

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
ARN/RIA : 3280		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
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1 UNIT HOLDER INFORMATION Mr. Ms. M/s

Existing Folio Number _____ Mobile No. _____ Email ID _____

Name _____ F I R S T _____ M 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. ₹ 1000/- (Weekly/Fortnightly/Monthly) & ₹ 2000/- (Qtrly)
<input type="checkbox"/> Motilal Oswal MOST Focused 25 Fund Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct* Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 st , 7 th , 14 th , 21 st , 28 th) Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> 7 th -21 st <input type="checkbox"/> 14 th -28 th Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th Quarterly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Midcap 30 Fund Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct* Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 st , 7 th , 14 th , 21 st , 28 th) Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> 7 th -21 st <input type="checkbox"/> 14 th -28 th Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th Quarterly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Multicap 35 Fund Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct* Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 st , 7 th , 14 th , 21 st , 28 th) Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> 7 th -21 st <input type="checkbox"/> 14 th -28 th Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th Quarterly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Long Term Fund Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct* Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout	Weekly <input type="checkbox"/> (1 st , 7 th , 14 th , 21 st , 28 th) Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> 7 th -21 st <input type="checkbox"/> 14 th -28 th Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th Quarterly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th	M M Y Y Y Y Y Y to M M Y Y Y Y Y Y or <input type="checkbox"/> Perpetual SIP	
<input type="checkbox"/> Motilal Oswal MOST Focused Dynamic Equity Fund Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct* Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually* <input type="checkbox"/> Div Reinvestment* <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually*	Weekly <input type="checkbox"/> (1 st , 7 th , 14 th , 21 st , 28 th) Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> 7 th -21 st <input type="checkbox"/> 14 th -28 th Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th Quarterly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th	M M Y Y Y Y Y Y to M M Y Y 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"/> Regular <input type="checkbox"/> Direct* Option: <input type="checkbox"/> Growth* <input type="checkbox"/> Div Payout <input type="checkbox"/> Div Reinvestment	Weekly <input type="checkbox"/> (1 st , 7 th , 14 th , 21 st , 28 th) Fortnightly <input type="checkbox"/> 1 st -14 <input type="checkbox"/> 7 th -21 st <input type="checkbox"/> 14 th -28 th Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th Quarterly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th * <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th	M M Y Y Y Y Y Y to M M Y Y 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')

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

UMRN _____ For Official Use _____ Date DD MM YY YY

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 _____ 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 DD MM YY YY 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. _____ 2. _____ 3. _____

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 DD MM YY YY To DD MM YY YY Perpetual SIP

Stamp & Signature _____