Canara Robeco Mutual Fund 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

Application No.

CANARA ROBECO

Mutual Fund

APPLICATION FORM (Please fill in BLOCK Letters)												
Distributor/Broker ARN/RIA	istributor/Broker ARN/RIA Code# Sub Broker Code / ARN Emplo							umber	Bank Serial No. / Branch Stamp / Receipt Date			
"By mentioning RIA Code, I/We au Upfront commission shall be paid Declaration for "execution-only" f left blank) (Refer Instruction 28): I/ has been intentionally left blank by without any interaction or advice by sales person of the above distrib the advice of inappropriateness, relationship manager/sales person	directly by the in transaction (onl /We hereby conf me/us as this tra the employee/re utor/sub broker if any, provideo	nvestor to the AM Iy where EUIN bo firm that the EUIN ransaction is exect elationship mana- r or notwithstand d by the employ	FI registered Distribution pox is box uted ger/ ding ee/		the investo	ors' assessme		factors inclu	iding the ser	rvice rendered by	the distributor.	
TRANSACTION CHARGES FOR APPL	ICATIONS THRO	UGH DISTRIBUTC	RS ONLY (Refer Inst	ruction 25)								
☐ I confirm that I am a First time (₹ 150 deductible as Transaction			tributor)				n an existing ir as Transaction			i. o the Distributor)		
In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.												
EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Investment Details and Payment Details]												
Folio No.			Name of 1st Unit H									
The details in our records under th												
PAN / PEKRN AND CKYC COMPLIAN												
	PAN/PEK	KRN # (refer instru	ction)	CKYC Complia	nce Status**		proof)		KIN (CK	YC Identification	No.)	
First / Sole Applicant@				Yes		<u> </u>						
Second Applicant				Yes		0						
Third Applicant				Yes		\bigcirc						
Aadhaar Number	First/Sole Ap	oplicant@			Second Ap	plicant				Third Applica	ant	
(Optional)												
@ If the first/sole applicant is a Mi	inor, then please	e provide details	of Natural / Legal Gu	uardian. *	*Refer insti	ruction 12						
APPLICANT(S) INFORMATION [Refe	er Instruction 1]											
NAME OF FIRST / SOLE APPLICANT	/ MINOR (in cas	se of minor there	shall be no joint hol	der)			TE OF BIRTH andatory in case	of Minor)	DD	/ M M /	YYYYY	
Mr. Ms. M/s.												
Father / Husband's Name												
	Private Sector S Public Sector	Service	Government Servio Agriculturist	e 🗌	Profession Business	al 🗌	Retired Forex Dealer		Studer House		Others Please specify	
	Resident Individ Minor thru Gua		NRI - NRO	Trust	HUF FIIs/FIPs		Bank / Fls Partnership	Firm	NRI-NR Society			
OTHER DETAILS Please tick (✓)	🗌 Indivi	idual	Non-Individua	(Mandatory)			1					
1. Gross Annual Income Details P	Please tick (✔)	Below 1 L	.ac 🗌 1 - 5 La		10 Lacs]10 - 25 Lacs	[25 Lacs -	1 Crore	1 Crore හ above	
Net-worth in ₹				[0]	RJ	as on (da	te) D D /	MM	/ v v	V V		
		cally Exposed Per	son (PFP)	Re	lated to a l	a Politically Exposed Person (PEP)						
2. Please tick if applicable: Politically Exposed Person (PEP) Related to a 3. Is the entity involved in / providing any of the following services: - Foreign Exchange / Money Changer Services YES - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) YES YES - Money Lending / Pawning YES YES								,				
4. Any other information								1				
I declare that the information is to immediately in case there is any ch			belief, accurate and	d complete. I	agree to no	tify Canara	Robeco Mutua	Il Fund / Ca	inara Robec	o Asset Manage	ment Company Limited	
<u> </u>	<u> </u>	<u> </u>					<u> </u>			<u> </u>	<u> </u>	
ACKNOWLEDGEMENT SLIP (TO	BE FILLED IN B	W THE SOLE/FIF	ST APPLICANT)									
Canara Robeco Mu Investment Manager : Canara Rob Construction House, 4th Floor, 5, V	d Estate, Mumbai 4	Application No.										
