

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
ARN/RIA : South Gujarat ARN: 54854		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 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.

First Holder	Second Holder	Third Holder
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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	<input type="checkbox"/> Motilal Oswal MOST Focused Dynamic Equity Fund	<input type="checkbox"/> Motilal Oswal MOST Focused Multicap 35 Fund	<input type="checkbox"/> Motilal Oswal MOST Focused 25 Fund
	<input type="checkbox"/> Motilal Oswal MOST Focused Long Term Fund	<input type="checkbox"/> Motilal Oswal MOST Focused Midcap 30 Fund	<input type="checkbox"/> Motilal Oswal MOST Ultra Short Term Bond Fund
Plan and Option	<input type="checkbox"/> Regular Option <input type="checkbox"/> Growth (Default Option) <input type="checkbox"/> Direct (Default Plan)	<input type="checkbox"/> Div - Payout <input type="checkbox"/> Div - Reinvest (Default Option) (N/A for MOST Focused Long Term)	Applicable for Motilal Oswal MOST Focused Dynamic Equity Fund <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually (Default Option) Applicable for Motilal Oswal MOST Ultra Short Term Bond Fund <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Not Applicable for Dividend Payout Option)

SIP Frequency and Date

☐ Weekly ☐ 1st, 7th, 14th, 21st, 28th
☐ Fortnightly ☐ 1st-14 ☐ 7th-21st ☐ 14th-28th
☐ Monthly ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th
☐ Quarterly ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th
☐ Annual SIP

D	D	M	M	Y	Y	Y	Y
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Any Day/
Date SIP

☐ 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)

SIP Period

From

M	M	Y	Y	Y	Y
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To

M	M	Y	Y	Y	Y
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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
MOST Focused Long Term

Amount per installment

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/Debit (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]

[illegible][illegible]

an amount of Rupees ₹

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

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1		Mob. No.										
Reference 2		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							

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 above 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	To	D	D	M	M	Y	Y		Perpetual SIP				