MOTILAL OSWAL

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

Distributor ARN / RIA#		Distributor Name		lb-Distributor ARN	Internal	Sub-Broker/ yee Code	EUIN		
ARN/RIA- 6 4 9 1 7			ARN-				E434563		
#By mentioning RIA code, I/We authorize you to sh			ctions in the scheme(s) o	f Motilal Oswal Mutual Fund.					
Jpfront commission shall be paid dire	ectly by the investor t	o the AMFI registered distributor ba		or's assessment of vari	ous factors includ	ling the service	e rendered by the distribute		
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.			any, provided by the	First Holder	Second	Holder	Third Holder		
1 UNIT HOLDER INFORMATION					Mr	. 🗌 Ms. 🗌 M	/s		
xisting Folio Number		Existing UMRN							
lame F I	R S T	M	I D D L	E		L A	S T		
2 SYSTEMATIC INVESTMENT	PLAN DETAILS		1		I	I			
Scheme / Plan / Option	SIP Frequency & S	SIP Date*		SIP Period (SIP Period should not exceed 30 years)	SIP Installment Amount	SIP Booster	Yes No		
Motilal Oswal	Fortnightly SIP Annual SIP Any Day/ Weekly Date SIP Quarte	Any Day/ Weekly SIP - Any Day of Transfer(Monday to Friday)			(₹) (în figures)	Amount (₹) Frequency: □ Quarterly □ Half Yearly □ Yearly SIP Booster Maximum Amount (₹)			
Motilal Oswal	Daily SIP- Any da Doily SIP- Any da Fortnightly SIP Annual SIP Any Day/ Weekly Date SIP Monthl Quarte	te of the month D D except (29th, 30th ar	(Monday to Friday) (29th, 30th and 31st)	From M Y Y Y Y To M M Y Y Y Y	(₹) (in figures)		Quarterly		
Motilal Oswal	Fortnightly SIP Annual SIP Any Day/ Weekly Date SIP Monthl Quarte	te of the month \bigcirc \bigcirc except (29th, 30th ar $1^{st}-14$ $*7^{st}-21^{st}$ $14^{st}-28^{st}$ \square \square \square \square \square \square \square \square \square \square	(Monday to Friday) (29th, 30th and 31st)	From M Y Y Y To M Y Y Y	(₹) (in figures)	Amount (₹) Frequency: SIP Booster Maximum Amo	Yearly		
This is to confirm that the declaration/instructi entity or the bank where I have authorized the (Debits)/Direct Debits /Standing Instructions. A Oswal Mutual Fund shall be made from my/our	on has been carefully read, e debit and express my will uthorization to Bank: This is	ingness and authorize to make payments th to inform that I/We have registered for ECS / I	rough participation in I NACH (Debit Clearing) /	NACH/ECS/Direct Debit/Stand Direct Debit / Standing instru	ding Instructions. I/We ctions facility and that	hereby confirm a my/our payment t	Iherence to the terms of NACH/ owards my/our investment in Mo		
First / Sole Applicant / Guardian	/ Authorised Signator	y Seco	nd Applicant			Third Appl	cant		
To be signed by all holders if mode of operation of Banl		/ ECS/ Direct Debit [Applicable for	Lumpour Additional	Durahagaa aa wall aa SID	Pagiatrational				
MOTILAL OSWAL UM Deliter MUTUAL FUND UMRN Tick (~) Sponsor Bank Cod Create I/We hereby authoriz Modify Bank a/c numbe Cancel with Ban	e C I T I 0 e Mot	For Official Use			0 0 0 0 2 CC SB-1		D M M Y Y 6 80 Other		
n amount of Rupees					₹				
REQUENCY	Qtly H.Yrly	Yrly 🖌 As & when prese	nted		Fixed Amount	🖌 Maxim	um Amount		
Reference 1 Folio No.				Mob. No.					
Application No.	hadde basel of the state of the			Email ID					
agree for the debit of mandate processing charges - Period From D D M M Y Y T T O C V Lucit concelled	Y 1.Sign 		2.Sign Name as in	n bank record (mandatory) . I am authorizing the User enti	3.Sign	Name as in b	ank record (mandatory) the instruction as agreed and sig		
0r Until cancelled	by me. I Have unders authorized the debit	rood that I am authorized to cancel/ amend this	mandate by appropriate	ery communicating the cancella	ation/amendment reque	est to the User entity	/ corporate or the bank where I ha		
ACKNOWLEDGMENT SLIP (To	b be filled by the investor)		Application No.						
		tor Name							
cheme Name		tor Name Plan		Option					

