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, Fax: 6658 5012/13, www.canararobeco.com

Application No.

CANARA ROBECO **Mutual Fund** 

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						APPL	ICATIC	N F	ORM	(Ple	ase fill	in B	LOCK L	etters)											
Distributor/Broker ARN/RIA Code# Sub Broker Code / ARN										Employee Unique Identification Number Bank Serial No. / Branch Sta									stamp /	Recei	ipt Date				
#By mentioning RIA Code, I/We a	authorise	you to sl	nare with	the I	Inve	stment /	Adviser	the d	etails	of my/	our tran	sactio	ns in the	scheme(s	s) of (	anar	a Rob	eco N	Лutual	Fund.	Upfro	ont co	mmissi	on sha	II be paid
directly by the investor to the Al transaction (only where EUIN bo	_													-											-
interaction or advice by the employ	yee/relat	ionshipn	nanager/	'sales	pei	rson	ПСТСБУ	com		at the	LONV DO	X IIus		ntionally	icit b	unk b	y IIIC/	us us	1 (1113 (1	ansaci	LIOITIS	CACCO	TICG WIL	Tioutu	ııy .
of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship																									
manager/sales person of the					p	(	) Signa	ture o	of 1st A	pplica	nt / Gua	rdian		∂ Signatu	re of	2nd A	pplica	ant		(	⊗ Sig	nature	of 3rd	Applic	ant
TRANSACTION CHARGES FOR APP						RS ONLY	(Refer	Instru	ıction	25)															
I confirm that I am a First time investor across Mutual Funds.       I confirm that I am an existing investor in Mutual Funds.         (₹ 150 deductible as Transaction Charge and payable to the Distributor)       (₹ 100 deductible as Transaction Charge and payable to the Distributor)																									
In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase / subscription																									
amount and payable to the Distributor. Units will be issued against the balance amount invested.  EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Investment Details and Payment Details]																									
	AHON [I	icase iiii	iii your i				•			inche	Details (	and re	ayment b	ctalis								_		_	
Folio No. The details in our records under t	ho folio	numbari	nontions	النبيد الم		Name of														Ш			$\perp \perp \perp$		
PAN / PEKRN AND CKYC COMPLIA					-	,				- 2cl															
PAIN / PERRIN AIND CRYC COMPLIA		PAN/PEK					istructio				nce Stati	ıs** (if	yes, attach	nroof)					KIN (C	KYC Ide	entific	cation	No.)		
First / Sole Applicant@		1			T					Yes	ice state	us (II	O	piooij						1			110.,	$\Box$	
Second Applicant				Ť			$\overline{\Box}$	Ē		Yes					F		П		T		T	Ħ		Ŧ	
Third Applicant				Ť	i		$\overline{\Box}$	Ē		Yes		-:	0		F		$\overline{\Box}$		寸	Ť	T	$\forall$		十	
	First	/Sole Ap	nlicant@								Second	l Annli	icant								hird A	Applica	ent		
Aadhaar Number (Optional)		Joie Ap	Piledite				7				Jecome	1				1				Τ.		Т			
@ If the first/sole applicant is a N	Minor, th	en please	provide	detai	ils o	f Natura	ıl / Lega	ıl Gua	ırdian.	. *	*Refer i	nstruc	tion 12												
APPLICANT(S) INFORMATION [Refer Instruction 1]																									
NAME OF FIRST / SOLE APPLICAN	NAME OF FIRST / SOLE APPLICANT / MINOR (in case of minor there shall be no joint holder)  DATE OF BIRTH (Mandatory in case of Minor)																								
														se of Mine				 )	 □ Fa	ther		Mothe	 r	Legal	Guardian
													(In ca	se of Legal	l Guar	dian, s	ubmiss		_		_			atory)	
Mr.   Ms.   M/s.																								<u></u>	
Father / Husband's Name																									
