

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	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 11) 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  
\$ 10,000 and above

Existing Investor - \$100  
 New Investor - \$150

**1 EXISTING INVESTOR'S DETAILS** (Please fill your Folio No., Name, Section 2A, 2B, 6 & 11)

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 investor please fill in FATCA, CRS & UBO Declaration in Section 9 & 10)

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 \*\*  CIN

Date of Birth / Incorporation  D D M M Y Y Y Y  Place of Birth / Incorporation  Country of Birth / Incorporation  Nationality

**For Investments "On behalf of Minor"**  Birth Certificate  School Certificate  Passport  Others  Specify Guardian named below is  Father  Mother  Court Appointed (Refer Instruction 1d)

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

Correspondence address

City  State  Pin Code

Overseas address  Mandatory incase of NRI's

Email ID  Mobile  Tel.

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

**2A 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  FI/ 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	Is the entity involved in any of the following:
Gross Annual Income OR Net-worth* in ₹ <input type="text"/> <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 as on <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <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 as on <input type="text"/> D D M M Y Y Y Y	1 Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> Not older than one year <input type="text"/> Any other information	<input type="text"/> (Network is mandatory for Non-individuals) <input type="text"/> Any other information	2 Gaming / Gambling / Lottery (casinos, Betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
		3 Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> 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

**2B FATCA Details**

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. (use annexure in case you are a residents in 3 or more country)

Country <sup>†</sup>	Tax Identification Number <sup>**</sup>	Identification Type (TIN or Other, please specify)

Permissible Documents  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  Specify

<sup>†</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>\*\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

**In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here**

<sup>\*\*</sup>Please mention PAN as it is mandatory

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

From

Cheque no.	Date	Amount	Scheme

Stamp & Signature

**3 JOINT APPLICANT'S DETAILS****SECOND APPLICANT'S DETAILS** Mr.  Ms.  M/sMode of Holding  Joint  Anyone or Survivor (Default)Name   Father's Name   PAN \*\*  Email ID  Mobile 

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

Date of Birth  Place of Birth  Country of Birth  Nationality 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 ₹ **INDIVIDUALS**  <1L  1-5L  5-10L  10-25L  25L-1CR  >1CR  
 as on

**Politically Exposed Person (PEP) Status** I am PEP  I am Related to PEP  Not ApplicableAre you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. (use annexure in case you are a residents in 3 or more country)

Country <sup>†</sup>	Tax Identification Number <sup>‡</sup>	Identification Type (TIN or Other, please specify)

Permissible Documents  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  Specify<sup>†</sup>To also include USA, where the individual is a citizen / green card holder of The USA<sup>‡</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$**THIRD APPLICANT'S DETAILS** Mr.  Ms.  M/sName   Father's Name   PAN \*\*  Email ID  Mobile 

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

Date of Birth  Place of Birth  Country of Birth  Nationality 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 ₹ **INDIVIDUALS**  <1L  1-5L  5-10L  10-25L  25L-1CR  >1CR  
 as on

**Politically Exposed Person (PEP) Status** I am PEP  I am Related to PEP  Not ApplicableAre you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. (use annexure in case you are a residents in 3 or more country)

Country <sup>†</sup>	Tax Identification Number <sup>‡</sup>	Identification Type (TIN or Other, please specify)

Permissible Documents  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others  Specify<sup>†</sup>To also include USA, where the individual is a citizen / green card holder of The USA<sup>‡</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$**4 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. **5 EMAIL COMMUNICATION**All communications will be sent by default to the registered E-mail id / Mobile No. In case you wish to receive physical communication please 

\*\*Please mention PAN as it is mandatory

**Motilal Oswal Asset Management Company Limited**

10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road,  
 Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025  
 Email: mfservice@motilalosal.com. Toll Free No.: 1800-200-6626  
 website: www.motilalosal.com

**6 INVESTMENT & PAYMENT DETAILS**

Payment Type (Please ✓)  Non - Third party payment  Third party payment (Please fill the Third Party Payment Declaration Form)

Scheme  Motilal Oswal MOST Focused Long Term Fund  Motilal Oswal MOST Focused Multicap 35 Fund  Motilal Oswal MOST Focused Midcap 30 Fund

Motilal Oswal MOST Focused 25 Fund  Motilal Oswal MOST Ultra Short Term Bond Fund

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**Plan**  Regular  Direct  Growth (Default Option)  Div - Payout  Div - Reinvest (Default Option) (N/A for MOST Focused Long Term)

Applicable for MOST Ultra Short Term Bond Fund  Daily  Weekly  Fortnightly  Monthly  Quarterly (Not Applicable for Dividend Payout Option)

**LUMP SUM INVESTMENT** OR  **ZERO BALANCE** OR  **SYSTEMATIC INVESTMENT PLAN / MICRO SIP-ECS** (please fill ECS Debit Form-2)

**LUMP SUM INVESTMENT**

Payment Mode:  Cheque  DD  RTGS  NEFT  Funds Transfer

Amount (₹) (i)

DD charges (₹) (ii)

Total Amt. (₹) (i)+(ii)

Instrument No.  Date

Bank Name

Bank A/c No.

