

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 transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 12 on page 7) In case the subscription amount is ₹10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Transaction Charges for per subscription ₹ 10,000 and above	<input type="checkbox"/> Existing Investor - ₹100
	<input type="checkbox"/> New Investor - ₹150

1 EXISTING INVESTOR'S DETAILS (Please fill your Folio No., Name, Section 1.7, 10 & 12)

Folio No. Name F I R S T M I D D L E L A S T

2 FIRST APPLICANT'S DETAILS (Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com.) Mr. Ms. M/s

Name F I R S T M I D D L E L A S T

Father's Name F I R S T M I D D L E L A S T

PAN /PEKRN** CIN

KIN (KYC identification number)

Date of Birth / Incorporation D D M M Y Y Y Y Place of Birth / Incorporation Country of Birth / Incorporation Nationality Indian US Others (Please Specify)

City of Incorporation

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Others Specify Guardian's Relationship Father Mother Court Appointed With Minor

KIN of Guardian/ PoA (KYC identification number)

Name of the Guardian (In case of minor) / Contact person for non individuals / PoA holder name Guardian / PoA PAN

F I R S T M I D D L E L A S T

Tax Residence Address (for KYC Address) Residential Registered office Business Residential or Business

Correspondence Address

City State Pin Code

Overseas address Mandatory in case of NRI's

Mandatory in case of NRI's

Email ID

Email ID & Mobile No. are essential to enable us to communicate better with you

** Please mention PAN/PEKRN(PAN Exempted KYC Reference Number) as it is mandatory Mobile Tel.

3 EMP STATUS (Mandatory)

Status Partnership Firm HUF Private Limited Company Public Limited Company Listed Company Society AOP/BOI Trust Liquidator Artificial Juridical Person Resident Individual Proprietor Minor FI/ FPI NRI PIO Limited Liability Partnership Trust Body Corporate NGO FI Govt. Body Bank Defence Establishments NPO Others Specify

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year	INDIVIDUALS	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR	as on <input type="text"/> D D M M Y Y	NON-INDIVIDUALS	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR	as on <input type="text"/> D D M M Y Y	Is the entity involved in any of the following: 1 Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No 2 Gaming / Gambling / Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No 3 Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
	Any other information <input type="text"/>		Any other information <input type="text"/>				

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

4 JOINT APPLICANT'S DETAILS

SECOND APPLICANT'S DETAILS Mr. Ms. M/s

Mode of Holding Joint Anyone or Survivor (Default)

Name F I R S T M I D D L E L A S T

Father's Name F I R S T M I D D L E L A S T

PAN /PEKRN** Email ID Mobile

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number)

Date of Birth D D M M Y Y Y Y Place of Birth Country of Birth Nationality Indian US Others (Please Specify)

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year	INDIVIDUALS	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR	as on <input type="text"/> D D M M Y Y	NON-INDIVIDUALS	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR	as on <input type="text"/> D D M M Y Y	Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable
	Any other information <input type="text"/>		Any other information <input type="text"/>				

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

Application/Folio No. **2284836**

From <input type="text"/>	Cheque no. <input type="text"/>	Date <input type="text"/>	Amount <input type="text"/>	Scheme <input type="text"/>
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Stamp & Signature

THIRD APPLICANT'S DETAILS

Mr. Ms. M/s

Name: F I R S T M I D D L E L A S T
 Father's Name: F I R S T M I D D L E L A S T
 PAN /PEKRN** _____ Email ID _____ Mobile _____

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number) _____

Date of Birth: DD MM YY YY Place of Birth _____ Country of Birth _____ Nationality Indian US Others (Please Specify)

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify

Gross Annual Income OR Net-worth* in ₹ <1L 1-5L 5-10L 10-25L 25L-1CR >1CR
 networth as on DD MM YY
 *Not older than one year
 Any other information _____
 Politically Exposed Person (PEP) Status
 I am PEP I am Related to PEP Not Applicable

**Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is mandatory

5 DEMAT ACCOUNT DETAILS

(Mandatory, only if you require units in the demat form. Please fill in all details, else the application is liable to be rejected. Nomination provided in demat account shall be considered.)

