MOTILAL OSWAL Mutual Fund

Key Information Memorandum and Common Application Form
Continuous Offer of Units at Applicable NAV

Application No.

Form - 1

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" (Refer Instruction 1d) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Others Specify Guardian named below is ☐ Father ☐ Mother ☐ Court Appointed

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 ☐ 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 D D M M Y Y	networth as on D D M M Y Y	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

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[#]	Tax Identification Number[%]	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

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]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 _____

**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/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 ** Email ID Mobile

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

Date of Birth D D M M Y Y Y Y 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 ₹ *Not older than one year

INDIVIDUALS

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR

networth as on D D M M Y Y

Any other information

Politically Exposed Person (PEP) Status

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

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#	Tax Identification Number%	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

#To also include USA, where the individual is a citizen / green card holder of The USA

%In case Tax Identification Number is not available, kindly provide its functional equivalent $

THIRD APPLICANT'S DETAILS

☐ 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 ** Email ID Mobile

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

Date of Birth D D M M Y Y Y Y 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 ₹ *Not older than one year

INDIVIDUALS

☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR

networth as on D D M M Y Y

Any other information

Politically Exposed Person (PEP) Status

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

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#	Tax Identification Number%	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

#To also include USA, where the individual is a citizen / green card holder of The USA

%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 Mutual Fund

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

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

Plan ☐ Regular ☐ Direct

Option ☐ 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)

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

LUMPSUM INVESTMENT

Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds Transfer

Amount (₹) (i)

DD charges (₹) (ii)

Total Amt. (₹) (i)+(ii)

Instrument No. Date D D M M Y Y

Bank Name

Bank A/c No.

Branch Name & City

Account Type: ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR

SYSTEMATIC INVESTMENT PLAN

1st SIP Instalment

Amount (₹)

Cheque /DD No. Date D D M M Y Y

Drawn on Bank Bank & Branch

Subsequent SIP Instalment Amount (₹)

In words

Weekly ☐ (1st, 7th, 14th, 21st, 28th)

Fortnightly ☐ 1st-14th ☐ 7th-21st ☐ 14th-28th

Monthly ☐ 1st ☐ 7th(Default) ☐ 14th ☐ 21st ☐ 28th

Quarterly ☐ 1st ☐ 7th(Default) ☐ 14th ☐ 21st ☐ 28th

SIP Period From M M Y Y To Perpetual other M M Y Y

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 If you do not wish to nominate sign here.	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

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

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

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

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

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)

4. Is the Entity a passive NFE

Yes ☐ (If yes, please fill UBO declaration in the next section.)

Nature of Business

For details please refer FATCA Instructions and Definitions (for Non-Individuals)

10 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.**[%]	**Country of tax Residency***	**Controlling Person Type**[1] **(Mandatory)**	**% of beneficial interest**
		☐ Residential ☐ Business ☐ Registered Office	**No.:** **Type:**			
		☐ Residential ☐ Business ☐ Registered Office	**No.:** **Type:**			
		☐ Residential ☐ Business ☐ 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: **City of Birth:** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date Of Birth:** D D M M Y Y Y Y **Gender** ☐ Male ☐ Female ☐ Other
2. PAN: **City of Birth:** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date Of Birth:** D D M M Y Y Y Y **Gender** ☐ Male ☐ Female ☐ Other
3. PAN: **City of Birth:** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date Of Birth:** D D M M Y Y Y Y **Gender** ☐ Male ☐ Female ☐ 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
[%] In case Tax Identification Number is not available, kindly provide functional equivalent

