



**CANBANK  
MUTUAL  
FUND**

Initial Offer  
Opens on  
20.8.2002

Initial Offer  
Closes on  
7.9.2002

Date of Opening for  
Continuous Sale and  
Repurchase 23.9.2002

**CANINCOME**  
OPEN ENDED DEBT SCHEME  
Growth Plan ♦ Income Plan ♦ Bonus Plan

Application No. \_\_\_\_\_

Please read the Instructions before completing the Application Form.

Stamp & Code No. of Broker/Canbank Agent	Sub-broker's Code No.	Bank Branch Stamp & D.P. Code No.	Bank Branch Serial No.

<b>FOR OFFICE USE ONLY</b>
Date of Receipt
Rate (per unit)

To,  
The Trustees, : Canbank Mutual Fund,  
Principal Trustee : CANARA BANK  
Investment Manager : Canbank Investment Management Services Ltd.  
Registered Office : Orient House, 2nd Floor, Adi Marzban Path,  
Ballard Estate, Mumbai-400 001.

MINIMUM INVESTMENT		
<b>Growth Plan</b>	<b>Income Plan</b>	<b>Bonus Plan</b>
Rs. 10,000/-	Rs. 10,000/-	Rs. 20,000/-
Automatic Repurchase Option Rs. 20,000/-		

Investment Details (Amount invested in Rupees)				
Growth Plan		Income Plan		Bonus Plan
Rs.	Automatic Repurchase Option (Refer Clause 7.f.)	Rs.	Rs.	Rs.

Gross Investment Amount (1)	* DD Charges Deducted (2)	Amount Remitted (1-2)		NRI's Local Address	
		In Figures			
		In Words			

Cheque/DD No. \_\_\_\_\_ Date \_\_\_\_\_ Bank & Branch \_\_\_\_\_

\* Only for payments made through DD. (Cheques/Drafts should be drawn in favour of "CANBANK MUTUAL FUND")

Particulars of First / Sole Applicant													
Name (in Block Letters)								Age					
Name of Father / Husband													
Name of Karta/Principal Partner #								Age					
Address (P. O. Box Address is not sufficient)								City		State		Pin	
Telephone No.		E-mail		PAN/GIR No.		Circle/Ward/District							
Date of Birth (if the Applicant is minor)		DD	MM	YY	Name of the Guardian (if the Applicant is minor)								
Bank Account Details (As per Directives of SEBI, it is mandatory)		Name of the Bank				Account No.		Account Type (Please ✓)					
		Branch Address						<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FNCR					
Occupation (Please ✓)		<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Others _____											
Status (Please ✓)		<input type="checkbox"/> 1. Individuals <input type="checkbox"/> 2. On behalf of minor <input type="checkbox"/> 3. HUF <input type="checkbox"/> 4. Company/Body Corporate <input type="checkbox"/> 5. Partnership Firms <input type="checkbox"/> 6. Trust <input type="checkbox"/> 7. Society <input type="checkbox"/> 8. NRI <input type="checkbox"/> 9. OCB <input type="checkbox"/> 10. Regd. Co.-op. Society <input type="checkbox"/> 11. Others _____											

# Karta in case of HUF / Principal Partner in case of Partnership Firm ..... Continued overleaf

**ACKNOWLEDGEMENT SLIP (To be filled in by the Sole/First Applicant)**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CANINCOME**

**CANBANK MUTUAL FUND**  
Orient House, 2nd Floor, Adi Marzban Path,  
Ballard Estate, Mumbai-400 001.

Application No. \_\_\_\_\_

Received from Mr. / Ms. / M/s. \_\_\_\_\_  
\_\_\_\_\_ an application for purchase of units of Caninome  
Scheme alongwith cheque / DD as detailed overleaf.  
**Please Note : Cheques / Drafts are subject to realisation**

FOR OFFICE USE ONLY		
<b>Current Load Structure</b>		Stamp, Signature & Date
<b>CANINCOME SCHEME</b>		
Entry Load		
Exit Load		

