

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

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

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

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

I/We hereby confirm that the EJUN 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.

1 UNIT HOLDER INFORMATION

☐ Mr. ☐ Ms. ☐ M/s[illegible]

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme name	Plan	Option *Growth (Default Option)	Dividend Frequency	SIP Installment Amount
Motilal Oswal _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		(₹) _____

SIP Amount Min. ₹ 500/- (Weekly/Fortnightly/ Monthly), ₹ 1,500/- (Qtrly) & ₹ 6,000/- (Annual SIP) and in multiples of Re.1

Minimum installment amount – ₹ 500/- and in multiplies of ₹ 500/- for Motilal Oswal Long Term Equity Fund (MOFLTE)

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

SIP Frequency and Date*☐ Fortnightly ☐ 1st-14 ☐ *7th-21st ☐ 14th-28th☐ Annual SIP

D	D	M	M	Y	Y	Y	Y
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Any Day/ ☐ Weekly - Any Day of Transfer_____ (Monday to Friday)

☐ Monthly SIP- Any date of the month except (29th, 30th and 31st)

☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) except (29th, 30th and 31st)

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

SIP Period

From

M	M	Y	Y	Y	Y
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 To

M	M	Y	Y	Y	Y
---	---	---	---	---	---

or ☐ Perpetual SIP

SIP cheque No.

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 SIP cheque Date


D	D	M	M	Y	Y	Y	Y
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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 Debit/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)

(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]

UMRN

For Official Use

Date

Tick (✓)

Sponsor Bank Code

C I T I O O P I G W

Utility Code

N A C H O O O O O O O 2 2 8 0 6

Create ☒

I/We hereby authorize

Motilal Oswal Mutual Fund

To Debit (to tick ✓)

☐ SB

☐ CA

☐ CC

☐ SB-NRE

☐ SB-NRO

☐ Other

Modify ☐

Bank a/c number

Cancel ☐

with Bank

Bank name and branch

IFSC

Or MICR

an amount of Rupees

FREQUENCY ☐ Mthly ☐ Qtly ☐ H.Yrly ☐ Yrly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1	Folio No.
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Mob. No.

Reference 2	Application No.
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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	D	D	M	M	Y	Y	Y	Y		
To	3	1	1	2	2	0	9	9		
Or	<input checked="" type="checkbox"/> Until cancelled									

1. Sign _____

Name as in bank record (mandatory)

2. Sign _____

Name as in bank record (mandatory)

3. Sign _____

Name as in bank record (mandatory)

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Application No.

Folio No.	<input type="text"/>	Investor Name	<input type="text"/>
Scheme Name	<input type="text"/>	Plan	<input type="text"/>
SIP Period From	<input type="text"/>	To	<input type="text"/>
		<input type="checkbox"/>	Perpetual SIP