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-95070		ARN-		E-101834

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#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

☐ "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

1 EXISTING INVESTOR'S DETAILS (Please fill your Folio No., Name, Section 1,7, 9 &11)

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

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

Gross Annual Income OR Net-worth* in ₹ *Not older than one year	INDIVIDUALS	NON-INDIVIDUALS	Is the entity involved in any of the following:
	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR	1 Foreign Exchange/ Money Changer ☐ Yes ☐ No
	networth as on DD MM YY	networth as on DD MM YY	2 Gaming / Gambling / Lottery (casinos, betting syndicates) ☐ Yes ☐ No
	Any other information	(Networth is mandatory for Non-individuals) Any other information	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

(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 FIRST MIDDLE LAST

Father's Name FIRST MIDDLE LAST

PAN /PEKRN**

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	Politically Exposed Person (PEP) Status
	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR	☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable
	networth as on DD MM YY	
	Any other information	

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

THIRD APPLICANT'S DETAILS

☐ Mr. ☐ Ms. ☐ M/s

Name FIRST MIDDLE LAST

Father's Name FIRST MIDDLE LAST

PAN /PEKRN** 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 (Cancel Delivery Instruction Slip)

6 MOBILE & EMAIL COMMUNICATION (Mandatory)

First Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Tel. No. STD Code Office Residence

Mobile No. provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Email ID (CAPITAL letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Second Holder

Mobile No. (For Receiving Transaction Alerts via SMS)

Mobile No. provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Email ID (CAPITAL letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Third Holder

Mobile No. (For Receiving Transaction Alerts via SMS)

Mobile No. provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Email ID (CAPITAL letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

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/OTM No.**_____ **Cheque Date**_____

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

***For Index Fund Only Growth Option is Available**

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 | 8108622222
website: www.motilaloswalmf.com

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			☐ 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/Guardian				**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

10 NOMINATION DETAILS (Refer Instruction 10)

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Mandatory Details							Additional Details	
Sr. No.	Name of Nominee (Mandatory)	Share of Nominee (%)	Relation ship (Mandatory)	Postal Address Please tick ( ) Other Address (Please mention complete address in below box) (Optional)	Mobile Number & E-mail (CAPITAL letters only) (Optional)	Identity Type & Number (Optional)	Nominee DOB* (Incase the nominee is a Minor)	Guardian
1.				☐ Same As First Applicant	Mobile Number e-mail		DD MM YYYY	
2.				☐ Same As First Applicant	Mobile Number e-mail		DD MM YYYY	
3.				☐ Same As First Applicant	Mobile Number e-mail		DD MM YYYY	

** if % is not specified, then the assets shall be distributed equally amongst all the nominees
*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). However, in case of NRI / OCI / PIO, Passport number is acceptable. Copy of the document is not required.
**** to be furnished only in following conditions / circumstances:
‣ Date of Birth (DOB): please provide, only if the nominee is minor. ‣ Guardian: It is optional for you to provide, if the nominee is minor.

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows;
(please tick, as appropriate) ☐ **Name of nominee(s)** ☐ **Nomination: Yes / No**

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 con rm that the information provided by me / us on this Form is true, correct, and complete. I / We also con rm that I /We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

X First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant

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).	O **Yes** O **No**
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

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Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA- ARN-95070		ARN-		E-101834

#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

☐ "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 Holder | Second Holder | Third Holder

1 UNIT HOLDER INFORMATION

☐ Mr. ☐ Ms. ☐ M/s

Existing Folio Number _____ Existing UMRN _____

Name FIRST MIDDLE LAST

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency (*Incase if no date is selected, 7th would be the default SIP Date.)	SIP Date & Period (SIP Period should not exceed 40 years)	SIP Installment Amount	SIP Booster ☐ Yes ☐ No
Motilal Oswal_____	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1st-14 ☐ *7th-21st ☐ 14th-28th ☐ Annual SIP Any Day/ Date SIP ☐ Weekly SIP - Any Day of Transfer_____(Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From DD MM YYYY To DD MM YYYY (Except 29th, 30th and 31st)	(₹)_____ (in figures)	Amount (₹)_____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹)_____
Motilal Oswal_____	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1st-14 ☐ *7th-21st ☐ 14th-28th ☐ Annual SIP Any Day/ Date SIP ☐ Weekly SIP - Any Day of Transfer_____(Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From DD MM YYYY To DD MM YYYY (Except 29th, 30th and 31st)	(₹)_____ (in figures)	Amount (₹)_____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹)_____
Motilal Oswal_____	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1st-14 ☐ *7th-21st ☐ 14th-28th ☐ Annual SIP Any Day/ Date SIP ☐ Weekly SIP - Any Day of Transfer_____(Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From DD MM YYYY To DD MM YYYY (Except 29th, 30th and 31st)	(₹)_____ (in figures)	Amount (₹)_____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹)_____

