MOTILAL O Mutual Fund		ormation Memo uous Offer of Un						App	olicat	ion l	Form	App Forn	lication n - 1	n No.					
Distributor ARN / F	RIA# Dist	ributor Name	Sub-	Distri	butor	ARN/	RIA#	Inte	rnal Su	b-Bro	ker/Em	ploy	ee Co	de		ĺ	EUIN	1	
ARN/RIA South Guj	arat ARN: 54854			A	RN														
#By mentioning RIA code, I/We authors			ails of my/ou	ır transa	ictions in	the scher	ne(s) of Mo	tilal Osv	val Mutual F	⁻ und.									
Investors applying under D Upfront commission shall b			l distribu	tor ba	sed on	the inv	estor's a	issess	ment of	various	factors	includi	ing the	service	e rend	ered	by the	e dist	ributor.
"I/We hereby confirm that the EUIN without any interaction or advice by broker or notwithstanding the advic manager/sales person of the distributor/	the employee/relationship manager/ e of in-appropriateness, if any, p	by me/us as this transaction is execute sales person of the above distributor/su rovided by the employee/relationshi	b Inst		e Appli Irdian	cant /		Secon	d Applica	ant			Applica			Pov	ver of Ho	f Atto Ider	rney
TRANSACTION CHARGE or more and your Distributor has opt Units will be issued against the balan	ed to receive Transaction Charges										per su and a	ubscrip	Charge otion ₹	s for 10,000			0		or - ₹100 ₹150
1 EXISTING INVEST	OR'S DETAILS (Please fill)	your Folio No., Name, Section 2,7,1	0 &12)																
Folio No.		Name F I	R S	Т					MI	D	DL	Е				L	А	S	Т
2 FIRST APPLICANT	'S DETAILS (Non-individua	investor please fill in FATCA, CRS	& UBO Dec	aration	in Section	on 10B, 1	1 & 12)										Mr.	Ms	s. 🗌 M/s
Name F I F	R S T		Μ	I	DI	DL	E									L	Α	S	Т
Father's Name F	R S T		M		DI	D L	E									L	A	S	Т
PAN /PEKRN**		CIN																	
KIN (KYC identification num)	ber)					Aa	adhar No).											
Date of Birth / Incorporation	D D M M Y	Y Y Y Place of E	Birth / Inco	rporati	on	Cou	ntry of Bi	rth / Inc	corporatio	n Nat	tionality	Ind	ian 🗌	US	Othe	rs (<u>P</u>	e a s	e S	pecify)
City of Incorporation					Aa	adhar No	o. of Gua	ırdian											
For Investments "On beha (Refer Instruction 1d)		Certificate School Certif	icate	Pass	port [Othe	rs	Specify	Gu	ardian ı	named b	elow is	s ⊡Fa	ather	Mo	ther		;ourt /	Appointed
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Tax Residence Address (for	R S T Besidenti	al Registered office	M			D L ial or Bi	siness										A	5	
Correspondence Address			Duointooo		ordorra														
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Overseas address					Mand	latory in	case of	NRI's											
Email ID						Мо	bile							Tel					
	are essential to enable us to cor	nmunicate better with you																	
** Please mention PAN/PEK		ference Number) as it is ma	ndatory																
3 KYC Details (Mandate				,	1.0	-	-		_		. –	A 0 D /D	01						
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Not older than one year	Any other inform	nation		wortn	is man	datory 1 Any	of Non-		,			3 Mone	ey Lendin	g/ Pawni	ng			Ye	es No
Politically Exposed Person	(PEP) Status (Also applicab	le for authorised signatories/Prom	oters/ Karta	/ Truste	e/ Whole	e time Dire	ectors)		I am PE	P	I am Rela	ated to F	PEP	Not App	olicable				
4 JOINT APPLICANT	'S DETAILS																		
SECOND APPLICA Mode of Holding Joint	NT'S DETAILS	Default)															Mr.	Ms	s. 🗌 M/s
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PAN /PEKRN**									E	mail	D														Мо	bile											
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8 BANK DETAILS (N	/landatory)	Redemp	ption / Div	videnc	d /Refu	ind pay	outs will	be (credited	d int	to this ba	ank a	accou	nt in	ı case i	t is in t	he c	current	list c	f bank	s with	ı who	m Mo	tilal ()swal	Mute	ual Fu	nd I	nas Dire	ct Cr	edit fac	cility.	
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I /We understand that the instruction account with / without assigning any reserves the right to issue a demand of If however the unit holders wish to rea	/ reason the draft / payab	reof, or if t le at par ch	the transact heque in ca	tion is (se it is (delayed not poss	or not ef sible to m	fected at ake paym	all or ent b	credited y Direct (l into Cash	the wron /NEFT/EC	g acc S.												end / re	efund p	rocee	eds. In (case	the bank	does i			
9 NOMINATION DET	TAILS (F	Refer Ins	truction 9	9)																	~												
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10 FATCA- CRS Decla 10A Declaration for Ind		nd Sup	opleme	ntary	/ Info	rmatio	n																										
Are you a tax resident (i.e., If 'No' please proceed for th If'YES', please fill for ALL co	he signat	ure of c	declarati	ion	2		2					Ye s i.e		_	No 🗌 you a	re a Ci	tize	en / Re	side	nt / Gr	een (Card	Holde	er / T	ax Re	side	ent in	the	respe	ctive	count	ries [#]	
