

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA- <b>ARN-24952</b>		ARN-		<b>E347831</b>

#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**

**Upright 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."

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
-----------------------------------------------------------------------	------------------	-----------------	--------------------------

**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 incase of NRI's \_\_\_\_\_

\_\_\_\_\_ Mandatory incase 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 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  FII/ 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 \_\_\_\_\_

<b>INDIVIDUALS</b> Gross Annual Income OR Net-worth* in ₹ _____ as on <b>D D M M Y Y</b> *Not older than one year Any other information _____	<b>NON-INDIVIDUALS</b> _____ as on <b>D D M M Y Y</b> (Networth is mandatory for Non-individuals) Any other information _____	<b>Is the entity involved in any of the following:</b> 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

**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

Legal Entity Identifier (LEI) Number \_\_\_\_\_ LEI Expiry Date **D D M M Y Y Y Y** \_\_\_\_\_

\*With reference to the RBI circular "Introduction of Legal Entity Identifier for Large Value Transactions in Centralised Payment Systems" vide RBI/2020-21/82 DPSS.CO.OD No.901/06.24.001/2020-21 dated 5th January 2021 it is mandatory to provide LEI information for all payment transactions (i.e. purchases (inward remittance), redemption / dividend / brokerage payouts (outward remittance) of value ₹ 50 crores and above undertaken by entities (non-individuals) through RTGS/NEFT w.e.f. April 01, 2021.

**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 \_\_\_\_\_

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

**ACKNOWLEDGMENT SLIP** Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. **Application/Folio No.** \_\_\_\_\_

From _____				Stamp & Signature
Cheque no. _____	Date _____	Amount _____	Scheme _____	
_____	_____	_____	_____	

### 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: DDMMYY      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  <1L  1-5L  5-10L  10-25L  25L-1CR  >1CR  
 networth as on DDMMYY  
 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  1<sup>st</sup>-14<sup>th</sup>  \*7<sup>th</sup>-21<sup>st</sup>  14<sup>th</sup>-28<sup>th</sup>  
 Annual SIP  DDMMYY  
 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 MMYY To End date MMYY 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:  1<sup>st</sup>  \*7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

For Multi Asset Fund:  6%  \*7.5%  9%

Period: Start: MMYY End: MMYY  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:  1<sup>st</sup>  \*7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

SWP Period: Start: MMYY End: MMYY

\*Default Option

**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 <input checked="" type="checkbox"/> If you do not wish to nominate sign here.	<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> 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<sup>#</sup>

	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.

<sup>#</sup>Please 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: \_\_\_\_\_