MOTILAL OSWAL	NACH/ EC	S/ Direct Deb	it Man	idate Foi	rm		Ap	plicatio	n No.						
Distributor ARN / RIA# Dist		ributor Name		Sub-Distri	V/RIA#	RIA# Internal Sub-Broker/Employee Code						EUIN			
ARN/RIA : <b>166809</b>				ARN								E324659			
#By mentioning RIA code, I/We authorize you to s /We hereby confirm that the EUIN box has been inte	hare with the SEBI Registere	d Investment Advisor the details	s of my/our tran	sactions in the sch	eme(s) of Moti	lal Oswal Mu	itual Fund.								
by the employee/relationship manager/sales person employee/relationship manager/sales person of the	otwithstanding the advice of in-a	if any, provided by	First Hol	First Holder Second Holder					Third Holder						
1 UNIT HOLDER INFORMATIO	DN				1 1 1					Mr. 🗌 M	s. 🗌 M/s	3			
Existing Folio Number	Mobile No.					Email ID									
Name F I	R S T		M	I D D	LE					L	A S	Т			
2 SYSTEMATIC INVESTMENT PLAN DETAILS Scheme Names		SIP Frequency and Date					SIP Month / Year/ Perpetual					000/- (\		Vin. ortnightly/ //- (Qtrly)	
Motilal Oswal MOSt Focused 25 Fund Plan: Regular Direct* Option: Growth* Div Payout Div Reinvestment		Weekly       (1 <sup>st</sup> , 7         Fortnightly       1 <sup>st</sup> -14         Monthly       1 <sup>st</sup> Quarterly       1 <sup>st</sup>	M         Y         Y         Y         Y         Y         Perpetual SIP           M         M         Y         Y         Y         Y         Perpetual SIP						<u>onning)</u>		(attry)				
Motilal Oswal MOSt Focused N Plan: Regular Direct* Option: Growth* Div Payou	Weekly     (1 <sup>st</sup> , 7)       Fortnightly     1 <sup>st</sup> -14       Monthly     1 <sup>st</sup> Quarterly     1 <sup>st</sup>	M         Y         Y         Y         Y           to         or         Perpetual SIP           M         Y         Y         Y					SIP								
Motilal Oswal MOSt Focused N Plan: Regular Direct* Option: Growth* Div Payou	Fortnightly $1^{st}$ Monthly $1^{st}$ Quarterly $1^{st}$	7 <sup>th*</sup>	<sup>th</sup> -21 <sup>st</sup> 14 <sup>th</sup> 21 <sup>st</sup> 14 <sup>th</sup> 21 <sup>st</sup>	28 <sup>th</sup> 14 <sup>th</sup> -28 <sup>th</sup> 28 <sup>th</sup> 28 <sup>th</sup>	M M M M	Y         Y           to         Y           Y         Y	Y Y Y Y	or	Perpetual S	SIP					
Motilal Oswal MOSt Focused Lu Plan: Regular Direct* Option: Growth* Div Payou	Fortnightly 1 <sup>st</sup> -14	7 <sup>th*</sup>	<sup>th</sup> -21 <sup>st</sup>		M M	Y         Y           to         Y           Y         Y	Y Y Y Y	or	Perpetual S	SIP					
Motilal Oswal MOSt Focused D Plan: Regular Direct* Option: Growth* Div Payout Div Reinvestment* Q	$\begin{array}{c c c c c c c c c c c c c c c c c c c $				M         Y         Y         Y         Y           to         or         Perpetual SIP					SIP					
Motilal Oswal MOSt Ultra Short Term Bond Fund Plan: Regular Direct* Option: Growth* Div Payout Div Reinvestment		Weekly       (1 <sup>st</sup> , 7         Fortnightly       1 <sup>st</sup> -12         Monthly       1 <sup>st</sup> Quarterly       1 <sup>st</sup>	M         Y					iP							
*Default <b>3</b> DECLARATION AND SIGN. This is to confirm that the declaration/instruentity or the bank where I have authorized I (bebits/)Direct Debits /Stranding Instructions Oswal Mutual Fund shall be made from my/o First / Sole Applicant / Guardia (To be signed by all holders if mode of operation of B	ction has been carefully re the debit and express my to Authorization to Bank: This ur bank account with your f n / Authorised Signat	ad, understood. I/We have und viilingness and authorize to n s is to inform that I/We have re sank. I/We authorize the repres	derstood that I nake payment gistered for EC sentatives Mot			mend this m H/ECS/Direc ect Debit / St g this manda	aandate by ct Debit/St canding ins ate form to	/ appropri tanding Ir structions get it veri	ately comm structions. facility and fied and exe	(P	ne cancella y confirm a r payment t lease attac hird Appl	h a cance	dment reque to the terms I/our investn Iled cheque/	est to the Use of NACH/EC nent in Motila (cheque copy	
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Tick (✓)	/IRN	pr Official Lise					For O	fficial II	se		Date 🛄		IVI T	I I I I	
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an amount of Rupees									₹	0.11101					
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Reference 2						Emai	il ID								
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Folio No.		Investor Name											_		
Scheme Name SIP Period From D D M M Y	Y To D D N		Plan	Perpetual SIP		Opti							Stamp	& Signature	

