MOTILAL OSWAL Mutual Fund	NACH/ EC	S/ Direct Debit	Mandate Form		m -2	
Distributor ARN / RIA#	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 sh We hereby confirm that the EUIN box has been inter	tionally left blank by me/us	as this is an "execution-only" transaction	n without any interaction or advice			
y the employee/relationship manager/sales person mployee/relationship manager/sales person of the d	stributor and the distributor			First Holder	Second Holder	Third Holder
UNIT HOLDER INFORMATIO	N			- III	☐ Mr. ☐ Ms	. <u> </u>
xisting Folio Number	D 0 T	Mobile No.		Email ID		
ame SYSTEMATIC INVESTMENT	R S T		M I D D L	E	L	A S T
Scheme Names		SIP Freque	ency and Date		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			h*		Y Y or Perpetual SIP	
Motilal Oswal MOSt Focused I  Plan: □ Direct* □ Regular  Option: □ Growth* □ Div Payout			t <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> )  ☐ 7 <sup>th</sup> -21 <sup>st</sup> ☐ 14 <sup>th</sup> -28 <sup>tl</sup> h <sup>*</sup> ☐ 14 <sup>th</sup> ☐ 21 <sup>st</sup> ☐ 28 <sup>tl</sup> h <sup>*</sup> ☐ 14 <sup>th</sup> ☐ 21 <sup>st</sup> ☐ 28 <sup>tl</sup>	to to	Y Y or Perpetual SIP	
Motilal Oswal MOSt Focused M Plan: □ Direct* □ Regular Option: □ Growth* □ Div Payout	·		t <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> )  ☐ 7 <sup>th</sup> -21 <sup>st</sup> ☐ 14 <sup>th</sup> -28 <sup>tl</sup> h <sup>*</sup> ☐ 14 <sup>th</sup> ☐ 21 <sup>st</sup> ☐ 28 <sup>tl</sup> h <sup>*</sup> ☐ 14 <sup>th</sup> ☐ 21 <sup>st</sup> ☐ 28 <sup>tl</sup>	h to	Y Y or Perpetual SIP	
Motilal Oswal MOSt Focused L  Plan: □ Direct* □ Regular  Option: □ Growth* □ Div Payout	ong Term Fund	Weekly $\square$ (1st, 7th, 14 Fortnightly $\square$ 1st $\square$ 7th Monthly $\square$ 1st $\square$ 7th Quarterly $\square$ 1st $\square$ 7th $\square$ 7t		h to	Y Y or Perpetual SIP	
Motilal Oswal MOSt Ultra Shor Plan: □ Direct* □ Regular Option: □ Growth* □ Div Payout				h to	Y Y or Perpetual SIP	
nstructions. I/We hereby confirm adherer ebit / Standing instructions facility and t iswal Mutual Fund carrying this mandate f First / Sole Applicant / Guardian /	nat my/our payment to orm to get it verified ar	owards my/our investment in M id executed.			ank account with your Bank. I/\ (Please at	
be signed by all holders if mode of operation of Bank	Account is 'Joint')					
MOTILAL OSWAL NA	CU/ ECC/ Direc	t Dobit Mandata Form	[Annlieable for Lumneum Ac	Iditional Durchaege	ae wall ae CID Dagietrationel	
Mutual Fund		For Official	[Applicable for Lumpsum Ad	Tulliollai Fulcilases		to D D M M Y Y Y
UMR Fick (✓)				For Off	Da Ficial Uco	te <u>B B W W I I I I </u>
Sponsor Bank Cod		r Official Use	Utility Code		ficial Use	
Modify   I/We hereby authoriz		otilal Oswal Mutual Fund	To Debit (to tid	ck ✓) SB C	CA CC SB-NRE	SB-NRO Other
Cancel Bank a/c number	r					
with Ban	k	Name of customer bank	IFSC		Or MICR	
amount of Rupees					₹	
REQUENCY	Qtly H.Yı	Hy Yrly ✓ As & w	hen presented	DEBIT TYPE	Fixed Amount ✓	Maximum Amount
eference 1 Folio No.:				Mob. No.		
eference 2 Application No.				Email ID		
agree for the debit of mandate proces						
From D D M M Y Y Y	γ 1. Sign	ature of the account holder	2. <u>Signatur</u>	e of the account hol	der 3. Sig	nature of the account holder
To 3 1 1 2 2 0 9 Or Until cancelled		rm that the declaration has b	een carefully read, understood	of the account holde d & made by me/us	er 3. <u>N</u>	ame of the account holder
ACKNOWLEDGMENT SLIP (	To be filled by the investo	)	Application No.			
Folio No.		Investor Name				
Scheme Name	Scheme Name	Plan		Option		
IP Period From D D M M Y	Y To D D N	I M Y Y	Perpetual SIP			Stamp & Signature

## SYSTEMATIC INVESTMENT PLAN DETAILS

- 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.
- 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 falling which registration may not be accepted. The Unit holder(s) hequely bank account details are subject to third party verification.

  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 except under 5.
  - Payment by parents / grand-parents / related person on behalf of a minor in consideration of natural love and affection Payment by parents / grant-parents / related person on behalf of a finite in it consideration or natural rover and a recommon or as gift provided the purchase value is less than or equal to \$5,0,000 and K/V is completed for the registered 6. 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 installment). However, this restriction will not to be 7. 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 provided KYC is completed for the employee who is the enemically investor and the employer who is making the payment. Auditional 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/Clenit is also required along with the application form.

  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

### AUTHORISATION BY BANK ACCOUNT HOLDER(S)

- Applicate 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.

  Applications incomplete in any respect are liable to be rejected. AMC/ Service Provider shall have absolute discretion to reject any such Application forms.
- AMC or other service providers shall not be responsible and liable for any damages / compensation for any loss, damage etc. The investor es the entire risk of using this facility and takes full responsibility.

## 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)

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

### List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing):-

Agra, Ahmedabad, Aliahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, 3. Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Hall, Hasan, 4. 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, Raikot, Ranchi, Salem, Shillong, Shimla, Shimoga, Sholapur, Siliguri, Surat, Tirunelyeli

Tirupati, Tiruppur, Trichur, Trichy, Triyandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizaq

Triugiai, iriuppur, iricini, iricing, iricinalurun, uunkur, uuapur, uunkur, uuapur, varanasi, vijayvaua, vizay Listof Banks for SIP Direct Debit Facility:-Allahabad Bank, Avis 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

- Applications for SIP Auto Debit (ECS/ Direct Debit) Facility would be accepted only if the bank branch participates in local MICR/ECS
- clearing. 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 or 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

- UMRN Code, Sponsor Code, and Utility Code are for official use only. Please do not write anything in these boxes/spaces. 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.

    Please mention the Bank Name, 11 Digit IFSC code, 9 Digit MICR Code of your Bank in the appropriate boxes provided

    3. 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. b)

- 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.

  Please mention your Mobile Number and Email Id on the mandate form.

  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".

South unce. 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.