MOTILAL OSWAL
Mutual Fund

OTM Debit Mandate form NACH/ ECS/ Direct Debit/SIP Form

Application No.
Form -2
2284836

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		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.

Investors applying under Direct Plan must mention "Direct" in ARN Column
Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

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

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 name	Plan	Option *Growth (Default Option)	Dividend Frequency	SIP Installment Amount
Motilal Oswal_____	☐ Regular ☐ Direct	☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment		(₹)_____

SIP Amount Min. ₹ 500/- (Weekly/Fortnightly/ Monthly), ₹ 1,500/- (Qtrly) & ₹ 6,000/- (Annual SIP) and in multiplies of Re.1

Minimum installment amount – ₹ 500/- and in multiplies of ₹ 500/- for Motilal Oswal Long Term Equity Fund (MOFLTE)

***For Index Fund Only Growth Option is Available**

SIP Frequency and Date*

☐ Fortnightly ☐ 1st-14 ☐ *7th-21st ☐ 14th-28th

☐ Annual SIP D D M M Y Y Y Y

Any Day/ Date SIP
- ☐ Weekly - Any Day of Transfer_____(Monday to Friday)
- ☐ Monthly SIP- Any date of the month D D except (29th, 30th and 31st)
- ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) D D except (29th, 30th and 31st)

*Incase if no date is selected, 7th would be the default SIP Date.

SIP Period

From M M Y Y Y Y To M M Y Y Y Y

or ☐ Perpetual SIP

SIP cheque No. _____ SIP cheque Date D D M M Y Y Y Y

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

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

UMRN _____ For Official Use _____ Date D D M M Y Y Y Y

Tick (✓): Create ☑ / Modify ☒ / Cancel ☒

Sponsor Bank Code C I T I 0 0 0 P I G W Utility Code N A C H 0 0 0 0 0 0 0 0 0 2 2 8 0 6

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 Bank name and branch IFSC _____ Or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY ~~☐ Mthly ☐ Qtly ☐ 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.

Period
From D D M M Y Y Y Y
To 3 1 1 2 2 0 9 9
Or ☒ Until cancelled

1.Sign _____ 2.Sign _____ 3.Sign _____

Name as in bank record (mandatory) | Name as in bank record (mandatory) | Name as in bank record (mandatory)

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

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ACKNOWLEDGMENT SLIP (To be filled by the investor)

Application No. 2284836

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

Stamp & Signature