MOTILAL OSWAL
Asset Management

SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN

Form - 4

Application No.

Distributor ARN/RIA#	ARN Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
ARN/RIA **24952**		ARN		**E347831**

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
X		

EXISTING UNIT HOLDER INFORMATION

Name of the First Holder _____ Folio No. _____ / _____

PAN/PERN (mandatory) _____ Enclosed ☐ PAN/PERN Proof ☐ KYC Complicane

SYSTEMATIC TRANSFER PLAN (STP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for STP with the following options

From Scheme _____ Plan _____

Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest Dividend Frequency (In case of Dividend option) _____

To Scheme _____ Plan _____

Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest Dividend Frequency (In case of Dividend option) _____

☐ Fixed Amount (Minimum Rs.1000)

STP Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

STP Amount : _____

STP Dates : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

STP Period: Start: D D M M Y Y

End: D D M M Y Y

☐ Dividend Transfer Plan (Minimum Rs.1000)

Except Daily Dividend

STP Dates : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

STP Period: Start: D D M M Y Y

End: D D M M Y Y

☐ NAV Appreciation (Minimum Rs.1000)

Only in case of Growth Option

STP Dates : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

STP Period: Start: D D M M Y Y

End: D D M M Y Y

SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for SWP with the following options - Fixed Amount

Rs. (in figures) _____ Rs. (in words) _____

SWP Frequency: ☐ Monthly ☐ Quarterly SWP Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

SWP Period: Start: M M Y Y End: M M Y Y

From Scheme _____

Plan _____ Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / We hereby apply for 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 fo 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) and 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 Schemes 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 details provide by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder
X			