

Important Instructions:

- A) Fields marked with '*' are mandatory.
 B) Please fill the form in English and in BLOCK letters.
 C) List of two character ISO 3166 country codes is available at the end.
 D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 E) KYC number of entity is mandatory for update application.


CANARA ROBECO
 Mutual Fund

For office use only (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
KYC Number		(Mandatory for KYC update request)
Account Holder Type*	US Reportable <input type="checkbox"/> Other Reportable <input type="checkbox"/>	(Please refer instruction A at the end)
Nature of Business / Entity Constitution Type*		(Please refer instruction B at the end)

☐ **1. ENTITY DETAILS** (Please refer instruction C at the end)

<input type="checkbox"/> Name*		
Date of Incorporation*	DD - MM - YYYY	Date of Commencement of Business* DD - MM - YYYY
Place of Incorporation*		Country of Incorporation* Country of Residence as per Tax laws*
Identification Type	Tax Identification Number (TIN)	TIN Issuing Country
PAN		
Number of controlling person(s) resident outside India for tax purposes		
(Please provide details of each Controlling Person resident outside India for Tax purposes separately in 'Annexure C2')		

☐ **2. PROOF OF IDENTITY (PoI)*** (Please refer instruction D at the end)

 (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

- | | |
|---|--|
| <input type="checkbox"/> Certificate of Incorporation / Formation | <input type="checkbox"/> Registration Certificate |
| <input type="checkbox"/> Resolution of Board / Managing Committee | <input type="checkbox"/> Memorandum and Article of Association / Partnership Deed / Trust Deed |
| <input type="checkbox"/> Officially valid document(s) in respect of person authorised to transact | |

☐ **3. PROOF OF ADDRESS (PoA)*** (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted) (Please see instruction E at the end)

3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS*

Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Certificate of Incorporation / Formation <input type="checkbox"/> Registration Certificate
Line 1*	
Line 2	
Line 3	City / Town / Village*
State / U.T Code*	Pin / Post Code* ISO 3166 Country Code*

3.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *

- ☐
- Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A2')

Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Certificate of Incorporation / Formation <input type="checkbox"/> Registration Certificate
Line 1*	
Line 2	
Line 3	City / Town / Village*
State / U.T Code*	Pin / Post Code* ISO 3166 Country Code*

3.3 ADDRESS IN THE JURISDICTION WHERE ENTITY IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES*

- ☐
- Same as Current / Permanent / Overseas Address details
- ☐
- Same as Correspondence / Local Address details

Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Certificate of Incorporation / Formation <input type="checkbox"/> Registration Certificate
Line 1*	
Line 2	
Line 3	City / Town / Village*
State*	ZIP / Post Code* ISO 3166 Country Code*

☐ **4. CONTACT DETAILS** (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction F at the end)

Tel. (Off)		Tel. (Res)		Mobile	
FAX		Email ID			

☐ **5. DETAILS OF RELATED PERSON*** (In case of additional related persons, please fill 'Annexure B2') (Please refer instruction G at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person details
KYC Number of Related Person (if available*)		If KYC number is available, only 'Related Person Type' and 'Name' is mandatory.
Related Person Type*	<input type="checkbox"/> Director <input type="checkbox"/> Promoter <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary	
	<input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Court Appointed Official	

5.1 PERSONAL DETAILS (Please refer instruction **G.I** at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Status*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation Type*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5.2 TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA(Please refer instruction **G.II** at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 5.2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

5.3 PROOF OF IDENTITY (PoI)*(Please refer instruction **G.III** at the end)(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

5.4 PROOF OF ADDRESS (PoA)*(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)**5.4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction **G.IV** at the end)

Address Type*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Proof of Address*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 1*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State / U.T Code*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	City / Town / Village*	<input type="text"/>
	<input type="text"/>		<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>

☐ **6 REMARKS (If any)**

<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"/>

7. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

8. ATTESTATION / FOR OFFICE USE ONLY**Documents Received** ☐ Self-Certified ☐ True Copies ☐ Notary**Risk Category** ☐ High ☐ Medium ☐ Low

IN PERSON VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Identity Verification	<input type="text"/>	Date	<input type="text"/>
Emp. Name	<input type="text"/>		
Emp. Code	<input type="text"/>		
Emp. Designation	<input type="text"/>		
Emp. Branch	<input type="text"/>		

Name	<input type="text"/>
Code	<input type="text"/>

[Institution Stamp]

[Employee Signature]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Correspondence / Local address

A) Fields marked with "*" are mandatory.
B) Please fill the form in English and in BLOCK letters.
C) List of two character ISO 3166 country codes is available at the end.
D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
E) KYC number of entity is mandatory for update application.