## SYSTEMATIC INVESTMENT PLAN DETAILS

- The Mandate will be registered under the best suited mode i.e. NACH or ECS or SI at the discretion of its appointed payment
- Aggregator through whom the mandate will be registered for the SIP debit facility. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered for registration of the mandate failing which registration may not be accepted. The 2.
- Unit holder(s) cheque/ bank account details are subject to third party verification. 3.
- Where the cancelled cheque or a copy of the cheque does not mention the bank account holder's name(s), Investor should provide self-attested bank pass book copy / bank statement / bank letter to substantiate that the first unit holder is one of the joint holder of the bank account. In case of a mismatch, it will be deemed to be a 3rd party payment and rejected except und er the following exceptional circumstances
  - Payment by parents/ grand-parents / related person on behalf of a minor in consideration of natural love and affection or as gift 6. Provided the purchase value is less than or equal to '50,000/- and KYC is completed for the registered Guardian and the person making the payment. However, single subscription value shall not exceed above '50,000/- (including investment through each 7. a) regular purchase or single SIP Instalment). However, this restriction will not to be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio. Additional declaration in the prescribed format signed by the guardian and parents/grand - parents/ related person is also required along with the applicable for form. Payment by an Employer on behalf of employee under Systematic Investment plans through, Payroll deductions provided KYC 8.
  - b) is completed for the employee who is the beneficiary investor and the employer who is making the payment. Additional

## TERMS AND CONDITIONS FOR ECS (Debit Clearing)

- The cities/ banks/ branches in the list may be modified /updated / changed / removed at any time in future entirely at the discretion of 1 The class dama branches in the stop of mountain placed vision devices and the matching at the dark dama of the mountain at the dark dama of th 2.
- List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing):-Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dentradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gada, Gorakhpur, Gulbarga, Guwahati, Gwalior, Halidi, Alsan, H u b I i, Hyderabad, Imphal, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Raikot, Ranchi, Salem, Shillong, Shimla, Shimoga, Sholapur, Siliguri, Surat, Tirupelveli, Tirupeti, Tiruppur, Trichur

## INSTRUCTIONS TO FILL THE NACH / ECS / SI MANDATE

1.

- UMRN Code, Sponsor Code, and Utility Code are for official use only. Please do not write anything in these boxes/spaces. The following information has to be mandatorily filled in the Mandates. In case any of these fields are not filled, the mandate is liable for rejection
- tor rejection. a) Please tick the Appropriate Account Type and furnish the Bank Account Number from which the SIP Installment/s is/are to be debited. b) Please mention the Bank Name, 11 Digit IFSC code, 9 Digit MICR Code of your Bank in the appropriate boxes provided for the purpose. The MICR code is the number appearing next to the cheque number on the MICR band at the bottom of the cheque. In the absence of these information, Mandate registration is liable to be rejected.

- declaration in the prescribed format signed by employee and employer is also required along with the application form
- c) Custodian on behalf of an FII or a Client provided KVG is completed for the investor and custodian. Additional declaration in the prescribed format signed by Custodian and FII/ Client is also required along with the application form. leaf submitted, bank account number would be updated based on the cancelled cheque leaf provided the name(s) of the investor/applicant appears in the cheque leaf.

AUTHORISATION BY BANK ACCOUNT HOLDER(S)

a) Please indicate the name of the bank & branch, bank account number.

- (a) reaconstance of operation of barran particular point and barran poi
- AMC or other service providers shall not be responsible and liable for any damages / compensation for any loss, damage etc. The investor assumes

the entire risk of using this facility and takes full responsibility. DECLARATION & SIGNATURES This section need to be signed by the applicant(s) / unit holder(s) at the places marked as per the mode of holding recorded with us (i.e. "Single", " Anyone or Survivor" or "Joint").

## Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag

Tisting, mean composition, compared and a strange water and a s Mahindra Bank, Puniab National Bank, South Indian Bank, State Bank of India, State Bank of Patiala, UCO Bank, Union Bank of India, United Bank of India

- Applications for SIP Auto Debit (ECS/ Direct Debit) Facility would be accepted only if the bank branch participates in local MICR/ECS clearing. In case the investor's bank chooses to cross verify the auto debit mandate with him/ her as the bank's customer. investor would need to promotly act on the same AMC/Service Provider will not be liable for any transaction failures due to rejection of the transaction by investor's bank/ branch or its refusal to register the SIP mandate or any charges that may be levied by the Bank/ Branch on investor / applicant.
- c) Please mention the maximum amount that can be debited using this mandate. The amount needs to be mentioned both in words as
- C) Prease mention the maximum announcing that can be deduced using this manuate. The announcing the mentioned built in words as well as numbers.
  d) Please mention your Mobile Number and Email Id on the mandate form.
  e) Please provide the Start and End date for the period which the Mandate should be active. If you do not wish to provide an End date, please tick the check box for 'Until Cancelled'. SIGNATURES
- The mandate needs to be signed by all the account holders in line with the mode of holding recorded with the investor's bank. The Account holder's names have to be mentioned as per their mode of holding in Account.