INITIAL INVESTMENT DETAILS *For Index Fund Only Growth Option is Available

Cheque No.	Cheque Date	Net Amount ₹	Bank Name	Branch	City

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')

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

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UMRN _____ For Official Use _____ Date DD MM YYYY

Tick (✓)	
Create	☑
Modify	☒
Cancel	☒

Sponsor Bank Code CITI0000PIGW Utility Code NACH0000000000022806

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 ☐ Daily ☐ Weekly ☐ Bi-Mthly ☐ 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 DD MM YYYY
To DD MM YYYY
Maximum period of validity of this mandate is 40 years only

× 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

ACKNOWLEDGMENT SLIP (To be filled by the investor) Application No.

Folio No. _____ Investor Name _____

Scheme Name _____ Plan _____ Option _____

SIP Period From DD MM YY To DD MM YY

Stamp & Signature

SYSTEMATIC INVESTMENT PLAN DETAILS

1. The Mandate will be registered under the best suited mode i.e. NACH or ECS or Direct Debit at the discretion of its appointed payment Aggregator through whom the mandate will be registered for the SIP debit facility.
2. 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.
3. 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 exceptu n d e r t h e f o l l o w i n g exceptional circumstances.
   a) 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 .
4. Please not that in the event of a minor mismatch between the bank account number mentioned in the application from 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.
5. AUTHORISATION BY BANK ACCOUNT HOLDER(S)
   a) Please indicate the name of the bank & branch, bank account number.
   b) If the mode of operation of bank account is joint, all bank account holders would need to sign at the place marked.
6. Applications incomplete in any respect are liable to be rejected. AMC/ Service Provider shall have absolute discretion to reject any such Application forms.
7. 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.
8. 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)

1. 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.
2. **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
3. Applications for SIP Auto Debit (ECS/ Direct Debit) Facility would be accepted only if the bank branch participates in local MICR/ECS clearing.
4. 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 OTM Debit Mandate form NACH/ ECS/ Direct Debit

1. UMRN Code, Sponsor Code, and Utility Code are for official use only. Please do not write anything in these boxes/spaces.
2. 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.
   a) Please tick the Appropriate Account Type and furnish the Bank Account Number from which the SIP installment/s is/are to be debited.
   b) 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.
   c) 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.
   d) Please mention your Mobile Number and Email Id on the mandate form.
   e) Maximum duration for enrolment is 40 years. An investor has option to choose the end date of the SIP for maximum of 40 years from the start date.
3. 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.