CANARA ROBECO
Mutual Fund
South Gujarat ARN: 54854

For office use only Application Type* ☐ New ☐ Update
(To be filled by financial institution) KYC Number

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(Mandatory for KYC update request)

☐ 1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS*

☐ Same as Current / Permanent / Overseas Address details

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Proof of Address* ☐ Certificate of Incorporation / Formation ☐ Registration Certificate

Line 1*

Line 2

Line 3

State / U.T Code* Pin / Post Code* City / Town / Village* ISO 3166 Country Code*

☐ **2. CONTACT DETAILS** (All communications will be sent on provided Mobile no./ Email ID) (Please refer instruction **F** at the end)

[illegible]

3. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature / Thumb Impression of Applicant

Date : DD-MM-YYYY Place :

4. ATTESTATION / FOR OFFICE USE ONLY

Documents Received	<input type="checkbox"/> Self-Certified	<input type="checkbox"/> True Copies	<input type="checkbox"/> Notary	Risk Category	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
IN PERSON VERIFICATION CARRIED OUT BY				INSTITUTION DETAILS			
Identity Verification	<input type="checkbox"/> Done	Date	<input type="text" value="DD"/> <input type="text" value="DD"/> <input type="text" value="—"/> <input type="text" value="MM"/> <input type="text" value="MM"/> <input type="text" value="—"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Name	<input type="text"/>			Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Code	<input type="text"/>						
Emp. Designation	<input type="text"/>						
Emp. Branch	<input type="text"/>						
<div>[Employee Signature]</div>				<div>[Institution Stamp]</div>			

A) Fields marked with "*" are mandatory.
B) Please fill the form in English and in BLOCK letters.
C) List of two character ISO 3166 country codes is available at the end.
D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
E) KYC number of entity is mandatory for update application.



South Gujarat ARN: 54854

For office use only Application Type* ☐ New ☐ Update
(To be filled by financial institution) KYC Number _____ *(Mandatory for KYC update request)*

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person details

KYC Number of Related Person (if available) If KYC number is available, only 'Related Person Type' and 'Name' is mandatory

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner
☐ Authorised Signatory ☐ Court Appointed Official ☐ Beneficiary

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Nationality*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> <input type="text"/>)			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector)			
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)			
	<input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

ADDITIONAL DETAILS REQUIRED* (If applicant is resident outside India for tax purposes)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

ISO 3166 Country Code of Birth*

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 1.4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction **G.IV** at the end)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)		
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card	<input type="checkbox"/> Others	<input type="text" value="please specify"/>	
Line 1*	<input type="text"/>				
Line 2	<input type="text"/>				
Line 3	<input type="text"/>				
State / U.T Code*	<input type="text"/>	Pin / Post Code*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>

2. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : DD-MM-YYYY Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Self-Certified True Copies Notary

Risk Category High Medium Low

IN PERSON VERIFICATON CARRIED OUT BY

Identity Verification Done Date DD-MM-YYYY
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

INSTITUTION DETAILS

Name
Code

[Institution Stamp]

[Employee Signature]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Legal Entity | Controlling Person

Important Instructions:

- A) Fields marked with "*" are mandatory.
 B) Please fill the form in English and in BLOCK letters.
 C) List of two character ISO 3166 country codes is available at the end.
 D) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 E) KYC number of entity is mandatory for update application.


CANARA ROBECO
 Mutual Fund

For office use only Application Type* ☐ New ☐ Update
 (To be filled by financial institution) KYC Number (Mandatory for KYC update request)

☐ 1. DETAILS OF CONTROLLING PERSON* (Please refer instruction H at the end)

☐ Addition of Controlling Person ☐ Deletion of Controlling Person ☐ Update Controlling Person details

 KYC Number of Controlling Person (if available*)

Type of control*

In case of Legal Person ☐ Ownership ☐ Other Means ☐ Senior Managing Officials
 In case of Trust ☐ Settlor ☐ Trustee ☐ Protector ☐ Beneficiary ☐ Other
 In case of Other Legal arrangement ☐ Settlor-Equivalent ☐ Trustee-Equivalent ☐ Protector-Equivalent ☐ Beneficiary -Equivalent
☐ Other-Equivalent

