

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		ARN-		

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

Investors applying under Direct Plan must mention "Direct" in ARN Column

Upright commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

"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."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 12 on page 7) In case the 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.

Transaction Charges for per subscription ₹ 10,000 and above
 Existing Investor - ₹100
 New Investor - ₹150

1 EXISTING INVESTOR'S DETAILS (Please fill your Folio No., Name, Section 1,7,10 &12)

Folio No. _____ Name **F I R S T** _____ **M I D D L E** _____ **L A S T** _____

2 FIRST APPLICANT'S DETAILS (Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com.) Mr. Ms. M/s

Name **F I R S T** _____ **M I D D L E** _____ **L A S T** _____

Father's Name **F I R S T** _____ **M I D D L E** _____ **L A S T** _____

PAN /PEKRN** _____ CIN _____

KIN (KYC identification number) _____ Date of Birth / Incorporation **D D M M Y Y Y Y** _____ Place of Birth / Incorporation _____

Country of Birth / Incorporation _____ Nationality Indian US Others (Please Specify) _____ City of Incorporation _____

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Others Specify _____ Guardian's Relationship Father Mother Court Appointed With Minor

KIN of Guardian/ PoA (KYC identification number) _____

Name of the Guardian (In case of minor) / Contact person for non individuals / PoA holder name _____ Guardian / PoA PAN _____

F I R S T _____ **M I D D L E** _____ **L A S T** _____

Tax Residence Address (for KYC Address) Residential Registered office Business Residential or Business
Correspondence Address _____

City _____ State _____ Pin Code _____

Overseas address _____ Mandatory incase of NRI's _____

_____ Mandatory incase of NRI's _____

_____ Mandatory incase of NRI's _____

Email ID _____

Email ID & Mobile No. are essential to enable us to communicate better with you

** Please mention PAN/PEKRN(PAN Exempted KYC Reference Number) as it is mandatory Mobile _____ Tel. _____

3 KYC Details (Mandatory)

Status Partnership Firm HUF Private Limited Company Public Limited Company Listed Company Society AOP/BOI Trust H Liquidator
 Artificial Juridical Person Resident Individual Proprietor Minor FII/ FPI NRI PIO Limited Liability Partnership Trust
 Body Corporate NGO FI Govt. Body Bank Defence Establishments NPO Others Specify _____

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify _____

INDIVIDUALS	NON-INDIVIDUALS
Gross Annual Income OR Net-worth* in ₹ *Not older than one year	Gross Annual Income OR Net-worth* in ₹ *Not older than one year
<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR
networth as on D D M M Y Y	networth as on D D M M Y Y
Any other information	Any other information

Is the entity involved in any of the following:
 1 Foreign Exchange/ Money Changer Yes No
 2 Gaming / Gambling / Lottery (casinos, Betting syndicates) Yes No
 3 Money Lending/ Pawning Yes No

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

Legal Entity Identifier (LEI) Number _____ LEI Expiry Date **D D M M Y Y Y Y** _____

*With reference to the RBI circular "Introduction of Legal Entity Identifier for Large Value Transactions in Centralised Payment Systems" vide RBI/2020-21/82 DPSS.CO.OD No.901/06.24.001/2020-21 dated 5th January 2021 it is mandatory to provide LEI information for all payment transactions (i.e. purchases (inward remittance), redemption / dividend / brokerage payouts (outward remittance) of value ₹ 50 crores and above undertaken by entities (non-individuals) through RTGS/NEFT w.e.f. April 01, 2021.

4 JOINT APPLICANT'S DETAILS

SECOND APPLICANT'S DETAILS Mr. Ms. M/s

Mode of Holding Joint Anyone or Survivor (Default)

Name **F I R S T** _____ **M I D D L E** _____ **L A S T** _____

Father's Name **F I R S T** _____ **M I D D L E** _____ **L A S T** _____

PAN /PEKRN** _____ Email ID _____ Mobile _____

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number) _____

Date of Birth **D D M M Y Y Y Y** _____ Place of Birth _____ Country of Birth _____ Nationality Indian US Others (Please Specify) _____

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify _____

INDIVIDUALS	NON-INDIVIDUALS	Politically Exposed Person (PEP) Status
Gross Annual Income OR Net-worth* in ₹ *Not older than one year	Gross Annual Income OR Net-worth* in ₹ *Not older than one year	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable
<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR	
networth as on D D M M Y Y	networth as on D D M M Y Y	
Any other information	Any other information	

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. **Application/Folio No.** _____

From _____				Stamp & Signature
Cheque no.	Date	Amount	Scheme	
_____	_____	_____	_____	

THIRD APPLICANT'S DETAILS

Mr. Ms. M/s

Name: F I R S T M I D D L E L A S T
 Father's Name: F I R S T M I D D L E L A S T
 PAN /PEKRN** _____ Email ID _____ Mobile _____

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number) _____

Date of Birth: DD MM YY YY Place of Birth _____ Country of Birth _____ Nationality Indian US Others (Please Specify)

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify

Gross Annual Income OR Net-worth* in ₹ <1L 1-5L 5-10L 10-25L 25L-1CR >1CR
 as on DD MM YY
 Any other information _____

Politically Exposed Person (PEP) Status
 I am PEP I am Related to PEP Not Applicable

**Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is mandatory

5 DEMAT ACCOUNT DETAILS

(Mandatory, only if you require units in the demat form. Please fill in all details, else the application is liable to be rejected).
 Nomination provided in demat account shall be considered.

