MOTILAL OSWAL Mutual Fund

NACH/ ECS/ Direct Debit Mandate Form

Application No.
Form -2

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	Internal Sub-Broker/Employee Code	EUIN
ARN/RIA - 10520	**S.Babu Arunachalam**	ARN		**E036140**

#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/- (Monthly) & ₹ 2000/- (Qtrly) & ₹ 500/- ELSS
☐ Motilal Oswal MOSt Focused 25 Fund Plan: ☐ Direct* ☐ Regular Option: ☐ Growth* ☐ Div Payout ☐ Div Reinvestment	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: ☐ Direct* ☐ Regular 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: ☐ Direct* ☐ Regular 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: ☐ Direct* ☐ Regular 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 Ultra Short Term Bond Fund Plan: ☐ Direct* ☐ Regular 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)**

(X)

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]

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

Tick (✓)		
Create	✓	
Modify		
Cancel		

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 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.

(X)

SIP Period

From D D M M Y Y Y Y

To 3 1 1 2 2 0 9 9

Or ☐ ~~Until cancelled~~

1. Signature of the account holder   2. Signature of the account holder   3. Signature of the account holder

1. Name of the account holder   2. Name of the account holder   3. Name of the account holder

This is to confirm that the declaration has been carefully read, understood & made by me/us

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ACKNOWLEDGMENT SLIP (To be filled by the investor)

Application No. ____

Folio No. ____   Investor Name ____

Scheme 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

SYSTEMATIC INVESTMENT PLAN DETAILS

1. The Mandate will be registered under the best suited mode i.e. NACH or ECS or SI at the discretion of its appointed payment Aggregator through whom the mandate will be registered for the SIP debit facility.
2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
3. Where the cancelled cheque or a copy of the cheque does not mention the bank account holder's name(s), Investor should provide self-attested bank pass book copy / bank statement / bank letter to substantiate that the first unit holder is one of the joint holder of the bank account. In case of a mismatch, it will be deemed to be a 3rd party payment and rejected except u n d e r the following exceptional circumstances.
   a) Payment by parents / grand-parents / related person on behalf of a minor in consideration of natural love and affection or as gift provided the purchase value is less than or equal to $ 50,000/- and KYC is completed for the registered Guardian and the person making the payment. However, single subscription value shall not exceed above $ 50,000/- (including investment through each regular purchase or single SIP instalment). However, this restriction will not to be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio. Additional declaration in the prescribed format signed by the guardian and parents/grand -parents/ related person is also required along with the application form.
   b) Payment by an Employer on behalf of employee under Systematic Investment plans through, Payroll deductions

provided KYC is completed for the employee who is the beneficiary investor and the employer who is making the payment. Additional declaration in the prescribed format signed by employee and employer is also required along with the application form
   c) Custodian on behalf of an FII or a Client provided KYC is completed for the investor and custodian. Additional declaration in the prescribed format signed by Custodian and FII/ Client is also required along with the application form .
4. Please not that in the event of a minor mismatch between the bank account number mentioned in the application from and as appearing in the cheque leaf submitted, bank account number would be updated based on the cancelled cheque leaf provided the name(s) of the investor/applicant appears in the cheque leaf.
5. **AUTHORISATION BY BANK ACCOUNT HOLDER(S)**
   a) Please indicate the name of the bank & branch, bank account number.
   b) If the mode of operation of bank account is joint, all bank account holders would need to sign at the place marked.
6. Applications incomplete in any respect are liable to be rejected. AMC/ Service Provider shall have absolute discretion to reject any such Application forms.
7. AMC or other service providers shall not be responsible and liable for any damages / compensation for any loss, damage etc. The investor assumes the entire risk of using this facility and takes full responsibility.
8. **DECLARATION & SIGNATURES**
   This section need to be signed by the applicant(s) / unit holder(s) at the places marked as per the mode of holding recorded with us (i.e. "Single", " Anyone or Survivor" or "Joint").

TERMS AND CONDITIONS FOR ECS (Debit Clearing)

1. The cities/ banks/ branches in the list may be modified /updated / changed / removed at any time in future entirely at the discretion of Motilal Oswal Mutual Fund without assigning any reasons or prior notice. If any city / bank/ branch is removed, SIP instructions for investors in such city/bank/branch via (ECS) (Debit Clearing) Direct Debit route will be discontinued without prior notice.
2. **List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing):-**
   Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow,Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimla, Shimoga, Sholapur, Siliguri, Surat, Tirunelveli,

Tirupati, Tiruppur, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag
List of Banks for SIP Direct Debit Facility:-
Allahabad Bank, Axis Bank, Bank of Baroda, Bank of India, Citi Bank, Corporation Bank, Federal Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, South Indian Bank, State Bank of India, State Bank of Patiala, UCO Bank, Union Bank of India, United Bank of India
3. Applications for SIP Auto Debit (ECS/ Direct Debit) Facility would be accepted only if the bank branch participates in local MICR/ECS clearing.
4. In case the investor's bank chooses to cross verify the auto debit mandate with him/ her as the bank's customer, investor would need to promptly act on the same.AMC / Service Provider will not be liable for any transaction failures due to rejection of the transaction by investor's bank/ branch or its refusal to register the SIP mandate or any charges that may be levied by the Bank/ Branch on investor / applicant.

INSTRUCTIONS TO FILL THE NACH / ECS / SI MANDATE

1. UMRN Code, Sponsor Code, and Utility Code are for official use only. Please do not write anything in these boxes/spaces.
2. The following information has to be mandatorily filled in the Mandates. In case any of these fields are not filled, the mandate is liable for rejection.
   a) Please tick the Appropriate Account Type and furnish the Bank Account Number from which the SIP installment/s is/are to be debited.
   b) Please mention the Bank Name, 11 Digit IFSC code, 9 Digit MICR Code of your Bank in the appropriate boxes provided for the purpose. The MICR code is the number appearing next to the cheque number on the MICR band at the bottom of the cheque.In the absence of these information, Mandate registration is liable for rejection.

   c) Please mention the maximum amount that can be debited using this mandate. The amount needs to be mentioned both in words as well as numbers.
   d) Please mention your Mobile Number and Email Id on the mandate form.
   e) Please provide the Start and End date for the period which the Mandate should be active. If you do not wish to provide an End date, please tick the check box for 'Until Cancelled'.
3. **SIGNATURES**
   The mandate needs to be signed by all the account holders in line with the mode of holding recorded with the investor's bank. The Account holder's names have to be mentioned as per their mode of holding in Account.