Received from Mr./Ms./M/s.									ſ	Date/		
An application for numbers of		nite of								Stamp, S	ignature & Date	
An application for purchase of along with Cheque/DD as detailed												
	eneq	,	,						l			

NAN	IE OF SECOND APPLICANT											1															
	Ms. M/s.																										
<u> </u>	pation Please (\checkmark)	Drivata Sactor S	ionuico [overnme	nt Convico			Professional			etired			Student				thors [
	ipation Please (*)	Private Sector S Public Sector		= .	Agriculturi	nt Service st	Ĺ	-	Business			etheo orex Deale	er	Н	Housewi		HI		thers [ase spec								
Stat	us Please(✓)	Resident Individ	և հեր	_	NRI - NRO		rust [5	HUF		_	ank / Fls			NRI-NRE					,							
Jui		Minor thru Gua		= .		Body Corpo	-	=	FIIs/FIPs	F	= 1	artnership) Firm	H	Society		HI										
OTHER DETAILS Please tick (🗸) Individual Non-Individual (Mandatory)																											
	Gross Annual Income Details		Belov	⊥ w1lac	_]1 - 5 Lacs		_ `	, 10 Lacs		1 10) - 25 Lacs			25 Lacs - 1	Crore		1 Crore	e & aho	NA							
		reuse tiek (*)		W I LUC	· _		L_					25 1415			25 2025 1	crore		Jicion	. 0 000								
	Net-worth in ₹							[OR] as on (date) D D / M M / Y Y Y Y																			
	Please tick if applicable:		cally Exposed	Dorso	n (DED)			R	elated to a Pol				(DED)		 [Not	Applica	hlo									
	is the entity involved in / prov									inticuity	LYDO2	curcison	(1 L1 /		L		Аррпса	JIC									
	, , , ,		-	vices.			-			~																	
	– Foreign Exchange / Money	-						YE																			
– Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)								YE																			
– Money Lending / Pawning								YE	ES 🗌 N	0																	
	Any other information																		_								
I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management Company Limited immediately in case there is any change in the above information.																											
NAN	IE OF THIRD APPLICANT																										
Mr.	Ms. M/s.																										
Οςςι	ıpation Please (✔)	Private Sector S	ervice	=	overnmen				Professional			etired			Student				thers								
<u> </u>		Public Sector		A	griculturi	st			Business		Fo	orex Deale	r		Housewi	fe		Ple	ase spec	.ify							
Stat	us Please(✓)	Resident Individ			IRI - NRO		rust 🛛	t 🗌 HUF			2 1	ank / Fls			NRI-NRE												
		Minor thru Gua	rdian		ompany/l	Body Corpo	orate 🗌		FIIs/FIPs] Pa	artnership	Firm		Society												
OTH	ER DETAILS Please tick (✓)	🗌 Indivi	idual		Non-In	ndividual (Manda	atory))																		
1.	Gross Annual Income Details	Please tick (✔)	Belov	w 1 Lac	: []1 - 5 Lacs		5 -	10 Lacs		10) - 25 Lacs			25 Lacs - 1	Crore		1 Crore	e & abo	ve							
								[0	R]				/														
	Net-worth in ₹							as on (date) D D / M M / Y Y Y																			
2.	Please tick if applicable:	Politio	cally Exposed	Persor	n (PEP)		L	Re	elated to a Pol	litically	/ Expos	ed Person	(PEP)		l	Not	Applica	ble									
3.	Is the entity involved in / prov	viding any of the	following ser	vices:																							
	– Foreign Exchange / Money	Changer Services	5					YE	ES 🗌 N	0																	
	– Gaming / Gambling / Lotter	ry Services (e.g. d	casinos, bettir	ng synd	dicates)			YE	ES N	0																	
	– Money Lending / Pawning						Г	YE	ES 🗌 N	0																	
4.	Any other information																										
Ideo	lare that the information is t	to the best of m	v knowledae	and be	elief, accu	urate and c	complet	te. I	agree to notif	v Cana	ara Rot	eco Mutu	ial Fun	d / Cana	ara Robeco	Asset N	lanager	nent Cc	mpany	Limited							
I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Canara Robeco Mutual Fund / Canara Robeco Asset Management Company Limited immediately in case there is any change in the above information.																											