NSDL CDSL Depository Participant (DP) Name _____
 DP ID _____ Beneficiary A/c No. _____
 Enclose for Demat option Client Master List Transaction/Holding Statement DIS Copy

6 EMAIL COMMUNICATION

Email ID & Mobile No. provided pertains to Self or Family Member (Note: If Email pertains to Family Member please tick any one option from below)
 Spouse Dependent Parents Dependent Children Dependent Siblings Guardian
 Investors providing Email Id would mandatorily receive E - Statement of Account in lieu of physical Statement of Accounts and the annual report or abridged summary email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. I hereby authorize MOAMC to send important information and regular updates to me. I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

7 INVESTMENT & PAYMENT DETAILS

Payment Type (Please ✓) Non - Third party payment Third party payment (Please fill the Third Party Payment Declaration Form)
 Lumpsum Zero Balance SYSTEMATIC INVESTMENT PLAN* / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2)

Scheme name	Plan	Option *Growth (Default Option)	Dividend Frequency	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)
Motilal Oswal _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment						

Drawn on Bank/Branch: _____ A/c no. _____
A/c Type (Please Tick): Current Savings NRO NRE FCNR ***For Index Fund Only Growth Option is Available**
 Subsequent SIP Instalment Amount (₹) _____
 Fortnightly 1st-14th *7th-21st 14th-28th
 Annual SIP DD MM YY YY YY YY
 Any Day/ Date SIP Weekly - Any Day of Transfer _____ (Monday to Friday)
 Monthly SIP- Any date of the month DD except (29th, 30th and 31st)
 Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) DD except (29th, 30th and 31st)
 SIP Period From MM YY YY YY To End date MM YY YY Or Perpetual
 *Incase if no date is selected, 7th would be the default SIP Date.

MOTILAL OSWAL CASHFLOW PLAN DETAILS (MO-CP)

Options: *7.5% 10% 12% Frequency: *Monthly Quarterly Annually Date: 1st *7th 14th 21st 28th
 For Multi Asset Fund: 6% *7.5% 9%
 Period: Start: MM YY YY End: MM YY YY Perpetual From Scheme _____
 *Default Option Please refer to page number 7 for Terms & Conditions

SYSTEMATIC WITHDRAWAL PLAN DETAILS (SWP)

Rs. (in figures) _____ Rs. (in words) _____
 SWP Frequency: Weekly Fortnightly *Monthly Quarterly Annually SWP Date: 1st *7th 14th 21st 28th
 SWP Period: Start: MM YY YY End: MM YY YY
 *Default Option

8 BANK DETAILS (Mandatory) Redemption / Dividend /Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Motilal Oswal Mutual Fund has Direct Credit facility.

Bank Name

Bank A/c No. Type Current Savings NRO NRE FCNR Others Specify

Branch Name City Pin

IFSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

I/We understand that the instructions to the bank for Direct Credit / NEFT /ECS will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my / our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information. I / We would not hold Motilal Oswal Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by Direct Cash/NEFT/ECS. If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) Please tick the box alongside
 Cheque should be crossed "A/C payee only" drawn in favor of the scheme name.

9 NOMINATION DETAILS (Refer Instruction 10)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR I/WE DO NOT WISH TO NOMINATE (Mandatory to fill Nominee Opt Out form*)

Name	Date of Birth if nominee is minor	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %

10 FATCA- CRS Declaration and Supplementary Information

10A Declaration for Individual

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com. The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries[#]

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (✓) the reason A, B, & C (as defined below)
First Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. **Reason B:** No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected). **Reason C:** Others; please state the reason thereof.

[#]Please attach additional sheets if necessary

11 DECLARATION/CONSENT AND SIGNATURE

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare 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 the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the income tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme (s) & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

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 Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only : I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First / Sole Applicant / Guardian/POA	Second Applicant	Third Applicant
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Date: _____ Place: _____

Motilal Oswal Declaration Form For Opting Out of Nomination

D	D	M	M	Y	Y	Y	Y
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Folio Number / Application Number	
Sole / First Holder Name	
Second Holder Name	
Third Holder Name	

DECLARATION & SIGNATURE

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

NAME AND SIGNATURE OF UNITHOLDER(S)

Unitholder (1) Signature	Unitholder (2) Signature	Unitholder (3) Signature
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Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		ARN-		

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

Investors applying under Direct Plan must mention "Direct" in ARN Column

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First Holder

Second Holder

Third Holder

1 UNIT HOLDER INFORMATION

Mr. Ms. M/s

Existing Folio Number Existing UMRN

Name F I R S T M I D D L E L A S T

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme name	Plan	Option *Growth (Default Option)	Dividend Frequency	SIP Installment Amount	SIP Booster details	SIP Booster Amount	SIP Booster Frequency	SIP Maximum SIP limit amount
Motilal Oswal	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		(₹) <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIP Booster amount minimum ₹ 100	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	(₹) <input type="text"/>

SIP Frequency and Date*

Fortnightly 1st-14 *7th-21st 14th-28th

Annual SIP D D M M Y Y Y Y Y Y

Any Day/
Date SIP Weekly - Any Day of Transfer _____ (Monday to Friday)

Monthly SIP- Any date of the month D D except (29th, 30th and 31st)

Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) D D except (29th, 30th and 31st)

*Incise if no date is selected, 7th would be the default SIP Date.