Branch Name & City

Account Type:  Current  Savings  NRO  NRE  FCNR

**SYSTEMATIC INVESTMENT PLAN**

1<sup>st</sup> SIP Instalment

Amount (₹)

Cheque /DD No.  Date

Drawn on Bank  Bank & Branch

Subsequent SIP Instalment Amount (₹)

In words

Weekly  (1<sup>st</sup>, 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>)

Fortnightly  1<sup>st</sup>-14<sup>th</sup>  7<sup>th</sup>-21<sup>st</sup>  14<sup>th</sup>-28<sup>th</sup>

Monthly  1<sup>st</sup>  7<sup>th</sup>(Default)  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

Quarterly  1<sup>st</sup>  7<sup>th</sup>(Default)  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

SIP Period From  To  Perpetual  other

**7 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

**8 NOMINATION DETAILS** (Refer Instruction 9)

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 %
Unit Holder's Signature <small>If you do not wish to nominate sign here.</small>	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
				100%

**9 FATCA & CRS Declaration** for Non- Individuals (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,  Financial institution  or  Direct reporting NFE

(please tick as appropriate)

GIIN not available (please tick as applicable)  Applied for

If the entity is a financial institution,  Not required to apply for - please specify 2 digits sub-category   Not obtained – Non-participating FI

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

**PART B** (please fill any one as appropriate \*to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) Yes  (if yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

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2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) Yes  (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of listed company

Nature of relation  Subsidiary of the Listed Company or  Controlled by a Listed Company

Name of stock exchange

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3. Is the Entity an active NFE Yes  (if yes, please fill UBO declaration in the next section.)

Nature of Business

Please specify the sub-category of Active NFE  (Mention code –refer 2c of Part D)

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4. Is the Entity a passive NFE Yes  (if yes, please fill UBO declaration in the next section.)

Nature of Business

**DETAILS OF ULTIMATE BENEFICIAL OWNERS / ULTIMATE BENEFICIAL OWNERSHIP (UBO) DECLARATION [Mandatory]**

(If the given space below is not adequate, please attach multiple declaration forms)

\*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

Name of UBO	Address (Include State, Country, PIN/ZIP Code & Contact Details)	Address Type	PAN/Tax Payer Identification No./ Equivalent ID No. <sup>3</sup>	Country of tax Residency*	Controlling Person Type <sup>1</sup> (Mandatory)	% of beneficial interest
		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	No. : Type:			
		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	No. : Type:			
		<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	No. : Type:			

Attached documents should be self certified by the UBO and certified by the applicant or Authorised signatory.

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mutual Fund shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

# If passive NFE, please provide below additional details. (Please attach additional sheets if necessary).

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. PAN: <input type="text"/> City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	Occupation Type: <input type="text"/> Nationality: <input type="text"/> Father's Name: <input type="text"/>	Date Of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

\* To include US, where controlling person is a US citizen or green card holder

<sup>3</sup>In case Tax Identification Number is not available, kindly provide functional equivalent

<sup>1</sup>(Refer 3(ivA)) of FATCA Instructions and Definitions (for Non-Individuals)

**11 DECLARATION AND SIGNATURE**

Having read and understood the contents of the Scheme Information Documents 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: 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 in 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	Second Applicant	Third Applicant	Power of Attorney Holder
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**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.: 1800-200-6626  
website: www.motilaloswalmf.com

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	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.  
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  Mobile No.  Email ID   
Name  F I R S T  M I D D L E  L A S T

**2 SYSTEMATIC INVESTMENT PLAN DETAILS**

Scheme Names	SIP Frequency and Date	SIP Month / Year/ Perpetual	SIP Amount Min. ₹ 1000/- (Monthly) & ₹ 2000/- (Qtrly) & ₹ 500/- ELSS
<input type="checkbox"/> Motilal Oswal MOST Focused 25 Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Midcap 30 Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Multicap 35 Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Long Term Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Ultra Short Term Bond Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	

\*Default

**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')

**NACH/ ECS/ Direct Debit Mandate Form** (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  For Official Use  Utility Code  For Official Use

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  Name of customer bank  IFSC  Or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  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.

**SIP Period**  
From  D D M M Y Y Y Y 1. Signature of the account holder 2. Signature of the account holder 3. Signature of the account holder  
To  3 1 1 2 2 0 9 9 1. Name of the account holder 2. Name of the account holder 3. Name of the account holder  
Or  Until cancelled-

This is to confirm that the declaration has been carefully read, understood & made by me/us

**ACKNOWLEDGMENT SLIP** (To be filled by the investor)

Application No.