NAME OF THE GUARDIAN (In case of first Applicant is a Minor)																											
Mr. I	Ms. M/s.														Mot			Leg									
<u> </u>																											
Proc	f of DOB (Any one Mandatory	/) 🗌 Birth	Certificates	S	chool Cert	tificates / N	Aark Sh	neet	Passpor	t [Oth	ers															
Οςςι	ıpation Please (✔)	Private Sector S	ervice	_ G	overnmen	nt Service			Professional] Re	etired			Student			0	thers [
		Public Sector		_ A	griculturis	st			Business] Fo	orex Deale	r		Housewi	fe		Ple	ase spec	ify							
Stat	us Please(✓)	Resident Individ	lual		IRI - NRO		rust 🗌		HUF	Ba		Bank / Fls		NRI-NRE													
		Minor thru Gua	rdian 🗌] [0	ompany/l	Body Corpo	orate [Partnership Firm		Firm	Society													
ОТН	ER DETAILS Please tick (✔)	🗌 Indivi	idual		Non-In	ndividual (Manda	atory))																		
1.	Gross Annual Income Details	Please tick (✔)	Belov	w 1 Lac		1 - 5 Lacs	Г	5 -	10 Lacs		10) - 25 Lacs			25 Lacs - 1	Crore	Г	1 Crore	e & abo	ove							
						-		[0	R]									-									
	Net-worth in ₹									as on	(date)	D D	/ M	M /	YY	Y Y											
2.	Please tick if applicable:	Politic	cally Exposed	Persor	n (PEP)			Re	elated to a Pol	litically	/ Expos	ed Person	(PEP)		[Not	Applica	ble									
3.	Is the entity involved in / prov	iding any of the	following ser	vices:																							
	– Foreign Exchange / Money	Changer Services	5				Г	YE	ES N	0																	
	– Gaming / Gambling / Lotter	rv Services (e.a. o	asinos, bettir	na svna	dicates)		Г	 Ye	ES 🗌 N	0																	
	– Money Lending / Pawning		,	5.7	,		_	 Ye																			
	Any other information									0																	
					-11-6			h- 1			Dal		- 1 5	- / Cana		A + A											
	lare that the information is t ediately in case there is any c				eller, accu	irate and c	.ompiei	te. T	agree to notil	y cana	ara kor	beco Mutu	iai Fun	d / Cana	ira kobeco	Asset IV	lanager	nent Co	mpany	Limited							
		_			7	(p-f	. or 1'	. :- *		in ce al																	
IVIOC	e of Holding Please (\checkmark)	Anyone or Sur	VIVOr		Joint	(Delault	option	1 IS A	nyone or Surv	(IVOF)																	
_																											
Sr.								Δ	Amount					Pa	yment Deta	ails											
No.	Scheme Name	Plan			Option				rested (₹)			No./UTR				Bank a	nd Bran	ich									
<u> </u>										(ın	case of	NEFT/RTG	is)														
1.	Canara Robeco Equity Hybrid Fu	nd Regular																									
													Í														
									Private Lir																		
		Seleniu	m, Tower B, P	lot No		•	•					5	mpally,	Hyderab	ad 500 03	2											
					Tel No.	: 040 332	15262/	/ 526	9 Website :	www.ł	ktintech	n.com					Selenium, Tower B, Plot Nos. 31 & 32, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad 500 032 Tel No. : 040 33215262/ 5269 Website : www.kfintech.com										

POWER OF ATTORNEY (PoA) HOLDER DETAILS													
Name of PoA Mr. Ms. M/s.													
