

# Systematic Investment Plan (SIP) Registration cum mandate form for NACH/ECS/Direct Debit

First time investors subscribing to the Scheme through SIP-NACH (National Automated Clearing House) to complete this form compulsorily along with Application Form. (Please read terms and conditions overleaf)

**Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN column.)**

Distributor / Broker ARN <b>S.Babu Arunachalam</b> <b>ARN - 10520</b>	Sub-Broker Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(of individual ARN holder or of employee / Relationship Manager of the Distributor)</small> <b>E036140</b>	For Office Use Only
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here Sole/First Applicant/Guardian		Sign Here Third Applicant
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Upfront commission, if any, 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.

- (✓)  New SIP    Renewal of SIP    Micro SIP    Change in ECS Bank Account (Please provide a cancelled cheque)

The Trustees,  
Canara Robeco Mutual Fund

I/We have read and understood the contents of the Statement of Additional Information / Scheme Information Document of the respective Scheme and the terms and conditions of SIP enrollment and ECS Debit Clearing through NACH (National Automated Clearing House).

**1. Investment and SIP Details**

(Investors applying under the direct plan must mention "Direct" against Scheme name.)

**First / Sole Investor**

Name \_\_\_\_\_ SIP - Top Up : Rs. \_\_\_\_\_ (in multiples of Rs. 500/-)

Application No. (New Investor) \_\_\_\_\_ Folio No. Existing Unitholder) \_\_\_\_\_ Frequency :  Half Yearly    Yearly

Existing UMRN \_\_\_\_\_

Scheme	Scheme Name	Plan	Option	Dividend Frequency
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Each SIP Amount (Rs.) \_\_\_\_\_ Frequency  Monthly (Default)    Quarterly (Jan, April, July, Oct)

SIP Date  1<sup>st</sup>    5<sup>th</sup>    15<sup>th</sup> (Default)    20<sup>th</sup>    25<sup>th</sup>

SIP Period Start From DD MM YYYY End On DD MM YYYY  Till Further Notice

PAN / PEKRN<sup>1</sup> \_\_\_\_\_ Enclosed (✓)  KYC Proof<sup>3</sup>

**2. Demat Account Details (Optional)**

DP ID # \_\_\_\_\_ Beneficiary Account No. \_\_\_\_\_ DP Name \_\_\_\_\_ Please (✓)  NSDL    CDSL

I N \_\_\_\_\_

(# Not applicable in case of CDSL.) (Applicable only to existing investors for fresh SIP enrolment. Please see instruction No. 12)

**3. First SIP Transaction**

Cheque No. \_\_\_\_\_ Cheque Date \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_

Bank \_\_\_\_\_ Bank City \_\_\_\_\_

I/We hereby authorise Canara Robeco Mutual Fund / Canara Robeco Asset Management Company Private Limited and their authorised service providers, to debit my / our following bank account by ECS (Debit Clearing) / Direct Debit for collection of SIP payments through NACH.

Declaration : I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above though participation in ECS (NACH). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Canara Robeco Mutual Fund / Canara Robeco Asset Management Company Private Limited, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Sole/First Applicant/Guardian/POA \_\_\_\_\_ Signature of Second Applicant/POA \_\_\_\_\_ Third Applicant/POA \_\_\_\_\_

**4. Authorisation of the Bank Account Holder (to be filled and signed by the Investor) (For ECS)**

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in Canara Robeco Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (NACH) Mandate Form to get it verified & executed.

Bank Name \_\_\_\_\_ Bank A/c No. \_\_\_\_\_

First Account Holder Signature (As in Bank Records) \_\_\_\_\_ Second Account Holder Signature (As in Bank Records) \_\_\_\_\_ Third Account Holder Signature (As in Bank Records) \_\_\_\_\_

UMRN \* \_\_\_\_\_ Date DD MM YYYY

(Please ✓) Sponsor Bank Code CITIOOOPIGW Utility Code CITIOO002000000037

CREATE    MODIFY    CANCEL

I/We hereby authorize Canara Robeco Mutual Fund to debit (Please ✓)  SB    CA    CC    SB-NRE    SB-NRO    Others \_\_\_\_\_

Bank Account Number \_\_\_\_\_

with Bank an amount of Rupees \_\_\_\_\_ Bank Name \_\_\_\_\_ IFSC \_\_\_\_\_ Or MICR \_\_\_\_\_

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.

PERIOD	From	DD MM YYYY	Signature Primary Account Holder	Signature Account Holder	Signature Account Holder
	To	31 12 2099	Name as in bank records	Name as in bank records	Name as in bank records
	Or	Until Cancelled			

• This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the user entity/ Corporate to debit my account.  
• 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.