

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

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

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

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

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First Holder

Second Holder

Third Holder

1 UNIT HOLDER INFORMATION

Mr. Ms. M/s

Existing Folio Number Existing UMRN

Name F I R S T M I D D L E L A S T

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency & SIP Date*	SIP Period (SIP Period should not exceed 30 years)	SIP Installment Amount
Motilal Oswal _____	<input type="checkbox"/> Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> D D M M Y Y Y Y Y Y Any Day/ <input type="checkbox"/> Weekly - Any Day of Transfer _____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="text"/> D D except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) <input type="text"/> D D except (29th, 30th and 31st)	From <input type="text"/> M M Y Y Y Y Y Y To <input type="text"/> M M Y Y Y Y Y Y	(₹) _____ (in figures)
Motilal Oswal _____	<input type="checkbox"/> Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> D D M M Y Y Y Y Y Y Any Day/ <input type="checkbox"/> Weekly - Any Day of Transfer _____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="text"/> D D except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) <input type="text"/> D D except (29th, 30th and 31st)	From <input type="text"/> M M Y Y Y Y Y Y To <input type="text"/> M M Y Y Y Y Y Y	(₹) _____ (in figures)
Motilal Oswal _____	<input type="checkbox"/> Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> D D M M Y Y Y Y Y Y Any Day/ <input type="checkbox"/> Weekly - Any Day of Transfer _____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="text"/> D D except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) <input type="text"/> D D except (29th, 30th and 31st)	From <input type="text"/> M M Y Y Y Y Y Y To <input type="text"/> M M Y Y Y Y Y Y	(₹) _____ (in figures)
Motilal Oswal _____	<input type="checkbox"/> Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> D D M M Y Y Y Y Y Y Any Day/ <input type="checkbox"/> Weekly - Any Day of Transfer _____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="text"/> D D except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) <input type="text"/> D D except (29th, 30th and 31st)	From <input type="text"/> M M Y Y Y Y Y Y To <input type="text"/> M M Y Y Y Y Y Y	(₹) _____ (in figures)
Motilal Oswal _____	<input type="checkbox"/> Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP <input type="text"/> D D M M Y Y Y Y Y Y Any Day/ <input type="checkbox"/> Weekly - Any Day of Transfer _____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="text"/> D D except (29th, 30th and 31st) <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) <input type="text"/> D D except (29th, 30th and 31st)	From <input type="text"/> M M Y Y Y Y Y Y To <input type="text"/> M M Y Y Y Y Y Y	(₹) _____ (in figures)

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

SIP cheque No. SIP cheque Date D D M M Y Y Y Y Y Y

SIP Amount Min. ₹ 500/- (Weekly/Fortnightly/ Monthly), ₹ 1,500/- (Qtrly) & ₹ 6,000/- (Annual SIP) and in multiples of Re.1
 In case Sip amount is 1000 for SIP frequency weekly/fortnightly/monthly min number instalment should be 6
 Minimum installment amount – ₹ 500/- and in multiples of ₹ 500/- for Motilal Oswal Long Term Equity Fund (MOFLTE)

*For Index Fund Only Growth Option is Available

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]

UMRN For Official Use Date

Tick (✓)
Create
Modify
Cancel

Sponsor Bank Code Utility Code
I/We hereby authorize Motilal Oswal Mutual Fund To Debit (to tick ✓) SB CA CC SB-NRE SB-NRO Other
Bank a/c number
with Bank Bank name and branch IFSC Or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtly H.Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No. Mob. No.

Reference 2 Application No. Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period From To
Or Until cancelled
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 To
Stamp & Signature

FATCA & CRS Instructions

FATCA Instructions & Definitions Individual

FATCA & CRS TERMS & CONDITIONS

Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)
Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Motilal Oswal Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS Indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); and 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	If no Indian telephone number is provided: 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number: 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
 - Valid identification issued by an authorized government body* (e.g. Passport, National identity card, etc.)
- *Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

FATCA Instructions & Definitions Non-Individual

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

- Financial Institution (FI)** - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
 - Depository institution:** is an entity that accepts deposits in the ordinary course of banking or similar business.
 - Custodial institution** is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of:
 - The three financial years preceding the year in which determination is made; or
 - The period during which the entity has been in existence, whichever is less.
 - Investment entity** is any entity:
 - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or Individual and collective portfolio management; or
 - Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
- or
- The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 - The period during which the entity has been in existence. The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05 and 06 and 07- refer point 2c.)
- (v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.
- (vi) FI not required to apply for GIIN: Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDT in this regard.

A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization, or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees state insurance fund, a gratuity fund or provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trust

(Continued overleaf)

SYSTEMATIC INVESTMENT PLAN DETAILS

- 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.
- 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.
- 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 the following exceptional circumstances.
 - 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 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.
 - 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
- Please note that in the event of a minor mismatch between the bank account number mentioned in the application form 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/applciant appears in the cheque leaf.
- AUTHORISATION BY BANK ACCOUNT HOLDER(S)**
 - Please indicate the name of the bank & branch, bank account number.
 - 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 assumes 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 without prior notice.
- 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
- 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/ 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

- 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.
 - 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 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.
- 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.
 - Maximum duration for enrolment is 30 years. An investor has option to choose the end date of the SIP for maximum of 30 years from the start date.

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.