PAN		KYC [Please (✔) (Mandatory)] 🗌 Proof Attache	d	· · · · · · · ·								
Occupation Please (✓)	Private Sector Service	Government Service	Professional Retired	Student	Others 🗌								
Status Please (✔)	Public Sector Resident Individual	Agriculturist NRI - NRO Trust	Business Forex De HUF Bank / Fl										
OTHER DETAILS Please tick (✓)	Minor thru Guardian	Company/Body Corporate Non-Individual (Mandatory	FIIs/FIPs Partners	hip Firm Society									
1. Gross Annual Income Details			- 10 Lacs 10 - 25 La	acs 25 Lacs - 1 Crore	e 🗌 1 Crore & above								
Net-worth in ₹ 2. Please tick if applicable:	Politically Exposed		as on (date) D D / M M / Y Y Y Related to a Politically Exposed Person (PEP) Not Applicable										
 Please tick if applicable. Is the entity involved in / pro 			elated to a Politically Exposed Pers										
– Foreign Exchange / Money			ES 🗌 NO										
– Gaming / Gambling / Lotte	ry Services (e.g. casinos, betti	g syndicates)	ES NO										
– Money Lending / Pawning		Y	ES 🗌 NO										
4. Any other information													
immediately in case there is any		nd belief, accurate and complete. I and n	agree to notify Canara Robeco Mu	tual Fund / Canara Robeco Asset	Management Company Limited								
DEMAT ACCOUNT DETAILS (T	his section to be filled only	if investor wish to hold units in	demat form) (Client Master Li	st (CML) to be enclosed) (Ref	ier instruction no. 24)								
Natio	nal Securities Depository Limit	d (NSDL)	Central	Depository Services (India) Limite	d (CDSL)								
Depository Participant Name			Depository Participant Name										
DP ID No.	IN		Target ID No.										
FATCA/CRS DETAILS For Indiv	iduals & HUE (Mandaton	(Refer instruction no. 30)											
The below information is require													
Address Type: Residen	tial 🗍 Business 🗍 I	egistered Office (for address mention onality and Tax Residency?	ned in Form/existing address appe	aring in Folio) and if yes, provide the below me	ntioned information (mandatory)								
Sole / First Applicant / Guardian	Yes No	Second Applicant Ye	s No	Third Applicant Yes No	or POA Yes No								
Date of Birth		Date of Birth		Date of Birth									
Place of Birth		Place of Birth		Place of Birth									
Country of Birth		Country of Birth		Country of Birth									
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality									
Are you a US Specified Person?	Yes No please provide Tax Payer Ic	Are you a US Specified Person?	Yes No please provide Tax Payer Id	Are you a US Specified Person?	Yes No please provide Tax Payer Id								
Country of Tax Residency# [other than India]	Taxpayer Identification No	Country of Tax Residency [#] [other than India]	Taxpayer Identification No.	Country of Tax Residency [#] [other than India]	Taxpayer Identification No.								
1		1		1									
2		2		2									
*Please indicate all countries in which	you are a resident for tax purpose a	d associated Taxpayer Identification numbe	er. In case of applications with PoA, the	PoA holder should fill separate form to	provide the above details mandatorily.								
MAILING ADDRESS [Please p	rovide Full Address. P.O. B	x No. may not be sufficient. Ov	erseas Investors will have to p	rovide Indian Address]									
Local Address of 1st Applicant													
City		State		Pin Co	ode								
Tel Office		Residence		Mobile									
E-mail* PLEA	C E II C E												
	address and mobile number sho	Id be provided for speed and ease of (communication in a convenient and	cost-effective manner, and to help r	prevent fraudulent transactions.								
Overseas Correspondence addres				, , , , , , , , , , , , , , , , , , ,									
City		State		Pin Co	ode								
COMMUNICATION (Please ✓)												
		eports/Quarterly Statements/N	ewsletter/Updates or any oth	er Statutory/Regulatory Info	rmation via Physical Mode.								
BANK ACCOUNT DETAILS - Ma			· · · · · , , , , , , , , , , , , , , , , ,	,, ,, ,	,								
Name of the Bank													
Account No.			A/c Type (please ✓)	O SAVINGS O NRE O	CURRENT O NRO O FCNR								
Branch Address													
Bank Branch City		State	Pin Code	MICR Code									
IFSC CODE (RTGS/NEFT)		(Mandatory for Cred	Please) lit via NEFT/RTGS) Please attach a	-	pears after your cheque number) o copy of a cheque								
	vour cheque leaf. If vou do no		check for the same with your Ban		, , , , , , , <u>-</u>								

REDEMPTION / DIVIDEND REMITTANCE [Refer Instruction 20]																				
🗌 Ele	ectronic Pay	ment It is the resp destination						ctnes	s of t	the IFS	C co	de/MI	CR c	code for Ele	ctronic Payout	at reci	pient/	Cheque Pay	rment	
If MICE	MICR and IFSC code for Redemption/Dividend Payout is available, all payouts will be automatically processed as Electronic Payout - RTGS/NEFT/Direct Credit/NECS.																			
