

# COMMON APPLICATION FORM

(FORM TO BE FILLED IN CAPITAL LETTERS)



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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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer Instruction No. 12) 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	<input type="checkbox"/> Existing Investor - ₹100 <input type="checkbox"/> New Investor - ₹150
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**1 EXISTING INVESTOR'S DETAILS** (Please fill your Folio No., Name, Section 1,7, 9 &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 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

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

<p>Gross Annual Income OR Net-worth* in ₹ <input type="checkbox"/> &lt;1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> &gt;1CR</p> <p>INDIVIDUALS <input type="text"/> networth as on <input type="text"/> D D M M Y Y Y Y</p> <p>*Not older than one year <input type="text"/> Any other information <input type="text"/></p>	<p><input type="checkbox"/> &lt;1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> &gt;1CR</p> <p>NON-INDIVIDUALS <input type="text"/> networth as on <input type="text"/> D D M M Y Y Y Y</p> <p>(Networth is mandatory for Non-individuals) <input type="text"/> Any other information <input type="text"/></p>	<p><b>Is the entity involved in any of the following:</b></p> <p>1 Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2 Gaming / Gambling / Lottery (casinos, Betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**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

(Refer Instruction No. 18)

**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

<p>Gross Annual Income OR Net-worth* in ₹ <input type="checkbox"/> &lt;1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> &gt;1CR</p> <p>INDIVIDUALS <input type="text"/> networth as on <input type="text"/> D D M M Y Y Y Y</p> <p>*Not older than one year <input type="text"/> Any other information <input type="text"/></p>	<p><b>Politically Exposed Person (PEP) Status</b></p> <p><input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable</p>
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**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 <input type="text"/>	Stamp & Signature		
Cheque no. <input type="text"/>	Date <input type="text"/>	Amount <input type="text"/>	Scheme <input type="text"/>

**THIRD APPLICANT'S DETAILS**
 Mr.  Ms.  M/s

Name

Father's Name

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  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 <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 as on <input type="text" value="D D M M Y Y"/> Any other information <input type="text"/>	Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> 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 (Cancel Delivery Instruction Slip)

**6 MOBILE & EMAIL COMMUNICATION**

Email ID provided pertains to  Self  Spouse  Dependent Parents  Dependent Children  Dependent Siblings  Guardian

Mobile No. provided pertains to  Self  Spouse  Dependent Parents  Dependent Children  Dependent Siblings  Guardian

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on 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 ✓)

Lumpsum  Zero Balance  SYSTEMATIC INVESTMENT PLAN\* / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2)

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (₹)
1	Motilal Oswal _____			
2	Motilal Oswal _____			
3	Motilal Oswal _____			
In case of multiple schemes, Cheque/DD should be drawn in favour of "Motilal Oswal Mutual Fund Collection A/c." and the cheque amount should match with the Total Investment amount mentioned here.			Total Amount	

Drawn on Bank/Branch: \_\_\_\_\_ A/c no. \_\_\_\_\_ Cheque/DD/UTR No. \_\_\_\_\_ Cheque Date \_\_\_\_\_

A/c Type (Please Tick):  Current  Savings  NRO  NRE  FCNR

\*For Index Fund Only Growth Option is Available

**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 FATCA- CRS DECLARATION AND SUPPLEMENTARY INFORMATION**

**9A 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/Guardian			<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<sup>#</sup>

	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/Guardian				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.

<sup>#</sup>Please attach additional sheets if necessary

**10 NOMINATION DETAILS** (Refer Instruction 10)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Name	Date of Birth if nominee is minor	Address	Nominee Relationship With Sole/1 <sup>st</sup> Applicant	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %

FOR NOMINATION OPT-OUT:  I/WE DO NOT wish to make a nomination (Please tick (✓) if the unit holder does not wish to nominate anyone)

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.

**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 / Authorised Signatory	Second Applicant	Third Applicant
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Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:**

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="radio"/> <b>Yes</b>  <input type="radio"/> <b>No</b>
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

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

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
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## 1 UNIT HOLDER INFORMATION

Mr.  Ms.  M/s

Existing Folio Number  Existing UMRN

Name

## 2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency	SIP Date & Period (SIP Period should not exceed 40 years)	SIP Installment Amount	SIP Booster <input type="checkbox"/> Yes <input type="checkbox"/> No
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <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> <input type="checkbox"/> Annual SIP Any Day/ Date SIP <input type="checkbox"/> Weekly SIP - Any Day of Transfer _____ (Monday to Friday) <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <input style="width: 100px;" type="text"/> To <input style="width: 100px;" type="text"/> (Except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> )	₹ <input style="width: 100px;" type="text"/> (in figures)	Amount (₹) <input style="width: 150px;" type="text"/> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹) <input style="width: 150px;" type="text"/>
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <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> <input type="checkbox"/> Annual SIP Any Day/ Date SIP <input type="checkbox"/> Weekly SIP - Any Day of Transfer _____ (Monday to Friday) <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <input style="width: 100px;" type="text"/> To <input style="width: 100px;" type="text"/> (Except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> )	₹ <input style="width: 100px;" type="text"/> (in figures)	Amount (₹) <input style="width: 150px;" type="text"/> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹) <input style="width: 150px;" type="text"/>
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <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> <input type="checkbox"/> Annual SIP Any Day/ Date SIP <input type="checkbox"/> Weekly SIP - Any Day of Transfer _____ (Monday to Friday) <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <input style="width: 100px;" type="text"/> To <input style="width: 100px;" type="text"/> (Except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> )	₹ <input style="width: 100px;" type="text"/> (in figures)	Amount (₹) <input style="width: 150px;" type="text"/> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹) <input style="width: 150px;" type="text"/>

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

SIP cheque No.  SIP cheque Date

**SIP Amount Min. ₹100/- (Daily), SIP Amount Min. ₹500/- (Weekly/Fortnightly/ Monthly), ₹1,500/- (Qtrly) & ₹6,000/- (Annual SIP) and in multiples of ₹1**  
**₹500/- and in multiples of ₹ 500/- for Motilal Oswal ELSS Tax Saver Fund**  
**\*For Index Fund Only Growth Option is Available**

## 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

Tick (✓)  Create  Modify  Cancel

Sponsor Bank Code  Utility Code

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  Amount In Word ₹  Amount In Figure

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.

Period From  To

1. Sign  2. Sign  3. Sign

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  To

Stamp & Signature