SIP Period

From M M Y Y Y Y To M M Y Y Y Y

or Perpetual SIP

SIP cheque No. SIP cheque Date D D M M Y Y Y Y Y Y

3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

This is to confirm that the declaration/instruction has been carefully read, understood. I/We have understood that I/we are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorized the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS (Debits)/Direct Debits/Standing Instructions. Authorization to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Motilal Oswal Mutual Fund shall be made from my/our bank account with your Bank. I/We authorize the representatives Motilal Oswal Mutual Fund carrying this mandate form to get it verified and executed.

(Please attach a cancelled cheque/cheque copy)

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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(To be signed by all holders if mode of operation of Bank Account is 'Joint')

OTM Debit Mandate form NACH/ ECS/ Direct Debit [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN For Official Use Date D D M M Y Y Y Y Y Y

Tick (✓) Create Modify Cancel

Sponsor Bank Code C I T I O O O P I G W Utility Code N A C H O O O O O O O O O 2 2 8 0 6

I/We hereby authorize Motilal Oswal Mutual Fund To Debit (to tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Bank name and branch IFSC Or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qly H.Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No. Mob. No.

Reference 2 Application No. Email ID

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.

Period From D D M M Y Y Y Y Y Y To 3 1 1 2 2 0 9 9 Or Until cancelled

1. Sign 2. Sign 3. Sign

Name as in bank record (mandatory) Name as in bank record (mandatory) Name as in bank record (mandatory)

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account based on the instruction as agreed and signed by me. 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

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Application No.

Folio No. Investor Name

Scheme Name Plan Option

SIP Period From D D M M Y Y Y Y To D D M M Y Y Y Y Perpetual SIP

Stamp & Signature

Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN No. column.)

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		ARN-		

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

Investors applying under Direct Plan must mention "Direct" in ARN Column

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Folio No Name of Sole / First Holder

PAN/PERN (mandatory) Enclosed PAN/PEKRN Proof KYC Complicane

SYSTEMATIC TRANSFER PLAN (STP/DTP AND NAV APPRECIATIONS)

Please arrange for STP with the following options

From Scheme Plan

Option Growth / Dividend-Payout / Dividend - Reinvest

To Scheme Plan

Option Growth / Dividend-Payout / Dividend - Reinvest Dividend Frequency (In case of Dividend option)

Fixed Amount (Min amount ₹ 500 - (Daily, Weekly, Fortnightly, Monthly)
(Min amount ₹ 1,500 for Quarterly)

STP Frequency: Daily Weekly Fortnightly
 Monthly Quarterly

STP Amount :

STP Dates : 1st 7th 14th 21st 28th

Any Day of STP Transfer (Monday to Friday)
(in case of weekly frequency)

STP Period: Start: End:

*For Daily STP Minimum Installments 12
For Other Frequency Minimum Installments 6

Dividend Transfer Plan (Minimum ₹ 1000)

Except Daily Dividend

STP Dates : 1st 7th 14th 21st 28th

STP Period: Start: End:

NAV Appreciation (Minimum ₹ 1000)

Only in case of Growth Option

STP Dates : 1st 7th 14th 21st 28th

STP Period: Start: End:

SYSTEMATIC WITHDRAWAL PLAN (SWP)

(Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for SWP with the following options - Fixed Amount

RS. (in figures) Rs. (in words)

SWP Frequency: Weekly Fortnightly Monthly Quarterly Annually SWP Date: 1st 7th 14th 21st 28th

SWP Period: Start: End:

From Scheme

Plan Option Growth Dividend-Payout Dividend - Reinvest

Dividend Frequency (In case of Dividend option)

*Minimum No. of SWP Installments 12 - (monthly/weekly/fortnightly)

*Minimum No. of SWP Installments 4 - instalments (quarterly)

*Minimum No. of SWP Installments 1- (annual)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / We hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the Scheme(s). I / We hereby declare 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 the contravention of any Act, Rules, Regulations, Notifications or Directions for the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the Scheme(s) and I / We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / We hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law.

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.

For NRIs only: I / We confirm that I am / we are Non Residents of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR account.

I/We confirm that details provide by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder

ACKNOWLEDGMENT SLIP

Application No.

From

Systematic Transfer Plan Dividend Transfer Plan Nav Appreciation Facility Systematic Withdrawal Plan

Stamp & Signature