MOTILAL OSWAL Mutual Fund OTM Debit Mandate form NACH/ ECS/ Direct Debit Application No. Form -2					
Distributor ARN / RIA# Dist		tributor Name Sub-Distributor ARN		N/RIA# Internal Sub-Broker/Employee	Code EUIN
ARN/RIA: 103058		ARN		130640	
#By mentioning RIA code, I/We authorize you to sha I/We hereby confirm that the EUIN box has been intent by the employee/relationship manager/sales person or employee/relationship manager/sales person of the dis UNIT HOLDER INFORMATION	ionally left blank by me/us as of the above distributor or no stributor and the distributor h	s this is an "execution-only" transaction without otwithstanding the advice of in-appropriateness	any interaction or advice , if any, provided by the	First Holder Second Ho	
UNIT HOLDER INFORMATION					
	R S T	Mobile No.	I D D L E	Emairio	L A S T
2 SYSTEMATIC INVESTMENT PLAN DETAILS					
Scheme Names		SIP Frequency and Date		SIP Month / Year/ Perpetual	SIP Amount Min. ₹ 1,000/- (Weekly/Fortnightly/ Monthly), ₹ 2,000/- (Othry) & ₹ 5,000/- (Annual SIP) Minimum installment amount - Rs. 500/- and in multiplies of Rs. 500/- for MOSt Focused Long Term
Motilal Oswal MOSt Focused 25 F Plan: □ Regular □ Direct* Option: □ Growth* □ Div Payout □		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	th-21 st	M M Y Y Y Y OF Perpetu	al SIP
Motilal Oswal MOSt Focused Midd Plan: □ Regular □ Direct* Option: □ Growth* □ Div Payout □		Monthly 1st 7th*	", 28") "-21st	M M Y Y Y Y P OF Perpetu	al SIP
Motilal Oswal MOSt Focused Multi Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout [·	Monthly 1st 7th*	t, 28th) th-21st	M M Y Y Y Y to or Perpetu	al SIP
Motilal Oswal MOSt Focused Long Plan: □ Regular □ Direct* Option: □ Growth* □ Div Payout	, Term Fund	Monthly 1st 7th*	t, 28 th) the control of the contr	M M Y Y Y Y to or Perpet	ual SIP
Motilal Oswal MOSt Focused Dyna Plan: Regular Direct* Option: Growth* Div Payout Div Reinvestment* Quart	Quarterly Annually*	Monthly 1st 7th*	t, 28th) th-21st	M M Y Y Y Y to or Perpetu	ual SIP
Motilal Oswal MOSt Ultra Short Te Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout [Monthly 1st 7th*	th-21 st 14 th -28 th	M M Y Y Y Y Y Or Perpetu	ual SIP
*Default 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. Authorization to Bank: This is to inform that I/We nere equity 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. Authorization to Bank: This is to inform that I/We have registered for ECS/INACH/Debit Clearing) / Direct Debit/Standing instructions facility and that my/our payment towards my/our investment in Motifal Oswal Mutual Fund carrying this mandate form my/our bank account with your Bank. I/We authorize the representatives Motifal Oswal Mutual Fund carrying this mandate form to get it verified and executed.					
First / Sole Applicant / Guardian /	Authorised Signato	(Please			(Please attach a cancelled cheque/cheque copy) Third Applicant
(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] The part of the 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]					
Tick (✓) Sponsor Bank Coo	0 1 7 1		ty Code C I T I	0 0 0 0 2 0 0 0 0 0	Date 0 0 3 7
Create / I/We hereby authori.	uc	Motilal Oswal Mutual Fund	To Debit (to tick		
Modify Bank a/c numb					
Cancel With Bar		Bank name and branch	IFSC	Or N	IICR
an amount of Rupees				₹	
FREQUENCY Reference 1 Folio No. Mthly Qtly H.Yrly Yrly As & when presented DEBIT TYPE Fixed Amount V Maximum Amount Mob. No.					✓ Maximum Amount
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.					
Period — Period — Signature Primary account holder 2. Signature of account holder 3. Signature of account holder					
To 3 1 1 2 2 0 9 9 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					
Or Until cancelled Until cancelled agreed and signed by me. 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 Stamp & Signature					