## Canara Robeco Mutual Fund

Mode & Frequency of STP

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



|  |   |   |                              |                           | Аррі                     | ICALIO                             | n NO.   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|--|---|---|------------------------------|---------------------------|--------------------------|------------------------------------|---|---------------------------|------------------------------|----------------------|---------------------|---------------------|---------------------------|---------------------------|-------------------------|-------------------|--|--|
|  |   | YSTEMATIC TRANSFER  | R PLAN (                     | (STP) EI                  | NROLM                    | ENT                                | FORM  |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| TO BE FILLED IN CAPITAL LETTERS. PLEASE (/) WHERE  | EVER APPLICABLE   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| 1. DISTRIBUTOR / BROKER INFORMATION  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| Name & Broker Code / ARN Sub I   | S Broker Code / ARN Sub Broker / Sub Agent ARN Code *Em |   |                              |                           |                          | loyee Unique Identification Number |   |                           |                              |                      |                     | nt Cod              | le                        | RIA Code++                |                         |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| *Please sign below in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           | all                     |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| ⊗ Signature of 1st Applicant / Guardian ⊗ Sig  |   |   | nature of 2nd Applicant      |                           |                          |                                    |   |                           | ⊗ Signature of 3rd Applicant |                      |                     |                     |                           |                           |                         |                   |  |  |
| Upfront commission shall be paid directly by the inv   | sed on the investor's assessment of various fa          |   |                              |                           |                          |                                    | actors including the service rendered by the distributor. |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| 2. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number]   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| olio No.   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| APPLICANT DETAILS  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      | Ŧ                   |                     | 7                         |                           | ] 10//                  | c                 |  |  |
| Name of Sole / First Holder  |   |   |                              | ) / PEKRN                 | N                        |                                    | _   |                           |                              |                      | _                   |                     |                           |                           | KY                      | L                 |  |  |
| Name of Second Holder  |   |   |                              | / PEKRI                   | N                        |                                    |   |                           |                              |                      |                     |                     |                           |                           | KY                      | С                 |  |  |
| Name of Third Holder   |   |   | PAN No                       | o / PEKRN                 | ٧.                       |                                    |   |                           |                              |                      |                     |                     |                           |                           | KY                      | С                 |  |  |
| 4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| (If the investor wishes to invest in Direct Plan please (✓))   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| Name of 'Transferor' Scheme  |   |   | Plan :                       |                           | Regula                   | r: 🔲                               | Direct:   | Op                        | otion:                       |                      |                     |                     |                           |                           |                         |                   |  |  |
| Name of 'Transferee' Scheme  |   |   |                              |                           | Plan :                   | П                                  | Regula  | r: 🗆                      | Direct:                      | On                   | tion:               |                     |                           |                           |                         |                   |  |  |
|  |   |   |                              |                           | regula                   |                                    | Directi   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| 5. STP DETAILS (Refer Instruction No.5,6,9 & 10)  Fixed Amount OR  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| STP Frequency (Please ✓ any one)   |   | ,   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| Daily (Minimum One Month)  |   |   |                              |                           |                          | ☐ Monthly (Default)                |   |                           |                              |                      |                     |                     | ☐ Quarterly               |                           |                         |                   |  |  |
| · · · · · · · · · · · · · · · · · · ·  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| ,  | ١,  |   |                              |                           |                          |                                    |   |                           |                              |                      | , ப                 | 23                  |                           |                           |                         |                   |  |  |
| of the form (excluding date of submission)   | sfer  |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|  |   | *Incase the Investor has not specified any date then the default date would be 15th |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| Amount of fransier per instalment 2  | Amount of Transfer per Instalment ₹                     |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| Enrolment Period (Please ✓ any one)  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| REGULAR From :   | To:   |   |                              |                           |                          | ∐ F                                | <b>PERPET</b><br>Deafu                                    |                           |                              | From :               |                     |                     |                           |                           |                         |                   |  |  |