NSDL CDSL Depository Participant (DP) Name _____
 DP ID _____ Beneficiary A/c No. _____
 Enclose for Demat option Client Master List Transaction/Holding Statement DIS Copy

6 EMAIL COMMUNICATION

Email ID provided pertains to Self Family Member (Note: If Email pertains to Family Member please select any one) Spouse Dependent Parents Dependent Children

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. I hereby authorize MOAMC to send important information and regular updates to me. I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

7 INVESTMENT & PAYMENT DETAILS

Payment Type (Please ✓) Non - Third party payment Third party payment (Please fill the Third Party Payment Declaration Form)
 Lumpsum Zero Balance SYSTEMATIC INVESTMENT PLAN* / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2)

Scheme name	Plan	Option *Growth (Default Option)	Dividend Frequency	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No. (in case of NEFT/RTGS)
Motilal Oswal	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment						

Drawn on Bank/Branch: _____ A/c no. _____
A/c Type (Please Tick): Current Savings NRO NRE FCNR ***For Index Fund Only Growth Option is Available**
 Subsequent SIP Instalment Amount (₹) _____
 Fortnightly 1st-14th *7th-21st 14th-28th
 Annual SIP: DD MM YY YY YY YY
 Any Day/ Date SIP Weekly - Any Day of Transfer (Monday to Friday)
 Monthly SIP- Any date of the month DD except (29th, 30th and 31st)
 Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) DD except (29th, 30th and 31st)
 SIP Period From MM YY YY YY To End date MM YY YY Or Perpetual

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

MOTILAL OSWAL CASHFLOW PLAN DETAILS (MO-CP)

Options: *7.5% 10% 12% Frequency: *Monthly Quarterly Annually Date: 1st *7th 14th 21st 28th
 For Multi Asset Fund: 6% *7.5% 9%
 Period: Start: MM YY YY End: MM YY YY Perpetual From Scheme _____

*Default Option Please refer to page number 7 for Terms & Conditions

SYSTEMATIC WITHDRAWAL PLAN DETAILS (SWP)

Rs. (in figures) _____ Rs. (in words) _____
 SWP Frequency: Weekly Fortnightly *Monthly Quarterly Annually SWP Date: 1st *7th 14th 21st 28th
 SWP Period: Start: MM YY YY End: MM YY YY

*Default Option



Motilal Oswal Asset Management Company Limited
 10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road,
 Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025
 Email: mfservice@motilaloswal.com. Toll Free No.: +91-22 40548002 | 8108622222
 website: www.motilaloswalmf.com

8 BANK DETAILS (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Motilal Oswal Mutual Fund has Direct Credit facility.

Bank Name

Bank A/c No. Type Current Savings NRO NRE FCNR Others Specify

Branch Name City Pin

IFSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

I / We understand that the instructions to the bank for Direct Credit / NEFT / ECS will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my / our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I / We would not hold Motilal Oswal Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by Direct Cash/NEFT/ECS.
If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) Please tick the box alongside
Cheque should be crossed "A/C payee only" drawn in favor of the scheme name.

9 NOMINATION DETAILS (Refer Instruction 10)

Name	Date of Birth if nominee is minor	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %
Unit Holder's Signature <small>If you do not wish to nominate sign here.</small>	First / Sole Applicant / Guardian	Second Applicant	Third Applicant		100%

10 FATCA- CRS Declaration and Supplementary Information

10A Declaration for Individual

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com. The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries^a

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (✓) the reason A, B, & C (as defined below)
First Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. **Reason B:** No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected). **Reason C:** Others; please state the reason thereof.

^aPlease attach additional sheets if necessary

11 DECLARATION/CONSENT AND SIGNATURE

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate Sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the income tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme (s) & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event " Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only : I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First / Sole Applicant / Guardian/POA	Second Applicant	Third Applicant
---------------------------------------	------------------	-----------------

Date: _____ Place: _____

Distributor ARN / RIA#				Distributor Name				Sub-Distributor ARN				Internal Sub-Broker/ Employee Code				EUIIN			
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 EUIIN 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 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	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		(₹) <input type="text"/>

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

Minimum installment amount – ₹ 500/- and in multiples 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 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)

SIP Period

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

or Perpetual SIP

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

SIP cheque No. SIP cheque Date D D M M Y Y 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 entry 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
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(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]

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

Tick (✓) Create Modify Cancel

Sponsor Bank Code C I T I O O O P I G W Utility Code N A C H O O O O O O O O O O 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 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.

Period From D D M M Y Y Y Y Y Y 1.Sign _____ 2.Sign _____ 3.Sign _____

To 3 1 1 2 2 0 9 9 Name as in bank record (mandatory) _____ Name as in bank record (mandatory) _____ Name as in bank record (mandatory) _____

Or Until cancelled

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entry/ 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 entry/ corporate or the bank where I have authorized the debit

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 Y Y To D D M M Y Y Y Y Perpetual SIP

Stamp & Signature