TEAR HERE

Name of the Second Applicant		<b>DIVIDEND REINVESTMENT</b>
Name of the Third Applicant		
<b>SYSTEMATIC INVESTMENT FACILITY</b> : I wish to invest in <b>CANINCOME Scheme</b> through Systematic Investment Facility and enclose : 5 cheques for Rs. _____ (figures in words _____) for 5 months, 10 cheques for Rs. _____ (figures in words _____) for ten months. The period of investments will be from (month) _____ to (month) _____. <b>APPLICANT TO THE SYSTEMATIC FACILITY</b> : please mail/submit this form and cheques to any of the Investor Relation Centre.		If you desire Reinvestment of Dividend  Please <input checked="" type="checkbox"/> here <input type="checkbox"/>  I/We authorise CANBANK MUTUAL FUND to Reinvest the Dividend back into the Scheme until further instruction. (Refer Clause 10)

<b>NOMINATION</b>			
<b>FOR UNITS OF CANINCOME SCHEME</b> (Refer Clause No. 12. c) on Page No.20 )		<b>FOR PERSONAL ACCIDENT INSURANCE</b> (Refer Clause No. 22 on Page No.24 )	
Name of the Nominee	_____	Name of the Nominee	_____
Address of the Nominee	_____	Address of the Nominee	_____
To be furnished in case Nominee is Minor		To be furnished in case Nominee is Minor	
Date of Birth of Minor	Date      Month      Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth of Minor	Date      Month      Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Guardian	_____	Name of Guardian	_____
Address	_____	Address	_____
_____		_____	
Signature of Guardian		Signature of Guardian	

<b>DECLARATION</b>		<b>SIGNATURE/S</b>	
I/We have read and understood the contents of the Offer Document of the <b>CANINCOME</b> Scheme of CANBANK MUTUAL FUND. I/We hereby apply to the Trustees and CANBANK MUTUAL FUND for allotment of units of the Scheme, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme.		First / Sole Applicant / Guardian	_____
<b>Applicable to NRIs / OCBs only :</b> I/We confirm that I am/we are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR / NRSR Account.		Second Applicant	_____
Date : <input type="text"/>		Third Applicant	_____

<b>TO BE FILLED IN BY AGENT / BROKER</b> (Agents are not permitted to accept cash with Application Forms. The Fund shall not be held responsible for any kind of wrong tenders)
Agency Code No. _____
Agents Name _____
Address _____
_____
City _____ State _____
Pin _____ Phone No. _____
PAN/GIR No. _____

<b>TO BE FURNISHED BY PARTNERSHIP FIRMS</b>	
To the Trustees of Canbank Mutual Fund Sub.: Our Subscription to <b>CANINCOME</b> Scheme We, the undersigned, being the partner of M/s _____ a Partnership firm formed under Indian Partnership Act, 1932 do hereby jointly and severally authorise Mr. _____ to subscribe an amount of Rs. _____ for allotment of units of <b>CANINCOME Scheme</b> on behalf of and in the name of our firm. He / They are also authorised to encash / disinvest the above units. We undertake to intimate you in writing about any change in the constitution or composition of our firm and upon such change, also arranged to lodge the specimen signatures of the partners authorised to deal with the above units. We enclose the copy of the partnership Deed alongwith the application for subscription.	
Name of the Partners	Signatures
_____	_____
_____	_____

<b>Growth Plan (1)</b>		<b>Income Plan (2)</b>	<b>Bonus Plan (3)</b>	<b>TOTAL AMOUNT INVESTED (1 + 2 + 3)</b>
Rs.		Rs.	Rs.	Rs.
Automatic Repurchase Option	Rs.			

Cheque / DD No. : \_\_\_\_\_ Date : \_\_\_\_\_ Amount : Rs. \_\_\_\_\_  
 Drawn on (Name of Bank and Branch) : \_\_\_\_\_

**REGISTRAR : Canbank Computer Services Ltd., Hotel Broadway Complex, No. 19, K. G. Road, Bangalore - 560 009.**

