NACH/ ECS/ Direct Debit Mandate Form

Application No.

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
ARN/RIA : **3280**		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.
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 | Mobile No. | Email ID

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

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme Names	SIP Frequency and Date	SIP Month / Year/ Perpetual	SIP Amount Min. ₹ 1000/- (Weekly/Fortnightly/ Monthly) & ₹ 2000/- (Qtrly)
☐ Motilal Oswal MOSt Focused 25 Fund Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	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	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Focused Midcap 30 Fund Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	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	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Focused Multicap 35 Fund Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	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	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Focused Long Term Fund Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout	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	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Focused Dynamic Equity Fund Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout ☐ Quarterly ☐ Annually* ☐ Div Reinvestment* ☐ Quarterly ☐ Annually*	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	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	
☐ Motilal Oswal MOSt Ultra Short Term Bond Fund Plan: ☐ Regular ☐ Direct* Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	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	M M Y Y Y Y to M M Y Y Y Y or ☐ Perpetual SIP	

*Default

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

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

Tick (✓)	
Create	✓
Modify	☒
Cancel	☒

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

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