MOTILAL OSWAL
Mutual Fund

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

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 FIRST MIDDLE LAST

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 FIRST MIDDLE LAST

Father's Name FIRST MIDDLE LAST

PAN /PEKRN** CIN

KIN (KYC identification number) Date of Birth / Incorporation DD MM YYYY Place of Birth / Incorporation

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

For Investments "On behalf of Minor" (Refer Instruction 1d) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Others Specify Guardian's Relationship With Minor ☐ Father ☐ Mother ☐ Court Appointed

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

FIRST MIDDLE LAST

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

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 ☐ 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	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR
	networth as on DD MM YY	networth as on DD MM YY
	Any other information	(Networth is mandatory for Non-individuals) 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 DD MM YYYY

*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 FIRST MIDDLE LAST

Father's Name FIRST MIDDLE LAST

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 YYYY 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
Gross Annual Income OR Net-worth* in ₹ *Not older than one year	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR
	networth as on DD MM YY
	Any other information

Politically Exposed Person (PEP) Status

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

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

Cheque no.	Date	Amount	Scheme

Stamp & Signature

MOTILAL OSWAL
Mutual Fund

THIRD APPLICANT'S DETAILS

☐ Mr. ☐ Ms. ☐ M/s

Name (FIRST MIDDLE LAST)

Father's Name (FIRST MIDDLE LAST)

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 YYYY) | 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 ₹ *Not older than one year	INDIVIDUALS	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR networth 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_____	☐ Regular ☐ Direct	☐ Growth ☐ Dividend Payout ☐ 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 YYYY)

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 YYYY) To End date (MM 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) End: (MM 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 ☐ Annualy SWP Date: ☐ 1st ☐ *7th ☐ 14th ☐ 21st ☐ 28th

SWP Period: Start: (MM YY) End: (MM YY)

*Default Option

MOTILAL OSWAL
Mutual Fund

Motilal Oswal Asset Management Company Limited
10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road,
Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025
Email: mfservice@motilaloswal.com. Toll Free No.: +91-22 40548002 I 8108622222
website: www.motilaloswalmf.com

MOTILAL OSWAL
Mutual Fund

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			☐ Indian ☐ U.S. ☐ Others *(Please specify)*_____
Second Applicant			☐ Indian ☐ U.S. ☐ Others *(Please specify)*_____
Third Applicant			☐ Indian ☐ U.S. ☐ 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 defired below)
First Applicant				Reason ☐ A ☐ B ☐ C
Second Applicant				Reason ☐ A ☐ B ☐ C
Third Applicant				Reason ☐ A ☐ B ☐ 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

Date: Place:

Motilal Oswal Declaration Form For Opting Out of Nomination

MOTILAL OSWAL
Mutual Fund

D	D	M	M	Y	Y	Y	Y

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

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

MOTILAL OSWAL Mutual Fund

OTM Debit Mandate form NACH/ ECS/ Direct Debit/SIP Form

Application No.
Form -2

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_____	☐ Regular ☐ Direct	☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment		(₹)_____	☐ Yes ☐ No	SIP Booster amount minimum ₹ 100	☐ Quarterly ☐ Half Yearly ☐ Yearly	(₹)_____

SIP Frequency and Date*

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

☐ Annual SIP D D M M 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)

*Incase 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

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

(To be signed by all holders if mode of operation of Bank Account is 'Joint')

MOTILAL OSWAL Mutual Fund

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

Tick (✓): Create ☑ Modify ☒ Cancel ☒

Sponsor Bank Code C I T I 0 0 0 P I G W Utility Code N A C H 0 0 0 0 0 0 0 0 0 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~~ ☐ ~~Qtly~~ ☐ ~~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
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

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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 To D D M M Y Y ☐ Perpetual SIP

Stamp & Signature

MOTILAL OSWAL
Mutual Fund

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

Application No.

Version: 24.12.2019

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

Folio No ____ Name of Sole / First Holder ____ D D M M Y Y Y Y

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: D D M M Y Y

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

End: D D M M Y Y

☐ Dividend Transfer Plan (Minimum ₹ 1000)

Except Daily Dividend

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

STP Period: Start: D D M M Y Y

End: D D M M Y Y

☐ NAV Appreciation (Minimum ₹ 1000)

Only in case of Growth Option

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

STP Period: Start: D D M M Y Y

End: D D M M Y Y

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 ☐ Annualy SWP Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

SWP Period: Start: M M Y Y End: M M Y Y

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 fo 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