Occupation Please (✓)	Private Public	Sector S	ervice		]	Governi		rvice		Н	Professional Retired Business Forex Dealer							Student Others Housewife Please specify							
Status Please(✓)	+	nt Individ	lual		1	NRI - NF			Trust		HUF Bank / Fls NRI-NRE								ㅐ	· · ·	ease sp	Jecny			
		thru Gua			_	Compai					FIIs/FIF	Ps		Partne	rship	Firm			Socie	ty					
OTHER DETAILS Please tick (✓)		Indivi	_			Nor								740 251			1		- 1	1.6		_	7 1 6	6	l
Gross Annual Income Details	Please t	ICK (V)	E	selow	/ I Lc	IC.	1-5	Lacs		[O]	10 Lacs <b>R1</b>		L	10 - 25	Lacs		l	2:	o Lacs	- 1 Cro	re	L	1 Cro	еоа	bove
Net-worth in ₹													as on (da	ate) D	D ,	M	M	/	YY	Υ	Υ				
Please tick if applicable:	ſ	Politic	ally Expo	sed F	Pers	on (PEP	)			Re	lated to	a Pol	itically Ex	posed Pe	rson	(PEP)				П	Not A	Applica	ıble		
3. Is the entity involved in / pro	viding ar	ny of the	following	servi	ices	:				_										_					
– Foreign Exchange / Money	Change	r Services	i							YE	S	NO	)												
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)								YE	S	NO	)														
– Money Lending / Pawning										YE	:S	NO.	)												
4. Any other information																									
I declare that the information is immediately in case there is any						belief, a	ccurate	and	compl	lete. I a	agree to	notif	y Canara	Robeco N	Mutua	al Fun	id / Ca	anara	Robe	co Ass	et Ma	anage	ment C	ompai	ny Limited
,																								-	
		_	_				_			_			_					_	_	_	_		_	_	
ACKNOWLEDGEMENT SLIP (TO	BE FIL	LED IN B	Y THE SO	OLE/I	FIR:	ST APP	LICANT	)																	
Canara Robeco M	Autual	Fund																C	٠Δ١	NΑ	R	ΔF	201	3=	CO

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)		
Canara Robeco Mutual Fund Investment Manager: Canara Robeco Asset Management Co. Ltd. Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001.	Application No.	CANARA ROBECO  Mutual Fund
Received from Mr./Ms./M/s		Date/
		Stamp, Signature & Date
An application for purchase of units of		
along with Cheque/DD as detailed overleaf. Cheques/Drafts are subject to realisation.		

NAME OF SECOND APPLICANT															
Mr.   Ms.   M/s.  Occupation Please (✓)	Private Sector S	onvico	$\vdash$	Covernme	ent Service		7	Professional		Retired		Student	$\dashv$	Othors	
,	Public Sector		<u> </u>	Agriculturi	ist		=+	Business	<u> </u>	Forex Dealer		Housewife	_ <u></u>	Others Please sp	
Status Please(✔)	Resident Individ Minor thru Gua	rdian		NRI - NRO Company/	Body Corpo	ust _ rate _		HUF Flls/FIPs		Bank / Fls Partnership Firn	n 🗌	NRI-NRE Society			
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 ⓒ above ☐ 1 Crore & above ☐ 1 C															
Net-worth in ₹as on (date) □ □ □ / M M / Y Y Y Y Y  2. Please tick if applicable: □ Politically Exposed Person (PEP) □ Related to a Politically Exposed Person (PEP) □ Not Applicable															
2. Please tick if applicable:		, ,					_ Re	lated to a Poli	itically Ex	(posed Person (PEF	P)	∐ No	t Applica	ible	
3. Is the entity involved in / prov		-	ervices	:			7 VE	s 🗆 No	`						
<ul><li>– Foreign Exchange / Money</li><li>– Gaming / Gambling / Lotter</li></ul>	-		tina cı	ındicətes)		F	J YES ] YES	_							
– Money Lending / Pawning	iluicates)		F	YES NO											
4. Any other information							]	J	,						
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 THIRD APPLICANT Mr.   Ms.   M/s.															