1.1 PERSONAL DETAILS (Please refer instruction H.I at the end)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name (If any*)
 Father / Spouse Name*
 Mother Name*
 Date of Birth* DD - MM - YY YY Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
 Marital Status* ☐ Married ☐ Unmarried ☐ Others Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code)
 Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin
 Occupation Type* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
☐ B-Business ☐ X-Not Categorised
 ISO 3166 Country Code of Jurisdiction of Residence* Tax Identification Number or equivalent (If issued by jurisdiction)*
 Place / City of Birth* ISO 3166 Country Code of Birth*

1.2 PROOF OF IDENTITY (PoI)* (Please refer instruction H.II at the end)

 (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date DD - MM - YY YY
☐ B- Voter ID Card
☐ C- PAN Card
☐ D- Driving Licence Driving Licence Expiry Date DD - MM - YY YY
☐ E- UID (Aadhaar)
☐ F- NREGA Job Card
☐ Z- Others (any document notified by the central government) Identification Number

1.3 PROOF OF ADDRESS (PoA)* (Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)
☐ 1.3.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction H.III at the end)

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
 Proof of Address* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)
 Address ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others please specify
 Line 1*
 Line 2
 Line 3 City / Town / Village*
 State / U.T Code* Pin / Post Code* ISO 3166 Country Code*

☐ **2. CONTACT DETAILS** (All communications will be sent on provided Mobile no./ Email-ID) (Please refer instruction **F** at the end)

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	-	
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[illegible]

3. APPLICANT DECLARATION

- | | |
|---|--|
| <ul style="list-style-type: none"> I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it. My/Our personal KYC details may be shared with Central KYC Registry. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: center; color: gray;">[Signature / Thumb Impression]</div> |
| | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="text-align: center;">Signature / Thumb Impression of Applicant</div> |

Date :

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
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[illegible]

4. ATTESTATION / FOR OFFICE USE ONLY

4. ATTESTATION / FOR OFFICE USE ONLY

☐ Notary☐ Low

IN PERSON VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
---------------------------------------	---------------------

Date _____

INSTITUTION DETAILS

Canara Robeco Mutual Fund

Investment Manager : Canara Robeco Asset Management Company Ltd.

Construction House, 4th Floor, 5, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001.

Tel. No. (022) 66585000 - 5010, Fax : 6658 5011/12/13 E-Mail : crmf@canararobeco.com

CIN : U65990MH1993PLC071003

South Gujarat ARN: 54854

Please refer Annexure for definitions

CANARA ROBECO

FATCA DETAILS AND DECLARATION For Non-Individual Investors (Mandatory)

PART A: APPLICANT DETAILS

Applicant Name:																											
PAN						Folio						Application No.															

PART B

Incorporation/Formation/Tax Residency in India <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please specify the Country(ies) of Incorporation / Formation / Tax residency below)		
Provide all Country(ies) of Incorporation / Formation / Tax Residency (including US) and Tax Identification Number below		
Sr. No.	Country/ies	Tax Identification Number
1.		
2.		
3.		
Are you a Specified US Person? <input type="checkbox"/> Yes (If yes, provide Tax Identification Number above) <input type="checkbox"/> No		

PART C

Are you a financial institution (including an FFI)? ☐ Yes ☐ No (Refer instructions) If yes, please provide the following information.

Please tick any one of the below: <input type="checkbox"/> Financial Institution incorporated in India <input type="checkbox"/> Financial Institution incorporated in another country that has an intergovernmental agreement (IGA) with the US on FATCA <input type="checkbox"/> FFI in a country without an IGA that has registered to obtain a GIIN <input type="checkbox"/> others _____ [please complete]	GIIN: (Global Intermediary Identification Number) If GIIN not available(tick any one) <input type="checkbox"/> Applied for on _____ (please specify the date) <input type="checkbox"/> Not required to apply/not obtained for the following reasons: <input type="checkbox"/> We are a Non-participating FFI <input type="checkbox"/> We are a Non-reporting India Financial Institution under Annexure II of the Indian IGA because we are _____ (please specify) <input type="checkbox"/> We are a Certified deemed-compliant FFI under U.S. Treasury Regulations <input type="checkbox"/> We are an Exempt beneficial owner under U.S. Treasury Regulations <input type="checkbox"/> We have another reason: _____ (please specify)
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PART D