[1] (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

NACH/ ECS/ Direct Debit Mandate Form

Motilal Oswal Mutual Fund

Application No.
Form -2

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
☐ Motilal Oswal MOSt Focused 25 Fund Plan: ☐ Direct* ☐ Regular Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	Monthly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th Quarterly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Focused Midcap 30 Fund Plan: ☐ Direct* ☐ Regular Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	Weekly ☐ (1st, 7th, 14th, 21st, 28th) Fortnightly ☐ 1st-14 ☐ 7th-21st ☐ 14th-28th Monthly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th Quarterly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Focused Multicap 35 Fund Plan: ☐ Direct* ☐ Regular Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	Weekly ☐ (1st, 7th, 14th, 21st, 28th) Fortnightly ☐ 1st-14 ☐ 7th-21st ☐ 14th-28th Monthly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th Quarterly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Focused Long Term Fund Plan: ☐ Direct* ☐ Regular Option: ☐ Growth* ☐ Div Payout	Weekly ☐ (1st, 7th, 14th, 21st, 28th) Fortnightly ☐ 1st-14 ☐ 7th-21st ☐ 14th-28th Monthly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th Quarterly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Ultra Short Term Bond Fund Plan: ☐ Direct* ☐ Regular Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	Weekly ☐ (1st, 7th, 14th, 21st, 28th) Fortnightly ☐ 1st-14 ☐ 7th-21st ☐ 14th-28th Monthly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th Quarterly ☐ 1st ☐ 7th* ☐ 14th ☐ 21st ☐ 28th	M M Y Y Y Y to M M Y Y Y Y or ☐ 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')

Motilal Oswal Mutual Fund

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

Tick (✓)	
Create	✓
Modify	☐
Cancel	☐

UMRN: For Official Use — Date: D D M M Y Y Y Y

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~~ ☐ ~~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.

SIP Period

From: D D M M Y Y Y Y

To: 3 1 1 2 2 0 9 9

Or: ~~Until cancelled~~

1. Signature of the account holder 2. Signature of the account holder 3. Signature of the account holder

1. Name of the account holder 2. Name of the account holder 3. Name of the account holder

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

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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

1. 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.
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 the following exceptional circumstances.
   a) 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.
   b) 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
   c) 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 Cities for SIP Auto Debit Facility via ECS (Debit Clearing):-**
   Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, 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
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 NACH / ECS / SI MANDATE

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) 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'.
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.

MOTILAL OSWAL
Asset Management

THIRD PARTY PAYMENT DECLARATION FORM

Form - 4

THIRD PARTY PAYMENT DECLARATION FORM should be completed in English and in BLOCK LETTERS only.
(Please read the Third Party Payment Rules and Instructions carefully before completing this Form.)

Declaration Form No.

FOR OFFICE USE ONLY

Date of Receipt	Folio No.	Branch Trans. No.

1. BENEFICIAL INVESTOR INFORMATION

FOLIO NO. (For existing investor) _____ Application No. _____

NAME OF FIRST/ SOLE APPLICANT (Beneficial Investor)

Mr. / Ms. / M/s. F I R S T M I D D L E L A S T

2. THIRD PARTY DETAILS

NAME OF THIRD PARTY (Person Making the Payment)

Mr. / Ms. / M/s. F I R S T M I D D L E L A S T

Nationality _____ PAN# _____ ☐ (Please ✓) ☐ Attached (Mandatory for any amount)

#Mandatory for any amount. Please attach PAN Proof.

NAME OF CONTACT PERSON & DESIGNATION (in case of non-Individual Third Party)

Mr. / Ms. F I R S T M I D D L E L A S T

Designation _____

MAILING ADDRESS (P.O. Box Address may not be sufficient) _____

City _____ State _____ Pin Code _____

CONTACT DETAILS

Tel. : Off. STD Code Tel. : Res. STD Code Mobile _____

Fax STD Code Email _____

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR [Please ✓ (") as applicable.]

Status of the Beneficial Investor	Minor	☐ FII ☐ Client	Employee (s)
Relationship of Third Party with the Beneficial Investor	☐ Parent ☐ Grand Parent ☐ Related Person _____ _____ (Please specify)	Custodian SEBI Registration No. of Custodian Registration Valid Till D D M M Y Y Y Y	Employer
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment is made on behalf of Client and the source of this payment is from funds provided to us by FII/Client.	FII/I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.