Occupation Please (🗸)	Private Sector S Public Sector	ervice		Governme Agriculturi			<b>⊒</b>	Professional Business		Retired Forex Dealer		Student Housewife		Others Please sp	
Status Please(✓)	Resident Individ	lual		NRI - NRO		ıct [	-	HUF		Bank / Fls		NRI-NRE	퓜	i icase sp	CCITY
Status Fiedse(* )	Minor thru Gua				Body Corpoi		<b>⊒</b>	Flls/FIPs		Partnership Firm	ı 📙	Society			
OTHER DETAILS Please tick (✓)	Indivi				ndividual (N		,,		_	_			_		
1. Gross Annual Income Details	Please tick (✔)	Bel	ow 1 L	ac	1 - 5 Lacs		_5 - 5 <b>[O</b> R]	10 Lacs	L	10 - 25 Lacs	:	25 Lacs - 1 Crore		ු 1 Crore හ al	ove
Net-worth in ₹									as on (da	ate) D D /	M M /	Y Y Y Y			
2. Please tick if applicable:	_	cally Expose		, ,			Re	lated to a Poli	itically Ex	posed Person (PEF	P)	No:	t Applica	ible	
3. Is the entity involved in / prov		-	ervices	:		_	_								
- Foreign Exchange / Money	-					L	_ YE:								
– Gaming / Gambling / Lotte	ry Services (e.g. c	asinos, bet	ting sy	indicates)		F	YES	_							
<ul><li>– Money Lending / Pawning</li><li>4. Any other information</li></ul>							J YE	S NO	)						
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 of first Applicant is a Minor)  Relation with Minor Please (🗸)															
Mr.   Ms.   M/s.														· 🗌 Legal Gua	
Proof of DOB (Any one Mandatory	/) Birth	Certificates		School Cer	tificates / M	ark She	eet	Passport		Others					
Occupation Please (✓)	Private Sector S Public Sector	ervice		Governme Agriculturi			<b>≓</b> ∣	Professional Business		Retired Forex Dealer		Student Housewife		Others Please sp	ecify
Status Please(✓)	Resident Individ Minor thru Gua			NRI - NRO Company/	Tru Body Corpoi	ust rate		HUF Flls/FIPs		Bank / Fls Partnership Firm	n 🔲	NRI-NRE Society			
OTHER DETAILS Please tick (✓)	Indivi	dual		Non-Ir	ndividual (N	Лandat	tory)								
1. Gross Annual Income Details	Please tick (✔)	☐ Bel	ow 1 L	ac _	]1 - 5 Lacs		]5 -	10 Lacs		10 - 25 Lacs		25 Lacs - 1 Crore		] 1 Crore හ al	oove
Not worth in ₹							[OR	<b>?</b> ]	as on (da	ata\ D D /	0.0 0.0 /	V V V V	٦		
Net-worth in ₹	□ Politic	cally Expose	d Dar	on (DED)			 7 ₽⊿		•	(posed Person (PEF	D)	No:	」 t Applica	ıhla	
Is the entity involved in / prov	_						] ((c)	latea to a r on	itically L	(poscu i cison (i Li	,		гдриса	ibic	
- Foreign Exchange / Money							YES	S NO	)						
– Gaming / Gambling / Lotte	ry Services (e.g. c	asinos, bet	ting sy	ndicates)		Ē	YES	s 🗌 NO	)						
– Money Lending / Pawning							YE	s NO	)						
4. Any other information															
I declare that the information is				belief, accu	urate and co	mplete	e. I a	gree to notify	/ Canara	Robeco Mutual Fu	und / Cana	ra Robeco Asset	Manage	ment Compan	ıy Limited
immediately in case there is any o			tion.		/D - f lk		:- ^-								
Mode of Holding Please (✓)	Anyone or Sur	νινυΓ		Joint	(Delault (	option	ıs Ar	nyone or Survi	vui)						
			_			_	-	<del></del>				mont Data!!-			
Sr. Scheme Name	Plan			Option				mount ested (₹)	Cheaue	/DD No./UTR No.	Pay	ment Details	15	1.	