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"Please attach additional sl 10B Declaration for Non 1. Is "Entity" a tax resident of any co Cou	-Individ	ual / L	egal En	_	No (If y	yes, pleas	e provide				ch the ent ificatio					poses ar	1d th	e associa	ated T	ax ID nu			ficat	tion	Туре	e (T	IN or	Otl	ner, ple	ase	specif	y)	
⁵⁶ In case Tax Identification Number In case TIN or its functional equivale In case the Entity's Country of Inco Please refer to para 3(vii) Exemption	ent is not av rporation /	ailable, ple Tax reside	ease provi ence is U.S	de Con S . but I	npany l Entity i s	dentifica s not a Sj	tion num Decified (J.S.	Person,																								
Part A (to be filled by Fil	nancial I	nstituti	ions or	Direc	ct Rep	porting	g NFEs)																									
1. We are a, Financial institution											ber (GII d by anoth		ntity, ple	ease	provide	your spo	onso	r's GIIN a	above	and inc	icate y	your sp	onsor'	s nam	e belov	v							
or			Na	ame (of spo	onsorin	g entity	/																									
Direct reporting NFE (please tick as appropriate)																																	
GIIN not available (please If the entity is a financial institu		olicable)		A	pplied	for	No	ot re	quired	l to	apply f	for -	- plea	se s	specif	y 2 dig	gits	sub-c	ateg	ory		Not	obtai	ned	– Nor	n-pa	articij	oati	ng Fl				
Part B (please fill any or	ne as apj	oropria	te "to b	e fille	ed by	NFEs	other	thar	n Direc	ct F	Reporti	ng I	NFEs	")																			
1. Is the Entity a public traded on an establi					a com	pany v	vhose s	shar	es are	re		No			es 🗌 ame c] (If yes If stocl		ase spec (chang		iy one s	ock e	xchang	e on w	hich t	he stoc	k is r	regular	ly tra	ided)				
2. Is the Entity a related are regularly traded							ompar	y w	hose s	sha	res j	No] (If yes If listed			· _	ime of t	ne liste	ed com	pany a	ind on	e stock	exch	nange (on w	hich the s	tock i	s regula	rly trade	ed)
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3. Is the Entity an activ	ve Non Fi	nancial	Entity (Ì	NFE)							I	No			es 🔄			e of Bu) (Men	ition	code –	 refer	2 FATCA	instru	ction an	d defini	tion
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4. Is the Entity a passiv For details please refer FATCA Ins		und Definit	itions (for l	Non-Ir	ndividua	als)					I	No			es 🔄 ature d	(If yes of Busi		ase fill U SS	RO Q	ciaratio	ri in th	ie next	section	n.)									
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# If passive NFE, please provide below additional details for each control	olling person. (Please attach additional sheets if necessary.)	
Name/ PAN/ Any other Identification Number (PAN, Aadhar, Passport Election ID, Gort. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1.Name:	Occupation Type: Nationality: Father's Name:	Date Of Birth: D M M Y Y Y Gender Male Female Other
2.Name:	Occupation Type: Nationality: Father's Name:	Date Of Birth: D M M Y Y Y Gender Male Female Other
3. Name:	Occupation Type:	Date Of Birth: D M M Y Y Y Gender Male Female Other

[#]Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

* To include US, where controlling person is a US citizen or green card holder

[%]In case Tax Identification Number is not available, kindly provide functional equivalent

DETAILS OF ULTIMATE BENEFICIAL OWNERS / ULTIMATE BENEFICIAL OWNERSHIP (UBO) DECLARATION [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)

*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

Name of UBO	Address (Include State, Country, PIN/ZIP Code & Contact Details)	Address Type	PAN/Tax Payer Identification No./ Equivalent ID No. [%]	Country of tax Residency*	Controlling Person Type ¹ (Mandatory)	% of beneficial interest
		Residential Business Registered Office	No.: Type:			
		Residential Business Registered Office	No.: Type:			
		Residential Business Registered Office	No.: Type:			

Attached documents should be self certified by the UBO and certified by the applicant or Authorised Signatory.

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mutual Fund shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

12 DECLARATION AND SIGNATURE

Place:

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate Sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the income tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme (s) & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only : I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I /We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder

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