SIP ENROLLMENT DETAILS																				
SIP Am (Rs.)		Enrollment Period REGULAR SIP : Start PERPETUAL SIP : Sta		M -	Y Y Y Year	Y Y	End N	-		Murther	instr	Y Y ructior	Y n (or) End on M	Frequency P onth 1 2	lease (Yea		Date Mont	hly 🗌 Quarterly	
SIP To	SIP Top-up : Rs. (in multiplies of Rs. 500/-) Frequency Please (
	PAYMENT MECHANISM : Debit through ECS / Auto Debit facility (Fill up SIP Registration cum Mandate Form for NACH/ECS/Direct Debit)																			
							,								,					
	STMENT DETAILS AND PAYMENT DETAILS (Payment through Cash/Outstation Check rate cheque / demand draft must be issued for each investment, drawn in favour of respective										Sub Option.									
Sr.		Scheme Name Plan Option												No./UTR No.		Bank and	Branch and Acc	ount Number		
No.	6 D.I	nara Babara Eruitu Uubrid Eurod									Invested (₹)			(in case of	f NEFT/RTGS)					-
1.	Canara Robeco Equity Hybrid Fund Regular															L				
																				_
# (Type	of Account	/ Savings / Current / N	I RE / NRO / I	FCNR / NRS	SR) * All pi	urchas	es are	subie	ct to	realisat	tion	of Che	aue	/DD.						
		icial Ownership (Ple													ship percent	age/ir	nterest in the	rust of any B	eneficiary is as per	
the th	reshold lir	nit provided below.	Details to	be provid	ed for ea	ach su	<mark>ich b</mark> e	nefic	iary.	. (Mar	idat	ory fo	r No	on-Individu	ual)				<u></u>	
	Cate		nlisted Com	pany	Partn	ership	Firm		U	Inincor	nincorporated Association/Body				of Individuals		Trust		Foreign Investor \$\$\$	
		cent @@@	>25%			•15%							>15				>=15%			
		ercentage of shares/capit reign investors, the benefi																ownership, the i	nvestor will be responsible	to
		Registrar / KRA as may be al Ownership (Please a							o nro	widod	ic inc	cufficia	nt)							
Sr.	of Deficition	ar ownership (riease a	Name	arate sheet		TOTTIC		: spat	e pre	Mucu		Addres			Details	of Iden	tity such as	% of ownership		
															PAN/Passport					
																				-
[Please	e attach self	attested copy of PAN/F	Passport (pro	pof of photo	o identity)) along	g with a	applic	ation	form]										
NOMINATION DETAILS for Individuals [Minor / HUF / POA Holder / Non Individuals cannot Nominate – Refer Instruction No. 13]																				
do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I/We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the																				
		d / Trustees. 🗌 I/We_		at all payin	ents anu s	settien	lients II	laue	io sui		linee			wish to nom			wiedynig ieceip	t thereof, shall	Je a valiu uischarge by ti	le
No.		Nominee	(s) Name				Date of	of Birl	h (in	case o	f Mir	nor)			of the Guardia	an		ship with	@ % of Share	
1										- <u>y</u> y y y			V	(in case of Minor)			Unit	Holder		-
2	_					D	D -	M	M	- Y	Y	Y	Y							-
3						D	D -	M	M	- Y	Y	Y	Y							1
																				۲
		First/Sole Applicant								econo							\otimes	hird Applicar	it	
		e of share is not ment	ioned, then	the claim	will be se	ettled e	equally	amo	ngst	all the	indi	icated	non	ninee(s)						
		ra Roboco Mutual Fund	I / We have r	and and up	dorstood t	the con	tents of	f tha S		Dandk	(ov In	oforma	tion	Momorandu	m of the Schem		hereby apply to	the Trustees of (anara Robeco Mutual Fu	nd
