

OTM Debit Mandate form NACH/ ECS/ Direct Debit/SIP Form

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
A R N - 7 7 3 2 1				

#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 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

Existing UMRN

Name

F I R S T

M I D D L E

L A S T

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency	SIP Date & Period (SIP Period should not exceed 40 years)	SIP Installment Amount	SIP Booster ☐ Yes ☐ No
Motilal Oswal	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1 st -14 ☐ *7 th -21 st ☐ 14 th -28 th ☐ Annual SIP Any Day/ Date SIP ☐ Weekly SIP - Any Day of Transfer (Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From D D M M Y Y Y Y To D D M M Y Y Y Y (Except 29 th , 30 th and 31 st)	(₹) _____ (in figures)	Amount (₹) _____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹) _____
Motilal Oswal	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1 st -14 ☐ *7 th -21 st ☐ 14 th -28 th ☐ Annual SIP Any Day/ Date SIP ☐ Weekly SIP - Any Day of Transfer (Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From D D M M Y Y Y Y To D D M M Y Y Y Y (Except 29 th , 30 th and 31 st)	(₹) _____ (in figures)	Amount (₹) _____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹) _____
Motilal Oswal	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1 st -14 ☐ *7 th -21 st ☐ 14 th -28 th ☐ Annual SIP Any Day/ Date SIP ☐ Weekly SIP - Any Day of Transfer (Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From D D M M Y Y Y Y To D D M M Y Y Y Y (Except 29 th , 30 th and 31 st)	(₹) _____ (in figures)	Amount (₹) _____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹) _____

*Incise if no date is selected, 7th would be the default SIP Date.

SIP cheque No.

SIP cheque Date

SIP Amount Min. ₹100/- (Daily), SIP Amount Min. ₹500/- (Weekly/Fortnightly/ Monthly), ₹1,500/- (Qtrly) & ₹6,000/- (Annual SIP) and in multiples of ₹1
 ₹500/- and in multiples of ₹ 500/- for Motilal Oswal ELSS Tax Saver Fund
 *For Index Fund Only Growth Option is Available

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
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(To be signed by all holders if mode of operation of Bank Account is 'Joint')

OTM Debit Mandate form NACH/ ECS/ Direct Debit (Applicable for Lumpsum Additional Purchases as well as SIP Registrations)

UMRN	For Official Use	Date
Tick (✓)	Sponsor Bank Code	Utility Code
Create ☒	C I T I O O O P I G W	N A C H O O O O O O O O 2 2 8 0 6
Modify ☒	I/We hereby authorize	To Debit (to tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other
Cancel ☒	Bank a/c number	
	with Bank	
	Bank name and branch	IFSC
		Or MICR

an amount of Rupees

FREQUENCY ☐ Mthly ☐ Qtrly ☐ H-Yrly ☐ Yrly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 Folio No.

Mob. No.

Reference 2 Application No.

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. Sign	2. Sign	3. Sign
From			
To			
Maximum period of validity of this mandate is 40 years only	Name as in bank record (mandatory)	Name as in bank record (mandatory)	Name as in bank record (mandatory)

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 authorizing 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

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Application No.

Folio No.

Scheme Name

SIP Period From

Plan

Option

Stamp & Signature