

ONE TIME BANK MANDATE CANCELLATION FORM

(NACH / Direct Debit Mandate Form)

App. No.

UMRN

Date

D

D

/

M

M

/

Y

Y

Y

Y

Sponsor Bank Code

CITIOOPIGW

Utility Code

CITIO00020000000037

☒ CANCEL

☐ MODIFY

☐ CREATE

I/We hereby authorize

Canara Robeco Mutual Fund

to debit (Please ✓)

☐ SB

☐ CA

☐ CC

☐ SB-NRE

☐ SB-NRO

☐ Others

Bank Account Number

With Bank

Bank Name

IFSc

Or MICR

An amount of Rupees

In Words

Amount in Figures

₹

FREQUENCY

☒ As & When presented

DEBIT TYPE

☒ Maximum Amount

Folio No

PAN

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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 authorized the debit.

PERIOD

FROM

TO

DD

MM

YYYY

DD

MM

YYYY

Signature of Sole/First Applicant

Signature of Second Applicant

Signature of Third Applicant

Name as in bank records

Name as in bank records

Name as in bank records

\*Cancellation of One Time Bank Mandate will take 10 calendar days from the date of submission of OTBM cancellation form.

Phone

E-mail

THIS SECTION IS INTENTIONALLY KEPT BLANK

\*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Canara Robeco Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

I hereby authorize the representatives of Canara Robeco Asset Management Company Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC , as the case may be.

I/We acknowledge that our cancellation request for the given OTBM, will discontinue all my/our registered SIPs under the given OTBM. I/We would request you to cancel/stop deducting the SIP amount registered with you from my/our above stated OTBM. I/We further understand that I/We will need to appropriately communicate to my/our bank about the cancellation request from which the periodic debits were authorized. I/We understand that my/our bank may apply bank charges for the said cancellation for which I/We would not hold the user Canara Robeco Mutual Fund responsible.

FOR OFFICE USE ONLY (Not to be filled in by Investor)	
Affix Barcode	Date and Time Stamp No.

THIS SECTION IS INTENTIONALLY KEPT BLANK