3. THIRD PARTY PAYMENT DETAILS

Mode of Payment [Please ✓ (/)]		Mandatory Enclosure(s)*
Cheque	☐	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order	☐	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account.
Demand Draft	☐	Number debited for issue of the instrument.
Banker's Cheque	☐	
RTGS	☐	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.
NEFT	☐	
Fund Transfer	☐	

* Motilal Oswal Mutual Fund/ Motilal Oswal Asset Management Company Limited reserves the right to seek information and /or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

Amount#	in figures		in words	
Cheque/DD/PO/UTR No.			Cheque/DD/PO/RTGS Date	D D M M Y Y Y Y
Pay- in Bank A/c No.				
Name of the Bank				
Branch			Bank City	

Account Type [Please ✓] ☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS _____ (please specify)

including Demand Draft charges, if any.

4. DECLARATIONS & SIGNATURE/S

THIRD PARTY DECLARATION

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which Motilal Oswal Mutual Fund is entitled to verify directly or indirectly. I agree to furnish such further information as Motilal Oswal Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, Motilal Oswal Mutual Fund/Motilal Oswal AMC is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that Motilal Oswal Mutual Fund/Motilal Oswal AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.

Applicable to NRIs only :

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account /FCNR Account.

Please (✓) ☐ Yes ☐ No

If yes, (✓) ☐ Repatriation basis

☐ Non-repatriation basis Signature of the Third Party_____

BENEFICIAL INVESTOR(S) DECLARATION

I/We certify that the information declared herein by the Third Party is true and correct.

I/We acknowledge that Motilal Oswal Mutual Fund reserves the right in its sole discretion to reject/not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the beneficial investor(s) detailed in the Application Form. Motilal Oswal Mutual Fund/ Motilal Oswal AMC will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of Motilal Oswal Mutual Fund/Motilal Oswal AMC.

Applicable to Guardian receiving funds on behalf of Minor only:

I/We confirm that I/We are the legal guardian of the Minor, registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme on behalf of the minor.

SIGNATURE/S

X First / Sole Applicant / Guardian	Second Applicant	Third Applicant

THIRD PARTY PAYMENT RULES

1. In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions.
2. The following words and expressions shall have the meaning specified herein:
   (a) "Beneficial Investor" is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
   (b) "Third Party" means any person making payment towards subscription of Units in the name of the Beneficial Investor.
   (c) "Third Party payment" is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

   Illustrations

   Illustration 1: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

   Illustration 2: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

   Illustration 3: An Application submitted in joint names of A, B & C alongwith cheque issued from a bank account in name of A. This will not be considered as Third Party payment.
3. Motilal Oswal Mutual Fund/Motilal Oswal Asset Management Company will not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:
   (i) Payment by Parents / Grand-Parents / Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- each regular Purchase or per SIP installment.
   (ii) Payment by Employer on behalf of employee(s) under Systematic Investment Plan (SIP) Payroll deductions.
   (iii) Custodian on behalf of an FII or a Client.

   * 'Related Person' means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.
4. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.
   (i) Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
   (ii) Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.
5. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of Motilal Oswal Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of Motilal Oswal AMC or visit our website for any further information or updates on the same.

MOTILAL OSWAL
Asset Management

SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN

Form - 4

Application No.

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

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

EXISTING UNIT HOLDER INFORMATION

Name of the First Holder _____ Folio No. _____ / _____

PAN/PERN (mandatory) _____ Enclosed ☐ PAN/PERN Proof ☐ KYC Complicane

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

Please arrange for STP with the following options

From Scheme _____ Plan _____

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

To Scheme _____ Plan _____

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

☐ Fixed Amount (Minimum Rs.1000)

STP Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

STP Amount : _____

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

STP Period: Start: D D M M Y Y

End: D D M M Y Y

☐ Dividend Transfer Plan (Minimum Rs.1000)

Except Daily Dividend

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

STP Period: Start: D D M M Y Y

End: D D M M Y Y

☐ NAV Appreciation (Minimum Rs.1000)

Only in case of Growth Option

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

STP Period: Start: D D M M Y Y

End: D D M M Y Y

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: ☐ Monthly ☐ Quarterly SWP Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

SWP Period: Start: M M Y Y End: M M Y Y

From Scheme _____

Plan _____ Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

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 fo 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
X			