

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

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency & SIP Date*	SIP Period (SIP Period should not exceed 30 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 DD except (29th, 30th and 31st) <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> DDMMYYYY 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 DD except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) DD except (29th, 30th and 31st)	From <input type="text"/> MMYYYY To <input type="text"/> MMYYYY	(₹) <input type="text"/> (in figures)	Amount (₹) <input type="text"/> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹) <input type="text"/>
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month DD except (29th, 30th and 31st) <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> DDMMYYYY 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 DD except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) DD except (29th, 30th and 31st)	From <input type="text"/> MMYYYY To <input type="text"/> MMYYYY	(₹) <input type="text"/> (in figures)	Amount (₹) <input type="text"/> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹) <input type="text"/>
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month DD except (29th, 30th and 31st) <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> DDMMYYYY 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 DD except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) DD except (29th, 30th and 31st)	From <input type="text"/> MMYYYY To <input type="text"/> MMYYYY	(₹) <input type="text"/> (in figures)	Amount (₹) <input type="text"/> Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹) <input type="text"/>

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 Long Term Equity Fund (MOFLTE)
***For Index Fund Only Growth Option is Available**

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

SIP cheque No. SIP cheque Date DDMMYYYY

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

MUTUAL FUND UMRN For Official Use Date DDMMYYYY

Tick (✓) Create Modify Cancel

Sponsor Bank Code CITIOOOPIGW Utility Code NACH000000000022806

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 DDMMYYYY To DDMMYYYY

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 authorizing 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 DDMMYYYY To DDMMYYYY

Stamp & Signature

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

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

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

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

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

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-----------------------------------	------------------	-----------------	--------------------------

Folio No Name of Sole / First Holder

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

SYSTEMATIC TRANSFER PLAN (STP/DTP AND NAV APPRECIATIONS)

Please arrange for STP with the following options

From Scheme Plan

Option Growth / Dividend-Payout / Dividend - Reinvest

To Scheme Plan

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

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

STP Frequency: Daily Weekly Fortnightly Monthly Quarterly

STP Amount :

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

Any Day of STP Transfer (Monday to Friday)

STP Period: Start: End:

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

Dividend Transfer Plan (Minimum ₹ 1000)

Except Daily Dividend

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

STP Period: Start: End:

NAV Appreciation (Minimum ₹ 1000)

Only in case of Growth Option

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

STP Period: Start: End:

SYSTEMATIC WITHDRAWAL PLAN (SWP)

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

Please arrange for SWP with the following options - Fixed Amount

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

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

SWP Period: Start: End:

From Scheme

Plan Option Growth Dividend-Payout Dividend - Reinvest

Dividend Frequency (In case of Dividend option)

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

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

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

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

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

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

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

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

ACKNOWLEDGMENT SLIP

Application No.

From

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

Stamp & Signature