

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
24863		ARN		E043887

#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 Existing UMRN

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

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme Motilal Oswal MOST Focused Dynamic Equity Fund Motilal Oswal MOST Focused Multicap 35 Fund Motilal Oswal MOST Focused 25 Fund
 Motilal Oswal MOST Focused Long Term Fund Motilal Oswal MOST Focused Midcap 30 Fund Motilal Oswal MOST Ultra Short Term Bond Fund

Plan and Option Regular Option Growth (Default Option) Div - Payout Div - Reinvest (Default Option) (N/A for MOST Focused Long Term)
 Applicable for Motilal Oswal MOST Focused Dynamic Equity Fund Quarterly Annually (Default Option)
 Applicable for Motilal Oswal MOST Ultra Short Term Bond Fund Daily Weekly Fortnightly Monthly Quarterly (Not Applicable for Dividend Payout Option)

SIP Frequency and Date

Weekly (1st, 7th, 14th, 21st, 28th)
 Fortnightly 1st-14 7th-21st 14th-28th
 Monthly 1st 7th 14th 21st 28th
 Quarterly 1st 7th 14th 21st 28th
 Annual SIP D D M M Y Y Y Y

SIP Period

From

M M Y Y Y Y

To

M M Y Y Y Y

or Perpetual SIP

SIP Amount Min. ₹ 1,000/- (Weekly/Fortnightly/Monthly), ₹ 2,000/- (Qtrly) & ₹ 5,000/- (Annual SIP)
 Minimum installment amount – Rs. 500/- and in multiples of Rs.500/- for MOST Focused Long Term

Amount per installment

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)

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
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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

Tick (✓)	Sponsor Bank Code <input type="text"/> For Official Use <input type="text"/> Utility Code <input type="text"/> For Official Use <input type="text"/>
Create <input checked="" type="checkbox"/>	I/We hereby authorize <input type="text"/> Motilal Oswal Mutual Fund To Debit (to tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
Modify <input checked="" type="checkbox"/>	Bank a/c number <input type="text"/>
Cancel <input checked="" type="checkbox"/>	with Bank <input type="text"/> Name of customer bank IFSC <input type="text"/> Or MICR <input type="text"/>

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 <input type="text"/> D D M M Y Y Y Y To <input type="text"/> 3 1 1 2 2 0 9 9 Or <input checked="" type="checkbox"/> Until cancelled	1. <input type="text"/> Signature Primary account holder	2. <input type="text"/> Signature of account holder	3. <input type="text"/> Signature of account holder
	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

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. <input type="text"/>	Investor Name <input type="text"/>
Scheme Name <input type="text"/>	Plan <input type="text"/> Option <input type="text"/>
SIP Period From <input type="text"/> D D M M Y Y To <input type="text"/> D D M M Y Y <input type="checkbox"/> Perpetual SIP	

Stamp & Signature