No.		Cro±L				$\perp$	HIVE	saleu (\/)		se of NEFT/RTGS)		Bank	and Brar	nch	
1.		Rei	nvestme	nt of Income Di	Withdrawal Opt	ion									
		Pay	out of I	ndrawal Option ncome Distribut ndrawal Option	ion cum										
			Capital Withdrawal Option    Capital Withdrawal Option												

POWER OF ATTORNEY (PoA)	HOLDER DETAILS												
Name of PoA Mr.   Ms.   M/s.													
PAN		KYC [Please (✔) (N	Mandatory)] 🔲 Proof Attach	ed									
Occupation Please (🗸)	Private Sector Service Dublic Sector	Government Service Agriculturist	Professional Retired Business Forex De	Student Housewife	Others Please specify								
Status Please (✓)	Resident Individual Minor thru Guardian	NRI - NRO Trust Company/Body Corporate	HUF Bank / Fls NRI-NRE Partnership Firm Society										
OTHER DETAILS Please tick (✓)													
1. Gross Annual Income Details Please tick (✓) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ 25 Lacs - 1 Crore & above ☐ 1 Cr													
Net-worth in ₹			as on (date)	) / M M / Y Y Y	Υ								
<ul><li>2. Please tick if applicable:</li><li>3. Is the entity involved in / pro</li></ul>	Politically Exposed Pe	<del>-</del>	elated to a Politically Exposed Per	son (PEP)	lot Applicable								
Foreign Exchange / Money		es.	ES NO										
– Gaming / Gambling / Lotte	ery Services (e.g. casinos, betting	syndicates)	ES NO										
- Money Lending / Pawning		YI	ES NO										
4. Any other information													
immediately in case there is any	change in the above information		<u> </u>	· · · · · · · · · · · · · · · · · · ·									
		investor wish to hold units in											
Depository Participant Name	nal Securities Depository Limited	(NSDL)		Depository Services (India) Limited	u (CDSL)								
DP ID No.	I N		Depository Participant Name										
DI ID NO.			Target ID No.										
FATCA (CDC DETAILS E	: 1 - 5 - 111 - 111 - 111												
FATCA/CRS DETAILS For Indiv	**	Refer instruction no. 30)											
The below information is required Address Type:	itial Business Rec	gistered Office (for address mention	ned in Form/existing address app	earing in Folio)									
		nality and Tax Residency? Yes											
Sole / First Applicant / Guardian  Date of Birth	Yes No	Second Applicant Ye  Date of Birth	s No	Third Applicant Yes No or POA Yes No  Date of Birth									
Place of Birth		Place of Birth		Place of Birth	irth								
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?	Yes No	Are you a US Specified Person?	Yes No	Yes No									
Country of Tax Residency#	please provide Tax Payer Id	Country of Tax Residency#	please provide Tax Payer Id	Country of Tax Residency#	please provide Tax Payer Id								
[other than India]	Taxpayer Identification No.	[other than India]	Taxpayer Identification No.	[other than India] Taxpayer Identification No									
1		1		1									
2		2		2									
_		associated Taxpayer Identification number		-	provide the above details mandatorily.								
Local Address of 1st Applicant	Tovide Full Address. P.O. Box	No. may not be sufficient. Ov	erseas investors will have to	provide indian Address									
Local Address of 1st Applicant													
City		State		Pin Co	odo								
					July 1								
Tel Office		Residence		Mobile									
E-mail*  P L E A  * The primary holder's own email a	address and mobile number shoul	d be provided for speed and ease of c	communication in a convenient and	cost-effective manner, and to help r	prevent fraudulent transactions.								
