

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
ARN/RIA <b>85723</b>		ARN		<b>E098968</b>

#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.

**1 UNIT HOLDER INFORMATION**

Existing Folio Number  Mobile No.  Email ID

Name

**2 SYSTEMATIC INVESTMENT PLAN DETAILS**

Scheme Names	SIP Frequency and Date	SIP Month / Year / Perpetual	SIP Amount Min. ₹ 1000/- (Monthly) & ₹ 2000/- (Qtrly) & ₹ 500/- ELSS
<input type="checkbox"/> Motilal Oswal MOST Focused 25 Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y to M M Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Midcap 30 Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y to M M Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Multicap 35 Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y to M M Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Long Term Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y to M M Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Ultra Short Term Bond Fund Plan: <input type="checkbox"/> Direct* <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 <sup>st</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> ) Fortnightly <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> 7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> Monthly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup> Quarterly <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> * <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 28 <sup>th</sup>	M M Y Y Y Y to M M Y Y Y Y or <input type="checkbox"/> Perpetual SIP	

**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')

**NACH/ ECS/ Direct Debit Mandate Form** [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN  For Official Use  Date

Tick (✓)  
Create   
Modify   
Cancel

Sponsor Bank Code  For Official Use  Utility Code  For Official Use

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  Name of customer bank  IFSC  Or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  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.

**SIP Period**  
From  To  Or  Until cancelled

1.  Signature of the account holder 2.  Signature of the account holder 3.  Signature of the account holder

1.  Name of the account holder 2.  Name of the account holder 3.  Name of the account holder

This is to confirm that the declaration has been carefully read, understood & made by me/us

**ACKNOWLEDGMENT SLIP** (To be filled by the investor)

Folio No.  Investor Name  Application No.

Scheme Name  Scheme Name  Plan  Option

SIP Period From  To   Perpetual SIP

Stamp & Signature