MOTILAL OSWAL Mutual Fund		S/ Direct Debi	t Mandate F E032737		Applicat		
Distributor ARN / RIA#		Distributor Name Sub-Distributor ARI				-Broker/Employee Code	EUIN
ARN/RIA : <b>ARN-4464</b>			ARN				E032737
#By mentioning RIA code, I/We authorize you to sha I/We hereby confirm that the EUIN box has been intentiby the employee/relationship manager/sales person of employee/relationship manager/sales person of the dis	ionally left blank by me/us as of the above distributor or no	s this is an "execution-only" transa otwithstanding the advice of in-ap	ction without any interaction o propriateness, if any, provided	advice	swal Mutual Fund.	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							
Scheme Names		SIP Frequency and Date				oth / Year/ Detual	SIP Amount Min. ₹ 1000/- (Weekly/Fortnightly/ Monthly) & ₹ 2000/- (Qtrly)
Motilal Oswal MOSt Focused 25 Fund  Plan: □ Regular □ Direct*  Option: □ Growth* □ Div Payout □ Div Reinvestment		Fortnightly 1st-14 Monthly 1st	7 <sup>th*</sup> 14 <sup>th</sup> 2	21 <sup>st</sup> 28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup>	м м <u>ү ү ү</u> то	or Perpetual SIP	
Motilal Oswal MOSt Focused Midcap 30 Fund  Plan: □ Regular □ Direct*  Option: □ Growth* □ Div Payout □ Div Reinvestment		Fortnightly 1st-14		21 <sup>st</sup> 28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup>	м М Y Y Y т то т	or Perpetual SIP	
Motilal Oswal MOSt Focused Mul Plan: Regular Direct* Option: Growth* Div Payout	Fortnightly 1st -14 Monthly 1st	7 <sup>th*</sup> 14 <sup>th</sup> 2	14 <sup>th</sup> -28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup>	м	or Perpetual SIP		
Motilal Oswal MOSt Focused Long Term Fund  Plan: □ Regular □ Direct*  Option: □ Growth* □ Div Payout		Fortnightly 1st-14 Monthly 1st	7, 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup> )  7 <sup>th</sup> -21 <sup>st</sup> 7 <sup>th*</sup> 14 <sup>th</sup> 2  7 <sup>th*</sup> 14 <sup>th</sup> 2	1//	м	or Perpetual SIP	
Motilal Oswal MOSt Focused Dynamic Equity Fund  Plan: □ Regular □ Direct*  Option: □ Growth* □ Div Payout □ Quarterly □ Annually* □ Div Reinvestment* □ Quarterly □ Annually*		Fortnightly 1st -14 Monthly 1st _		14 <sup>th</sup> -28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup>	л м	Y or Perpetual SIP	
Motilal Oswal MOSt Ultra Short Term Bond Fund Plan: ☐ Regular ☐ Direct*  Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment		Fortnightly 1st -14 Monthly 1st		14 <sup>th</sup> -28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup>	1 M Y Y Y to	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 Motial 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 (To be signed by all holders if mode of operation of Bank	ory	Second Appl	icant			1 Applicant 	
MOTILAL OSWAL Mutual Fund	ACH/ ECS/ Direc	ct Debit Mandate F		umpsum Addition	nal Purchases as well		KRAM S. BAGADTHEY
Tick (✓)		FDF OF	ficial Use		For Ossi - 1	Da	te [n]n]M]M]Y]Y]Y
Create Sponsor Bank Coo		Action Cover Metres From	Utility Code	D 177 77 77 77	For Official	CC CP NDC	CD NDO Othor
Modify   I/We hereby authorize		Motilal Oswal Mutual Fund	<u> </u>	Debit (to tick ✓)	SB CA	CC SB-NRE	SB-NRO Other
Cancel Bank a/c numb		Name of quaternar hands		_			
with Bar	nk L	Name of customer bank	IFS			Or MICR □	
an amount of Rupees Mthly	Qtly H.Y	rly Yrly V As	& when presented				Maximum Amount
rnequenct	Getry 11.1	,	whom proodingu	DI		V V	WIGALITIUM AITIOUNE
Reference 1					Mob. No.		
Reference 2 Email ID 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 — 1. Signature Primary account holder 2. Signature of account holder 3. Signature of account holder							
From D D M M Y Y Y Y Y							
To 3 1 1 2 2 0 9 9 9 1 1. 2. 3							
ACKNOWLEDGMENT SLIP (To be filled by the investor)  Application No.							
Folio No. Investor Name							
Scheme Name		P	lan		Option		
SIP Period From D D M M Y	Y To D D M	I M Y Y	Perpetual SIP				Stamp & Signature