Overseas Correspondence addres	ss (Mandatory for NRI/FII Applica	nt)	_	_									
Please tick (✓) Mobile Number is of Please tick (✓) Email Id is of	of Self Spouse  Self Spouse	= ' =	' ' '	_	( in case of a minor) ( in case of a minor)								
Trease tick (* ) Email to 15 of	Jen Japouse	Dependent emidren	Dependent sibilings Dep	Judent Furents Guardian	( in case of a minor)								
City		State		Pin Co	nde								
COMMUNICATION (Please ✓													
	•	oorts/Quarterly Statements/N	ewsletter/Undates or any of	ner Statutory/Regulatory Info	rmation via Physical Mode								
BANK ACCOUNT DETAILS - Ma		one, quanterly exacements,	ono.co., opuaco or am, on		,								
Name of the Bank													
Account No.			A/c Type (please ✓)	O SAVINGS O NRE O	CURRENT O NRO O FCNR								
Branch Address													
Bank Branch City	St	ate	Pin Code	MICR Code									
,			(Please	e enter the 9 digit number that ap									
IFSC CODE (RTGS/NEFT) (11 Character code appearing on	your cheque leaf. If you do not fi	(Mandatory for Cred nd this on your cheque leaf, please		cancelled cheque OR a clear photo k)	o copy of a cheque								

REDEMPT	ION / IDCW REMIT	TANCE [Refer Ins	truction 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.													
If MICR and IFSC code for Redemption/IDCW Payout is available, all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.													
	LLMENT DETAILS												
SIP Amount (Rs.)	REGULAR SIP	eriod : Start Month M IP: Start Month	M - Y		End Mor		M -	Y Y	Y Y or) End on	Frequency Pl		ite Montl	hly Quarterly
SIP Top-up	: Rs. (in multiplies	of Rs. 500/-)								Frequ	uency Please ( ✔)	Half Yearly [	Yearly
PAYMENT N	NECHANISM : Debit th	rough ECS / Auto D	ebit facility (Fi	ill up SIP Regi	stration	cum Mar	ndate Fo	orm for N	ACH/ECS/D	irect Debit)			
	NT DETAILS AND PA		•							annronriato scho	ne name as well as the	Dlan /Ontion /	Sub Option
Sr.	Scheme Name		Option	avour or i	respective	An	nount	Cheque/I	DD No./UTR No.		ount Number		
No.	Scheme Name	, ridii	Growth	Орион			Inve	sted (₹)	(in case	of NEFT/RTGS)	Dank and Di	and Acc	ount Number
	1. Growth Income Distr					on cum							
	ccount / Savings / Cur Beneficial Owners								-	ership percenta	ge/interest in the tr	ust of any Be	eneficiary is as per
the thresh	old limit provided	below. Details to	be provided	for each suc	h bene	ficiary. (	Manda	atory for I	Non-Indivi	dual)			<u> </u>
! — <u> </u>	Category	Unlisted Com	pany	Partnership F	irm	Un	incorpor		-	dy of Individuals	Trust		Foreign Investor \$\$\$
@@@ Owne	Ownership per cent @@@ >25% >15% >15% >15% >=15%  @@@ Ownership percentage of shares/capital/profits/property of juridical person/interest in the Trust as on the date of the application shall be furnished by the investor.												
intimate CRAI	\$\$\$ In the case of Foreign investors, the beneficial ownership will be determined as per SEBI guidelines. For details refer to SAI/relevant Addendum. In case of any change in the beneficial ownership, the investor will be responsible to intimate CRAMC / its Registrar / KRA as may be applicable immediately about such change.												
Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)  Sr. Name Address Details of Identity such as PAN/Passport % of ownership												of ownership	
													-
-	ach self-attested copy								200	:			
I/We	ION DETAILS for Ind	<b>lividuals</b> [Minor /	HUF / POA F	lolder / Nor	i Individ							nits to my / ou	ır credit in this folio no. in
the event of	my / our death. I/We ual Fund / Trustees.	also understand th	at all payments	s and settleme	ents mad								e a valid discharge by the
1 '	do not wish to nomii	nate, please sign in	"Nomination C	Opt Out Decla	ration'' b	pelow							
No.	N	lominee(s) Name			Date of E	Birth (in ca	ase of M	linor)		ne of the Guardia			@ % of Share
1				D D	- 1	л М -	Υ	YY	/	n case of Minor)	Unit H	oluei	
2				D D	- 1	л М -	Υ	YYY	/				
3				DD	)   -	Л M -	Υ	YYY					
	⊗ First/Sole An	plicant/Guardian				⊗ Se	cond A	pplicant			⊗ Tŀ	nird Applican	ıt
@ If the per	centage of share is n	ot mentioned, then	the claim will	be settled ed	qually an	nongst al	I the inc	dicated n	ominee(s)	nutual fund unite			
in non-app	ointment of nomine	e(s) and further are	e aware that ir	n case of death	th of all	the accou	unt hold	der(s), m	/ / our lega	al heirs would ne	ed to submit all the rec	quisite docum	and the issues involved ents issued by Court
or other su	en competent dutilo	nty, based on the v	raide of assets	Ticia iii tiic i	irataar i	una rono	•						
		plicant/Guardian	1			⊗ Se	cond A	pplicant			⊗ Tł	nird Applican	t
*ALL Applica  DECLARAT	ants must sign.												
