

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. 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  Motilal Oswal Dynamic Fund (MOFDYNAMIC)  Motilal Oswal Multicap 35 Fund (MOF35)  Motilal Oswal Focused 25 Fund (MOF25)  
 Motilal Oswal Long Term Equity Fund (MOFLTE)  Motilal Oswal Midcap 30 Fund (MOF30)  Motilal Oswal Ultra Short Term Fund (MOFUSTF)

Plan and Option  Regular Option  Growth (Default Option)  Div - Payout  Div - Reinvest (Default Option) (N/A for Motilal Oswal Long Term Equity Fund (MOFLTE))  
 Direct (Default Plan)  Quarterly  Annually (Default Option)  
 Applicable for Motilal Oswal Dynamic Fund (MOFDYNAMIC)  
 Daily  Weekly  Fortnightly  Monthly  Quarterly  
 Applicable for Motilal Oswal Ultra Short Term Fund (MOFUSTF)  
 (Not Applicable for Dividend Payout Option)

**SIP Frequency and Date\***

Fortnightly  1<sup>st</sup>-14  7<sup>th</sup>-21<sup>st</sup>  14<sup>th</sup>-28<sup>th</sup>  
 Annual SIP  D D M M Y Y Y Y Y  
 Any Day/ Date SIP  Weekly - Any Day of Transfer \_\_\_\_\_ (Monday to Friday)  
 Monthly SIP- Any date of the month  D  D except (29th, 30th and 31st)  
 Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)  D  D except (29th, 30th and 31st)

**SIP Period**

From  M M Y Y Y Y Y  
 To  M M Y Y Y Y Y  
 or  
 Perpetual SIP

SIP Amount Min. ₹ 1,000/- (Weekly/Fortnightly/Monthly), ₹ 2,000/- (Qtrly) & ₹ 5,000/- (Annual SIP)  
 Minimum installment amount – Rs. 500/- and in multiples of Rs.500/- for Motilal Oswal Long Term Equity Fund (MOFLTE)

Amount per installment

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

**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  D D M M Y Y Y Y Y

Tick (✓)  Create  Modify  Cancel  
 Sponsor Bank Code  C I T I O O O P I G W Utility Code  C I T I O O O 0 2 0 0 0 0 0 0 0 3 7  
 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  D D M M Y Y Y Y Y To  3 1 1 2 2 0 9 9 Or  Until cancelled  
 1.  Signature Primary account holder 2.  Signature of account holder 3.  Signature of account holder  
 1.  Name in bank records 2.  Name in bank records 3.  Name in bank records  
 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  D D M M Y Y Y To  D D M M Y Y Y  Perpetual SIP  Stamp & Signature