

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.

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 11) 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

 Existing Investor - ₹100
 New Investor - ₹150

1 EXISTING INVESTOR'S DETAILS (Please fill your Folio No., Name, Section 2,7,10 &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 investor please fill in FATCA, CRS & UBO Declaration in Section 10B, 11 & 12)

 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) Aadhar No.

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 Aadhar No. of Guardian

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Others Specify Guardian named below is Father Mother Court Appointed (Refer Instruction 1d)

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 incase of NRI's

Email ID Mobile Tel.

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

3 KYC Details (Mandatory)

Status Partnership Firm HUF Private Limited Company Public Limited Company Listed Company Society AOP/BOI Trust H 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

INDIVIDUALS	NON-INDIVIDUALS	Is the entity involved in any of the following:
Gross Annual Income OR Net-worth* in ₹ <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	<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	1 Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No
network as on <input type="text"/> D D M M Y Y Y Y	network as on <input type="text"/> D D M M Y Y Y Y	2 Gaming / Gambling / Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information <input type="text"/>	(Networth is mandatory for Non-individuals) Any other information <input type="text"/>	3 Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

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

ACKNOWLEDGMENT SLIP

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

Application No.

From

Cheque no.	Date	Amount	Scheme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stamp & Signature