To the trustee for allotment mentioned So Notifications all necessary the Fund to d Transfer Ager holder has dis recommende	es Canara Robeco Mutu of units of the Scheme cheme (s) and that the co or Directions of the pro proof / documentation lisclose details of my/o tt, call centres, banks, sclosed to me/us all the d to me/us.	, as indicated above a amount invested in th visions of Income Tax I, if any, required to sour account and all m custodians, depositole commissions (in the	and agree to abine scheme (s) is to act, Anti Mone ubstantiate the y/our transaction and/or authe form of trail control and act of the control and act of the control	ide by the term through legitin y Laundering A facts of this ur ons to the inter norised externa mmission or a	ns, condit nate sour Act, Anti C ndertakin rmediatel al third pa ny other i	ions, rules ces only ar corruption g. I have n ly whose s arties who mode), pa	and reg nd does i Act or a lot receiv tamp ap are invo	gulations o not involve ny other a ved nor be opears on t olved in tra him for th	f the Scheme and is not d oplicable law en induced l the application, p e different c	e. I/We hereby declesigned for the pur vs enacted by the G by any rebate or gif on form. I also aut rocessing, despatcl competing Schemes	are that I/ We are author pose of any contravention overnment of India from ts, directly or indirectly in horise the Fund to discloses, etc. for the purpose of various Mutual Funds	rised to make the or evasion of a time to time are making this in the details as new of effecting pay from amongst	anara Robeco Mutual Fund nis investment in the above any Act, Rules, Regulations, d we undertake to provide vestment. I / We authorise cessary, to the Registrar & yments to me/us. The ARN which the Scheme is being
from dealing	in securities.	_		-									biting or restraining me/us MC, Trustee, RTA and other
intermediarie	es in case of any dispute	e regarding the eligib	ility, validity, and	d authorisation	n of my/c	our transac	tion.						my/our Aadhaar number(s)
in accordance asset manage Applicable to or from funds I / We have u	e with the Aadhaar Act, ement companies of SE NRIs only: I/We confin s in my/our Non Reside	2016 (and regulation BI registered mutual m that I am/we are N nt External / Ordinan tion reguirements of	ns made thereur fund and their F on Resident of Ir y Account / FCNI this Form (read	nder) and PML Registrar and T ndian National R / NRSR Accou along with the	A. I / We ransfer A lity/Origir unt. Inves e FATCA 8	hereby pr gent (RTA n and I/We stment in t G CRS Inst	ovide my ) for the e hereby the scher ructions)	y / our cor purpose o confirm th me is mad ) and here	sent for sha f updating th at the funds e by me / us by confirm th	ring / disclose of the same in my / out for subscription has on: Repatriation	e Aadhaar number(s) inc r folios with my / our PAN ve been remitted from al n basis  Non Repatriat	cluding demogr V. proad through a ion basis.	raphic information with the approved banking channels , correct, and complete. I /
	⊗ First/Sole Ap	pplicant/Guardian	1			⊗ Se	cond A	pplicant			<u>⊗</u> Tł	nird Applican	it
	ished by partners	<u> </u>	h . O Carle	intion to the	Ceb ===	of							
We, the un	tees of Canara Rober dersigned, being the othorise Mr.	partner of M/s				to s			unt of ₹	fo	r allotment of units of		32 do hereby jointly and Scheme on stitution or composition
of our firm	and upon such chan- for subscription.					he partn		norised to					nip Deed along with this