TERMS AND CONDITIONS

Systematic Investment Plan (SIP)
Daily : Minimum ₹100 & in multiples of ₹1/- & minimum tenure shall be 1 month (30 Days)
Daily SIP Frequency would not be available in case of Daily IDCW Plans of the Schemes & even SIP Pause facility not available for Daily SIP Frequency.
Monthly, Weekly, Fortnightly : Minimum ₹ 500 & in multiples of ₹1/- & 12 installments
Incase SIP Amount ₹1000/- and above Minimum installments 6 Systematic Investment Plan (SIP) (For Motilal Oswal Long Term Equity Fund (MOFLTE))
Minimum installment amount - ₹500/- and in multiples of ₹500/- thereafter (weekly/fortnightly/monthly frequency)Minimum 12 installments.
Incase SIP Amount ₹1000/- and above Minimum installments 6
Quarterly : Minimum ₹1,500 & in multiples of ₹1/- & 4 installments
Investors can choose any date, as applicable, of his / her preference as Quarterly SIP Debit Date for the year. In case, the date fixed happens to be a holiday / non-business day, the same shall be affected on the next business day. Incase if no date is selected, 7th would be the default SIP Date. No Post Dated cheques would be accepted for SIP. The default cycle date would be 7th of SIP & STP for Monthly/Quarterly frequency.
Annual SIP : Minimum ₹6,000 & in multiples of ₹1/- & 1 installments
Investors can choose any date, as applicable, of his / her preference as Annual SIP Debit Date for the year. In case the chosen date falls on a Non-Business Day, then the SIP will be processed on the immediate next Business Day. In case the SIP date is not specified or in case of ambiguity, the SIP transaction will be processed on 7th of the subsequent month in which application for SIP registration was received. In case the end date is not specified, SIP will continue till it receives termination notice from the investor
Micro Systematic Investment Plan (SIP)
SEBI vide its circular dated 24th July 2012, conveyed that the investments aggregating ₹50,000 in a rolling 12 month period or in a financial year i.e. April to March, in all the schemes of Mutual Funds are exempt from the PAN requirement.
Where the aggregate of the Lumpsum Investment (Fresh Purchase &Additional Purchase) and Micro SIP installments by an investor based on the rolling 12 month period/ in a financial year i.e. April to March does not exceed ₹50,000/-, it shall be exempt from the requirement of PAN, (hereafter referred to as "Micro Investments").
PAN requirement exemption will be available only to Micro Investments made by the individuals being Indian Citizens (Including NRIs, Joint Holders*, Minor acting through Guardian and Sole proprietory firms not having PAN). Person of Indian Origin, Hindu Undivided Family,(HUF),Qualified Foreign Investor (QFI) and other categories of investors will not be eligible for this exemption. However the eligible investors are required to submit PAN exempt KYC issued by SEBI registered KRA (KYC Registration Authority). In case of joint holders, first holder must possess a PAN.
(Application not complying with any of the above instruction/guidelines would be rejected.)
Any day / date SIP: SIP Frequency Choice of Day/Date*
a. Daily SIP-Any date of the month except 29th, 30th and 31st
b. Fortnightly SIP dates available – 1st – 14th, *7th – 21st, 14th – 28th
c. Weekly SIP- Any day of transfer from Monday to Friday.
d. Monthly SIP- Any date of the month except 29th, 30th and 31st
e. Quarterly SIP- Any date of the month for each quarter (i.e. January-March, April-June, July-September, October-December) except 29th, 30th and 31st
f. In case the SIP date is not specified or in case of ambiguity, the SIP transaction will be processed on 7th of the subsequent month in which application for SIP registration was received. In case the end date is not specified, SIP will continue till it receives termination notice. All other terms and conditions of SIP facility will remain unchanged.

SIP Booster" facility (SIP Booster)

a) SIP Booster Physical facility offers frequency at i, quarterly, half-yearly and yearly intervals. In case the SIP Booster frequency is not specified, it will be considered as yearly frequency.
b) The minimum SIP Booster amount would be Rs.100/- and in multiples of Re. 1/- thereafter for all the schemes of the Fund that offer SIP facility except Motilal Oswal Long Term Equity Fund Plan wherein minimum SIP Booster amount would be Rs.500/- and in multiples of Rs.500 thereafter.
c) In case the investor does not specify SIP Booster amount, Rs.100/- will be considered as the SIP Booster amount (in case of Motilal Oswal Long Term Equity Fund, Rs.500/- will be considered as SIP Booster amount) and the request will be processed accordingly.
d) SIP Booster facility would be available to all Existing and new SIP enrollments. Existing investors who have enrolled for SIP with the maximum amount for debit are also eligible to avail SIP Booster facility and will be required to submit OTM Mandate' at least 20 calendar days before the SIP Booster start month. In case SIP Installment after SIP Booster exceeds the maximum amount for debit, then the request for SIP Booster will be processed up to the maximum amount for debit. Further, if the investor revises the maximum amount for debit, then such an increase in amount will be effective from the next SIP Booster cycle. However, the maximum amount registered for the debit mandate cannot be reduced.
e) Existing investors registered for SIP through ECS / Direct Debit facility and intending to avail SIP Booster facility will be required to register for new OTM mandate and on activation of the OTM, the same would be applied on their active SIP to perform uninterrupted SIP debit instructions with SIP Booster details.
f) Maximum Limit will allow investors to set a highest SIP amount. Once the SIP reaches this set maximum limit it would stop any further additions and the SIP would thereafter continue with the last boosted amount, until the investor upgrades the limit.

An Illustration: The SIP Booster facility will work as follows:

Details of SIP registered	SIP Booster facility
• Fixed SIP Instalment amount: ₹ 5,000/- • SIP Period: April 1, 2019 till March 31, 2022 (3 years) • SIP date: 1st of every month (36 Instalments)	By providing / choosing the following additional details, an investor can avail SIP Booster facility. Example: • SIP Booster Amount: ₹ 1,000/- • SIP Booster Frequency: Every 6 months • Max Sip limit :10,000