Folio No.  Investor Name   
Scheme 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

## SYSTEMATIC INVESTMENT PLAN DETAILS

- The Mandate will be registered under the best suited mode i.e. NACH or ECS or SI at the discretion of its appointed payment Aggregator through whom the mandate will be registered for the SIP debit facility.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
- Where the cancelled cheque or a copy of the cheque does not mention the bank account holder's name(s), Investor should provide self-attested bank pass book copy / bank statement / bank letter to substantiate that the first unit holder is one of the joint holder of the bank account. In case of a mismatch, it will be deemed to be a 3rd party payment and rejected except under the following exceptional circumstances.
  - Payment by parents / grand-parents / related person on behalf of a minor in consideration of natural love and affection or as gift provided the purchase value is less than or equal to \$ 50,000/- and KYC is completed for the registered Guardian and the person making the payment. However, single subscription value shall not exceed above \$ 50,000/- (including investment through each regular purchase or single SIP instalment). However, this restriction will not to be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio. Additional declaration in the prescribed format signed by the guardian and parents/grand -parents/ related person is also required along with the application form.
  - Payment by an Employer on behalf of employee under Systematic Investment plans through, Payroll deductions provided KYC is completed for the employee who is the beneficiary investor and the employer who is making the payment. Additional declaration in the prescribed format signed by employee and employer is also required along with the application form.
- Custodian on behalf of an FII or a Client provided KYC is completed for the investor and custodian. Additional declaration in the prescribed format signed by Custodian and FII/ Client is also required along with the application form.
- Please not that in the event of a minor mismatch between the bank account number mentioned in the application form and as appearing in the cheque leaf submitted, bank account number would be updated based on the cancelled cheque leaf provided the name(s) of the investor/applicant appears in the cheque leaf.
- AUTHORISATION BY BANK ACCOUNT HOLDER(S)**
  - Please indicate the name of the bank & branch, bank account number.
  - If the mode of operation of bank account is joint, all bank account holders would need to sign at the place marked.
- Applications incomplete in any respect are liable to be rejected. AMC/ Service Provider shall have absolute discretion to reject any such Application forms.
- AMC or other service providers shall not be responsible and liable for any damages / compensation for any loss, damage etc. The investor assumes the entire risk of using this facility and takes full responsibility.
- DECLARATION & SIGNATURES**

This section need to be signed by the applicant(s) / unit holder(s) at the places marked as per the mode of holding recorded with us (i.e. "Single", "Anyone or Survivor" or "Joint").

## TERMS AND CONDITIONS FOR ECS (Debit Clearing)

- The cities/ banks/ branches in the list may be modified / updated / changed / removed at any time in future entirely at the discretion of Motilal Oswal Mutual Fund without assigning any reasons or prior notice. If any city / bank/ branch is removed, SIP instructions for investors in such city/bank/branch via (ECS) (Debit Clearing) Direct Debit route will be discontinued without prior notice.
- List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing):-**

Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneswar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimla, Shimoga, Sholapur, Siliguri, Surat, Tirunelveli, Tirupati, Tiruppur, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag
- List of Banks for SIP Direct Debit Facility:-**

Allahabad Bank, Axis Bank, Bank of Baroda, Bank of India, Citi Bank, Corporation Bank, Federal Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, South Indian Bank, State Bank of India, State Bank of Patiala, UCO Bank, Union Bank of India, United Bank of India
- Applications for SIP Auto Debit (ECS/ Direct Debit) Facility would be accepted only if the bank branch participates in local MICR/ECS clearing.
- In case the investor's bank chooses to cross verify the auto debit mandate with him/ her as the bank's customer, investor would need to promptly act on the same. AMC/ Service Provider will not be liable for any transaction failures due to rejection of the transaction by investor's bank/ branch or its refusal to register the SIP mandate or any charges that may be levied by the Bank/ Branch on investor / applicant.

## INSTRUCTIONS TO FILL THE NACH / ECS / SI MANDATE

- UMRN Code, Sponsor Code, and Utility Code are for official use only. Please do not write anything in these boxes/spaces.
- The following information has to be mandatorily filled in the Mandates. In case any of these fields are not filled, the mandate is liable for rejection.
  - Please tick the Appropriate Account Type and furnish the Bank Account Number from which the SIP installment/s is/are to be debited.
  - Please mention the Bank Name, 11 Digit IFSC code, 9 Digit MICR Code of your Bank in the appropriate boxes provided for the purpose. The MICR code is the number appearing next to the cheque number on the MICR band at the bottom of the cheque. In the absence of these information, Mandate registration is liable to be rejected.
- SIGNATURES**

The mandate needs to be signed by all the account holders in line with the mode of holding recorded with the investor's bank. The Account holder's names have to be mentioned as per their mode of holding in Account.

  - Please mention the maximum amount that can be debited using this mandate. The amount needs to be mentioned both in words as well as numbers.
  - Please mention your Mobile Number and Email Id on the mandate form.
  - Please provide the Start and End date for the period which the Mandate should be active. If you do not wish to provide an End date, please tick the check box for "Until Cancelled".