| Only for Daily STP Enrolment Period  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| Construct Daily STP Enforment Period   From :   D D / M M / Y Y Y Y Y Y To :   D D / M M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| 6. DECLARATION & SIGNATURE/S   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| 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 all   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| 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   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           | dering                  |                   |  |  |
| 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 / We authorize the Fund to disclose details of my/our account and all my/our transactions to the intermediately whose stamp appears on the application form. I also 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 |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           | . I also                |                   |  |  |
| 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. 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.  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           | cheme                   |                   |  |  |
| I/We hereby declare that currently there is no subsisting order/ru<br>That in the event, the above information and/or any part of it is/   | /are found to be false/ur                               | ntrue/misleading. I/We will be I  | liable for the               | e conseque                | ences arisi              | ng ther                            | efrom. I  | /We will i                | indemnify                    | the fund,            | AMC, Tr             | ustee, F            | RTA and other in          | termediarie               | in case                 | of any            |  |  |
| dispute regarding the eligibility, validity, and authorization of n<br>authenticating and (ii) updating my/our Aadhaar number(s) in  | accordance with the Aa                                  | dhaar Act, 2016 (and regulatio  | ns made th                   | nere under                | ) and PML                | A. I / V                           | Ve hereb  | y provide                 | e my / our                   | consent              | for shar            | ing / dis           | sclose of the Aa          | and usage (<br>dhaar numb | ii) valida<br>er(s) inc | ating /<br>luding |  |  |
| demographic information with the asset management companie<br>Applicable to NRIs only: I/We confirm that I am/we are Non Res   | sident of Indian National                               | ity/Origin and I/We hereby con  | firm that th                 | ne funds for              | r subscripti             | on hav                             | e been r  | ing the si<br>emitted f   | ame in my<br>rom abroa       | our foli<br>d throug | os with<br>h approv | my / ou<br>red banl | r PAN.<br>king channels o | r from funds              | in my/οι                | ur Non            |  |  |
| Resident External / Ordinary Account / FCNR / NRSR Account. Inv<br>I / We have understood the information requirements of this For   | rm (read along with the F                               | ATCA & CRS Instructions) and h  | triation bas<br>nereby confi | sis 🗌 Non<br>irm that the | Repatriati<br>e informat | on bas<br>ion pro                  | is.<br>ovided by  | me/us o                   | n this Forr                  | n is true,           | correct,            | and con             | nplete. I / We al         | so confirm th             | at I / We               | e have            |  |  |
| read and understood the FATCA & CRS Terms and Conditions bel  4. SIGNATURE   | low and hereby accept th                                | ie same.  |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| T. SIGNATORE   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| ⊗ Signature of 1st Applicant / Guardian  |   | ⊗ Signature o   | of 2nd Applicant             |                           |                          |                                    |   |                           |                              | Ć                    | ⊗ Sign              | ature (             | of 3rd Applic             | ant                       |                         |                   |  |  |
| 6. DECLARATION හ SIGNATURE/S   |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
|  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     | >-                        |                           |                         | -                 |  |  |
| AC   | KNOWLEDGMEN   | T RECEIPT OF STP APP  | LICATIO                      | N FORM                    | И (ТО В                  | E FIL                              | LED IN  | BY TH                     | IE UNIT                      | HOLD                 | ER)                 |                     |                           |                           |                         |                   |  |  |
| Folio No.  |   |   |                              |                           |                          |                                    |   | APP No.:                  |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| Received from Mr. / Ms. /M/s.  |   | STP application   |                              |                           |                          |                                    |   | Stamp of receiving branch |                              |                      |                     |                     |                           | $\neg$                    |                         |                   |  |  |
| Amount of Transfer per Instalment ₹  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     | ,                   |                           |                           |                         |                   |  |  |
| From Scheme / Plan / Option  |   |   |                              |                           |                          |                                    |   |                           |                              |                      |                     |                     |                           |                           |                         |                   |  |  |
| to Scheme / Plan / Option  |   |   |                              |                           |                          |                                    |   | -                         |                              | & Signature          |                     |                     |                           |                           |                         |                   |  |  |

