MOTILAL OSWAL  OTM Debit Mandate form NACH/ ECS/ Direct Debit  Application No. Form -2						
Distributor ARN / RIA# Dis		tributor Name Sub-Distributor AF		RN/RIA# Internal Sub-Broker/Employee Code		EUIN
ARN/RIA :			ARN			
#By mentioning RIA code, I/We authorize you to st //We hereby confirm that the EUIN box has been inter by the employee/relationship manager/sales person employee/relationship manager/sales person of the d	ntionally left blank by me/us a of the above distributor or n istributor and the distributor h	s this is an "execution-only" transaction without otwithstanding the advice of in-appropriateness	any interaction or advice s, if any, provided by the	ilal Oswal Mutual Fund. First Holder	Second Holder	Third Holder
UNIT HOLDER INFORMATIO	IN	Maleila Na		F	☐ Mr. ☐ Ms.	∐ M/s
Existing Folio Number		Mobile No.		Email ID		
Name F Systematic INVESTMENT	R S T		I 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. ₹ 1,000/- (Weekly/Fortnightly/ Monthly), ₹ 2,000/- (Qtrly) & ₹ 5,000/- (Annual SIP) Minimum installment amount – Rs. 500/- and in multiplies of Rs.500/- for MOSt Focused Long Term
Motilal Oswal MOSt Focused 25  Plan: Regular Direct*  Option: Growth* Div Payout		Monthly 1st 7th Quarterly 1st 7th Annual SIP	7 <sup>th</sup> -21 <sup>st</sup>	M M Y Y Y TO	or Perpetual SIP	
Motilal Oswal MOSt Focused Mid  Plan: □Regular □ Direct*  Option: □ Growth* □ Div Payout	·	Monthly 1st 7th*	$^{st}$ , $28^{th}$ ) $^{th}$ - $21^{st}$	M M Y Y Y T	or Perpetual SIP	
Motilal Oswal MOSt Focused Mul Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout		Monthly 1st 7th*	st , 28 <sup>th</sup> )  th-21 st	M M Y Y Y T	or Perpetual SIP	
Motilal Oswal MOSt Focused Lon Plan: □ Regular □ Direct* Option: □ Growth* □ Div Payout	g Term Fund	Monthly 1st 7th*	st, 28th)  14th 21st 14th-28th  14th 21st 28th  14th 21st 28th  14th 21st 28th	M M Y Y Y  to  M M Y Y Y	or Perpetual SIP	
Motilal Oswal MOSt Focused Dyr  Plan: Regular Direct*  Option: Growth* Div Payout  Div Reinvestment* Qua	☐ Quarterly ☐ Annually*	Monthly 1st 7th*	$^{st}$ , $28^{th}$ ) $^{th}$ -21 $^{st}$	M   M   Y   Y   Y   T   T   T   T   T   T   T	or Perpetual SIP	
Motilal Oswal MOSt Ultra Short Term Bond Fund  Plan: ☐ Regular ☐ Direct*  Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment		Monthly 1st 7th*	7 <sup>th</sup> -21 <sup>st</sup> 14 <sup>th</sup> -28 <sup>th</sup>	M M Y Y Y  to  M M Y Y Y	or Perpetual SIP	
nis is to confirm that the declaration/instructi titly or the bank where I have authorized the bebits/Direct Debits/Shanding Instructions. A swal Mutual Fund shall be made from my/our First / Sole Applicant / Guardian o	on has been carefully read debit and express my wi uthorization to Bank: This i bank account with your Ba Authorised Signato (Account is 'Joint')	ry Se	we are authorized to cancel/an s through participation in NACH SS / NACH (Debit Clearing) Direc illal Oswal Mutual Fund carrying econd Applicant		(Pleas Thire	se attach a cancelled cheque/cheque copy I Applicant
MOTILAL OSWAL  Wortugal Fund  Tick (*)  Sponsor Bank Co		For Official Use	Applicable for Lumpsum Ar	0 0 0 0 2 0	D	ate D D M M Y Y Y O O 3 7
Create / I/We hereby author	rize N	Motilal Oswal Mutual Fund	To Debit (to tick	SB CA	CC SB-NRE	SB-NRO Other
Modify 🔀 Bank a/c num	ber					
Cancel With Ba	ank	Bank name and branch	IFSC L		Or MICR	
an amount of Rupees					₹	1
FREQUENCY Mthly	Qtly H.Y	<del>'rly Yrly</del> ✓ As & when p	presented	DEDIT THE	ed Amount ✓	Maximum Amount
Reference 1 Folio No.  Application No.				Mob. No. Email ID		
Reference 2 Application No. I agree for the debit of mandate proc Period ————————————————————————————————————		e bank whom I am authorizing to dature Primary account holder				Signature of account holder
From D D M M Y Y Y To 3 1 1 2 2 0 9		Name in bank records n that the declaration has been carefully i	read, understood & made by me	e in bank records e/us. I am authorizing the Use	3r entity/ Corporate to debit	Name in bank records my account based on the instruction as
Or Until cancelled	agreed and sign I Have understoo have authorized	ed by me. od that I am authorized to cancel/ amend	this mandate by appropriately o	communicating the cancellati	on/amendment request to	the User entity/ corporate or the bank who
ACKNOWLEDGMENT SLIP	(To be filled by the investor	r)	Application No.			
olio No.		Investor Name				
Scheme Name		Plan		Option		
SIP Period From D D M M Y	Y To D D N	1 M Y Y	Perpetual SIP			Stamp & Signature