for allot	ment of unit	s of the Scheme, as indic	ated above a	and agree to	o abide by t	the terr	ms, cor	ditior	ns, rul	es and	requ	lations	of th	he Scheme. I	/We hereby dee	clare that	at I/ We are auth	orised to make t	his investment in the abo	ve
Notifica	ions or Dire	tions of the provisions o	f Income Tax	Act, Anti M	oney Laun	ndering	Act, An	iti Cor	ruptic	on Act c	or any	y other	app	licable laws	enacted by the (Governr	ment of India froi	n time to time a	any Act, Rules, Regulatior nd we undertake to provi	de
the Fun	to disclose	details of my/our accou	nt and all m	v/our transa	actions to t	the inte	ermedia	atelv v	whose	e stamp	aab	bears o	n the	e application	form. I also au	thórise	the Fund to disc	ose details as ne	vestment. I / We authori cessary, to the Registrar	ઇ
Transfer holder h	Agent, call as disclosed	centres, banks, custodia to me/us all the commis	ns, depositor ssions (in the	ries and/or a form of trai	authorised il commiss	1 exterr sion or	nal thir any oth	d part Ier mo	ies w ode),	ho are payable	invol e to h	lved in າim for	tran the (isaction, pro different con	cessing, despate apeting Scheme	ches, et s of var	c. for the purpos ious Mutual Fun	e of effecting pa Is from amongs	yments to me/us. The AF which the Scheme is beir	≀N ng
recomm	ended to me	e/us.																-	ibiting or restraining me/	-
from de	aling in secu	rities.	5			,						,	,			,	· ·	5 1	MC, Trustee, RTA and oth	
linterme	diaries in cas	e of any dispute regardi	na the eliaihi	ility validity	and auth	norisatio	on of m	v/our	trans	action					-				my/our Aadhaar number	
in accor	dance with t	ne Aadhaar Act, 2016 (ar companies of SEBI registe	nd regulatior	ns made the	ereunder) a	and PN	1LA. I / '	We he	ereby	provide	e my	/ our c	onse	ent for sharin	ig / disclose of t	he Aad	haar number(s) i	ncluding demog	raphic information with th	he
Applicat	ole to NRIs or	ıly : İ/We confirm that I a	im/we are No	on Resident	of Indian N	Nationa	ality/Or	igin a	nd I/I	We here	eby c	onˈfirm	that	t the funds fo	r subscription h	ave bee	en remitted from	abroad through	approved banking channe	els
I / We h	ave understo	our Non Resident Extern ood the information requ	irements of	this Form (r	ead along	a with tl	he FATC	CA & (CRS In	structio	ons) a	and he	reby	confirm that	t the informatio	on basis in provi	ded by me/us on	this Form is true	e, correct, and complete.	ı/
We also	confirm tha	I / We have read and u	nderstood th	e FATCA & C	.KS Terms	and Co	ondition	is belo	ow an	d nerel	oy ac	cept th	e sa	me.						_
	\otimes	First/Sole Applicant	/Guardian						⊗s	econo	d Ap	plicar	nt				\otimes	Third Applica	nt	
To be	furnished	by partnership firn	าร																	
		Canara Robeco Mutu		b : Our Sub	oscription	to the	e Scher	nes o	f											
	e undersigr Ily authoris	ed, being the partner Mr.	of M/s						tr) subse	ribe	anar	יייסח	a Partne nt of ₹			der Indian Part ment of units o		32 do hereby jointly ar Scheme c	
behalf	of and in th	e name of our firm. H							est th	e abov	e un	nits. W	e un	dertake to	intimate you ir	n writir	ng about any ch	ange in the co	nstitution or compositio	on
	firm and up ition for sul		arrange to	lodge the	specimen	1 signa	atures o	of the	e part	ners a	uthc	orised	to d	eal with the	e above units.	We en	close the copy	of the Partners	hip Deed along with th	is
	of the Partr									Signa	ature	25								