## **INSTRUCTIONS**

- The STP Enrolment Form should be completed in English and in Block Letters only. Please tick in the appropriate box, where boxes have been provided. The STP Enrolment Form complete in all respects, should be submitted at any of the Official Points of Acceptance of Canara Robeco Mutual Fund.
- One STP Enrolment Form can be filled for one Scheme/ Plan/Option only.
- 3. Investors are advised to read the Key Information Memorandum(s) (KIMs) and Scheme Information Document(s) (SIDs) of the Transferee Scheme(s) and Statement of Additional Information (SAI) carefully before investing. The SIDs/KIMs of the respective Scheme(s) and SAI are available with the ISCs of Canara Robeco Mutual Fund, brokers/distributors and also displayed at the Canara Robeco Mutual Fund website i.e. www.canararobeco.com
- 4. Unit holders should note that unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme, Units will be allotted under the same folio number. Unit holders' names should match with the details in the existing folio number, failing which; the application is liable to be rejected.
- 5. STP offers unit holders the following two options:
  - 1. Fixed Amount
  - 2. Capital Appreciation

Investors can opt for any of the above facility.

Fixed Amount Plan offers transfer facility at Daily, Weekly, Monthly and Quarterly intervals.

Capital Appreciation Plan offers transfer facility at Weekly, Monthly and Quarterly intervals. If no frequency is chosen, Monthly frequency shall be treated as the Default Frequency.

Under the Capital Appreciation - Weekly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum is Rs. 1,000 & incase of Canara Robeco Equity Tax Saver Fund it is Rs. 500) by way of capital appreciation on every Monday.

Monthly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum is Rs. 1,000 & incase of Canara Robeco Equity Tax Saver Fund it is Rs. 500) by way of capital appreciation on the 1st , 5th, 15th, 20th and 25th of each month.

Quarterly Interval, unit holders will be eligible to transfer the entire capital appreciation amount (minimum is Rs. 2,000 & incase of Canara Robeco Equity Tax Saver Fund it is Rs. 1,000) by way of capital appreciation on the 1st, 5th, 15th, 20th and 25th of the first month of each quarter. The beginning of the quarter could be of any month e.g. January, March, July, September, etc.

Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the Capital Appreciation STP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous Capital Appreciation STP date(where Capital Appreciation STP has been processed and paid) and the next Capital Appreciation STP date.

- The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document(s) of the respective designated Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document(s) of the respective designated Transferee Schemes will be applicable for STP.
- Unit holders are required to fill in either the number of installments or the enrolment period in the enrolment Form, failing which the Form is liable to be rejected.
- Weekly Transfers will happen only on Mondays by default.
   In case Monday is a non-business day, next business day will be considered for Transfer

- In case, the Enrolment Period has been filled, but the STP Date and/or Frequency (Monthly/Quarterly) has not been indicated, Monthly frequency shall be treated as Default frequency and 15th shall be treated as Default Date.
- The application for Fixed Amount/Capital Appreciation enrolment - Monthly & Quarterly Interval should be submitted at least 7 working days before the desired commencement date.
- In respect of STP, the Exit Load Structure shall be applicable in transferor schemes as per the rates prevailing for STP cycle date/STP transaction date.
- 13. A minimum period of 7 working days shall be required for registration under STP. Units will be allotted/redeemed at the applicable NAV of the respective dates of the Scheme on which such investments/withdrawals are sought from the Scheme.
- The requests for discontinuation of Fixed Amount /Capital Appreciation shall be subject to an advance notice of days before the next due date for STP.
- 15. STP will terminate automatically if all Units are liquidated or withdrawn from the account or upon the Funds' receipt of notification of death or incapacity of the Unit holder. Further, in case where the balance amount in a folio is less than the Fixed Amount , the entire amount will be transferred to the transferree scheme.
- 16. If STP date/day is a non-Business Day, then the next Business Day shall be the STP Date/Day and the same will be considered for the purpose of determining the applicability of NAV.
- The Trustee reserves the right to change/modify the terms and conditions of the STP. For the updated terms and conditions of STP, contact the nearest ISC or visit our website www.canararobeco.com