text" value="D"/> <input type="text" value="D"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> To <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Or <input type="checkbox"/> Perpetual#	₹	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
3.	CR		<input type="text" value="D"/> <input type="text" value="D"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> To <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Or <input type="checkbox"/> Perpetual#	₹	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-Yearly
(*Default Date/Frequency) (#Perpetual: 12/2099)		Total					

First SIP transaction via single cheque no.  favouring Canara Robeco Mutual Fund Dated 

Debit Bank Details: Bank Name:

A/C. No.:

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.

Signature(s)

Signature of Sole/First Applicant	Signature of Second Applicant	Signature of Third Applicant
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