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.

CANARA ROBECO

Mutual Fund

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FATCA/CRS DETAILS For individuals & HUF (Mandatory) (Refer instruction no. 29)																																
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 / Citizenship / Nationality and Tax Residency? Yes No Please tick as applicable and if yes, provide the below mentioned information (mandatory)																																
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In case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.																																
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An application for purchase of units of along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.																							F	اد	ump,	Jigili	atuit (טע כ				

INVESTMENT DETAILS AND PAYMENT DETAILS (Payment through Cash/Outstation Cheques not accepted) Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan/Option/Sub Option																									
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\$\$\$ In	the case of Foreign investors, t te CRAMC / its Registrar / KRA a	he beneficial	ownership will be	determined as per SEBI guid	delines. For	r deta	ails refer	to SAI/re	elevant Ad	ddendum. In	case of any	change	in the	benefic	ial ow	nershi	p, the	inves	tor wil	l be r	espon	sible to			
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_	[Please attach self attested copy of PAN/Passport (proof of photo identity) along with application form] NOMINATION DETAILS for Individuals [Minor / HUE / POA Holder / Non Individuals cappet Nominate — Pefer Instruction No. 13]											1													
NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate – Refer Instruction No. 13]													s folic	no. in											
I/We do here by nominate the undermentioned Nominee(s) to receive the units to my / our credit in this for the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge.																									
No.	/ Mutual Fund / Trustees. I/Wedo not wish to nominate											n		Relati	ionsh	ip witl		\neg	@		f Shar	re			
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