OTM Debit Mandate form NACH/ ECS/ Direct Debit

Motilal Oswal Mutual Fund

Application No.
Form -2

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
83753		ARN		E069272

#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

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)
- ☐ Direct (Default Plan)
- ☐ Div - Payout
- ☐ Div - Reinvest (Default Option) (N/A for MOSt Focused Long Term)

Applicable for Motilal Oswal MOSt Focused Dynamic Equity Fund
☐ Quartely ☐ Annually (Default Option)

Applicable for Motilal Oswal MOSt Ultra Short Term Bond Fund
☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quartely
(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

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

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 multiplies of Rs.500/- for MOSt Focused Long Term

Amount per installment _____

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 _____ For Official Use _____ Utility Code _____ For Official Use _____

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 Name of customer bank IFSC _____ Or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY ~~☐ Mthly ☐ Qtly ☐ 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 D D M M Y Y Y Y
To 3 1 1 2 2 0 9 9
Or ☒ Until cancelled

1. Signature Primary account holder 2. Signature of account holder 3. Signature of account holder

1. _____ 2. _____ 3. _____

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. _____

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