1	Are you a listed company (that is, a company whose shares are regularly traded on a recognized stock exchange)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
2	Are you a 'Related Entity' / Subsidiary / Controlled by a listed company (Refer instruction b)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company 1. _____ 2. _____ Specify the name of the stock exchange(s) where it is regularly traded 1. _____ 2. _____
3	Are you an Active NFFE (Refer instruction c & d). (Note: Details of controlling persons will not be considered for FATCA purpose)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the nature of business _____
4	Are you a Passive NFFE. (Refer instructions) Yes No If yes, specify the nature of business	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the nature of business _____ For all Controlling Persons who are citizens/tax residents/green card holders of a country other than India [regardless of whether they are also Indian Citizens / Tax Residents], provide their Name, Address, Taxpayer Identification Number and Percentage of Holding by filling UBO Form & enclose additionally
5	Are you any one of the following: Participating FFI Deemed Compliant FFI Exempt Beneficial Owner Non-Participating Financial Institution	

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end

Place:

Date :

SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM FOR NON-INDIVIDUALS

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

CANARA ROBECO
Mutual Fund

South Gujarat ARN: 54854

Name of the entity																
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office															
PAN					Date of incorporation		D	D	/	M	M	/	Y	Y	Y	Y
City of incorporation																
Country of incorporation																

ADDITIONAL KYC INFORMATION

Gross Annual Income (Rs.) [Please tick (✓)]	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore					
OR						
Net-worth	Rs. _____ as on _____ (Not older than 1 year)					
Politically Exposed Person (PEP) Status* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable						
<small>*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.</small>						
Non-Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above						

FATCA & CRS Declaration

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)			
Sr. No.	Country	Tax Identification Number	Identification Type (TIN or Other*, please specify)
1.			
2.			
3.			

* In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1.	We are a, Financial institution <input type="checkbox"/> or Direct reporting NFE (Refer 3(vii) of Part C) (please tick as appropriate) <input type="checkbox"/>	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____
	GIIN not available (please tick as applicable) <input type="checkbox"/>	<input type="checkbox"/> Applied for <input type="checkbox"/> Not obtained – Non-participating FI <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> (Refer 1 A of Part C)

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2a of Part C)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2b of Part C)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active NFE (Refer 2c of Part C)	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part C)
4.	Is the Entity a passive NFE (Refer 3(ii) of Part C)	Yes <input type="checkbox"/> Nature of Business _____

UBO Declaration (Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company
☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust
☐ Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary)
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO1	UBO2	UBO3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
PAN			
Address	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____	Zip <input type="text"/> State: _____ Country: _____
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Tax ID [*]			
Tax ID Type			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others _____
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Holding (%) [§]			

* To include US, where controlling person is a US citizen or green card holder

^{*}In case Tax Identification Number is not available, kindly provide functional equivalent

[§]Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Canara Robeco Asset Management Company Limited/Canara Robeco Mutual Fund/ Trustees for any modification to this information promptly. I/We further agree to abide by the provisions of the Scheme related documents inter alia provisions on 'Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) on Automatic Exchange of Information (AEOI)'.

Name			
Designation			
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Place _____ Date ____/ ____/ ____
Signature	Signature	Signature	

Common Aadhaar linking form across Karvy Serviced Mutual Funds / AIF

South Gujarat ARN: 54854

INFORMATION TO INVESTORS

Ministry of Finance (Dept. of Revenue) in consultation of RBI came up with Notification G.S.R. 538 (E), dated 1st June, 2017, carried out amendments to prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders. Failing which, the folios will be frozen by 31/12/2017.

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.

We, at Karvy enabled several convenient modes of Aadhaar number linking across all Karvy serviced Mutual Funds / AIF.

Please fill in your details below:

PAN	<input type="text"/>	Aadhaar No.	<input type="text"/>
FOLIO	<input type="text"/>		
NAME	<input type="text"/>	Gender	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> O
CKYC number [KIN]	<input type="text"/>		

"Please submit these details separately for All Holders"

Consent

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

I have updated my CKYC record with Aadhaar and request you to seed it across my Mututal Fund folios. I have already completed Aadhaar based EKYC in one of the Karvy serviced funds. Please use the same details and request you to seed it across my Mututal fund / AIF folios.

Signature

Date

Place

For investor convenience, Karvy Computershare is collecting this mandatory information for authentication and seeding across all participating Karvy Serviced Mutual Funds / AIFs where you are already an investor or would become an investor in future.

Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to -

**Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B
Unit – CPZ - Aadhaar Updation
Plot Nos. 31 & 32 | Financial District | Nanakramguda
Serilingampally Mandal | Hyderabad - 500032 | India**

ACKNOWLEDGEMENT

PAN

Date

From Mr/Mrs/Ms:

Signature of Karvy Branch Official