MOTILAL OSWAL MUTUAL FUND

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

Application No. Version: 19.04.2023

Distributor ARN / RIA#	Di	Distributor Name Sub-D		Sub-Distributor ARN			Internal Sub-Broker/ Employee Code			EUIN				
N/RIA- 6 4 9 1 7					ARN-						E434563			
nentioning RIA code, I/We authorize you to share with the SEBI F stors applying under Direct Plan must mention ont commission shall be paid directly by the in We hereby confirm that the EUIN box has been intentionally left blan thout any interaction or advice by the employee/relationship manage or notwithstanding the advice of in-appropriateness, if any,	"Direct" in ARN Colu vestor to the AMFI re the by me/us as this transaction r/sales person of the above dist	imn gistered distributor based on is executed First / Sole Applica	the invest		ent of var	ious fai		luding d Applic			ed by th wer of A Holde	ttorne		
per/sales person of the distributor/sub broker."	provided by the employeen	caarotan									Tiola			
No	Name of Sole / First H	lolder							D D	M	Y Y	ΥY		
PERN (mandatory)		Enclosed PAN	/PEKRN Pr	oof	KYC Con	nplicane								
SYSTEMATIC TRANSFER PLAN (STP/DI	FP AND NAV APPRE	CIATIONS)												
Please arrange for STP with the following of														
From Scheme							Plan							
Option Growth / Dividend-Payo	out / 🗆 Dividend	- Reinvest												
To Scheme							Plan							
	unt / 🗔 Dividend	Deinwert Dividend For		(1 Ian						_	
Option 🗌 Growth / 🗌 Dividend-Payo	out / 🗌 Dividend	- Reinvest Dividend Free	uency (in	case of Divide	nd option)									
(Min amount ₹ 500 - (Daily, Week (Min amount ₹ 1,500 for Quarter)	Dividend Transfer Plan (Minimum ₹ 1000)					NAV Appreciation (Minimum ₹ 1000)								
STP Frequency: Daily Week	Except Daily Dividend					Only in case of Growth Option								
STP Amount : Monthly Qua		STP Dates : 1 st 7 ^t	¹ 14 th	21 st	28 th	ST	TP Dates	s: 🗌	1 st 7	^h 14	th 2	1 st		
Any Day of STP Transfer	21 st 28 th (Monday to Friday)	STP Period: Start:		ЛМУ	V	0	TP Perio	d.	Start:		M		Г	
(in case of weekly frequency) STP Period: Start: D D D						0	IF FEIIU	u.	Start:		IVI IV	I T	L	
*For Daily STP Minimum Instalments 12 For Other Frequency Minimum		End:	DDI	Y M N	Y				End:	DD	MN	/I Y		
Instalments 6													_	
SYSTEMATIC WITHDRAWAL PLAN (SWP	-	mention the PAN/PERN withou	t which, th	is application	form will	be cons	sidered i	ncompl	ete and is	liable to I	oe reject	ted.)		
Please arrange for SWP with the following Rs. (in figures)	options - Fixed Amo	Rs. (in words)												
	Fortnightly 🗌 M		Annualy	SWP Dat	e: 🗆 1	st] 7 th	□ 14 th	21 st	28 ^t	h		_	
SWP Period: Start: M M Y	Y End: M M	Y Y												
From Scheme														
Plan	Op	tion 🗌 Growth 🔲 Div	dend-Pay	out 🗌	Dividend	- Reinv	/est							
Dividend Frequency (In case of Dividend optic			- *Mir	nimum No. o	f SWP Ins	tallmer	nts 12 -		5		tly)			
				nimum No. o nimum No. o					ents (quar	teriy)				
Having read and understood the conte terms, conditions, rules and regulation govern not designed for the purpose of the contrave Laws or any other applicable laws enacted by by any rebate or gifts, directly or indirectly in is not completed by me / us to the satisfaction NAV prevailing on the date of such redemption and The ARN holder has disclosed to me/us all th amongst which the Scheme is being recommende For NRIs only: I / We confirm that I am / we at / our Non-Resident External / Non-Resident Ordin I /We confirm that details provide by me / us are tr	hing the Scheme(s). I ention of any Act, Ruly y the Government of In making this investme n of the Mutual Fund, I d undertake such other a le commissions (in the ed to me / us. are Non Residents of I ary / FCNR account.	/ We hereby declare that the as, Regulations, Notifications or dia from time to time. I / We nt. I / We confirm that the fund / We hereby authorize the Mut action with such funds that may be form of trail commission or a	amount inv Directions nave under s invested Jal Fund, to required by ny other m	ested in the fo the provi- stood the det in the Schem o redeem the the Law. ode), payable	Scheme(s) sions of th ails of the e(s), legal funds inve to him fo	is throme incore Schem by belony sted in or the di	ough legi ne Tax A le(s) and g to me the Sche fferent c	timate s Act, Anti I / We / us. In eme(s), i ompetin	Sources on Money La have not r the event n favour of g Schemes	ly and do undering eceived r "Know Yo the appl s of vario	Des not i Laws, A nor have Dur Custo icant, at us Mutur	involve Anti Co been omer" the ap al Fun	in pi pi de	
First / Sole Applicant / Guardian	Sec	cond Applicant		Third A	oplicant				P	OA Hold	er		Ţ	
										5, Tholu				
													_	
ACKNOWLEDGMENT SLIP							Applicat	ion No.						

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