

MOTILAL OSWAL OTM D	ebit Ma	ndate form NAC	H/ ECS	/ Direct De	bit/SIP Fo	Application Form -2	n No.		
Distributor ARN / RIA#	/ RIA# Distributor Name			Sub-Distributo	r ARN	nternal Sub-Broke Employee Code		EUIN	
ARN/RIA- ARN-181211			AF	N-			E		
#By mentioning RIA code, I/We authorize you to share with the SEBI Regis Investors applying under Direct Plan must mention "D Upfront commission shall be paid directly by the inves I/We hereby confirm that the EUIN box has been intentionally left blank by me by the employee/relationship manager/sales person of the above distributor employee/relationship manager/sales person of the distributor and the distributor	irect" in ARN (tor to the AMF) /us as this is an "exe or notwithstanding	Column I registered distributor based cution-only" transaction without any inte the advice of in-appropriateness, if any,	on the inverse	estor's assessment	of various factors	s including the serv		the distributor.	
1 UNIT HOLDER INFORMATION	ioi nao not ona god	any authory 1000 on the dancacton.				☐ Mr. ☐ Ms. [M/s		
Existing Folio Number	E	Existing UMRN							
Name F I R S T		MI	D D	L E		L	A S T		
2 SYSTEMATIC INVESTMENT PLAN DETAILS									
Scheme name	Plan	Option *Growth (Default Option)	Dividend Frequency	SIP Installment Amount	SIP Booster details	SIP Booster Amount	SIP Booster Frequency	SIP Maximum SIP limit amount	
Motilal Oswal	Regular Direct	Growth Dividend Payout Dividend Reinvestment		(₹)	☐ Yes	SIP Booster amount minimum ₹ 100	☐ Quarterly☐ Half Yearly☐ Yearly	(₹)	
SIP Frequency and Date* Fortnightly 1st-14 *7th-21st 14th-28 Annual SIP D D M M Y Y Y Y Y Any Day/ Date SIP Monthly SIP- Any date of the mont Uquarterly SIP- Any date of the mont July, October) D D except (298)	h D D ex			SIP Period From M or	M Y Y Y	Y То М М	Y Y Y Y]	
*Incase if no date is selected, 7th would be the default SSIP cheque No. SIP cheque	SIP Date.	M M Y Y Y Y							
(Debits)/Direct Debits /Standing Instructions. Authorization to Bank:				ebit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS ing instructions facility and that my/our payment towards my/our investment in Motifal orm to get it verified and executed. (Please attach a cancelled cheque/cheque copy) Third Applicant					
(To be signed by all holders if mode of operation of Bank Account is 'Joint')									
MOTILAL OSWAL OTM Debit Mandate	form NACH/ E	CS/ Direct Debit [Applicab	le for Lumps	sum Additional Purch	ases as well as SI				
Mutual Fund UMRN		For Official Use				Dat		M Y Y Y Y	
Tick (✓) Sponsor Bank Code C I T	I 0 0 0	P I G W Utility Cod	7	C H 0 0 0 it (to tick ✓) SE	0 0 0 0 0 0 B	0 0 2 2 8 SB-NRE	0 6 SB-NR0	ther	
Create / I/We hereby authorize Modify Bank a/c number I/We hereby authorize I/We hereby authori	Wiotilai OSW	I I I I I I I I I I I I I I I I I I I	_ 10 Deb	it (to tick ✓) ☐ SE	, OA OC) OD-NITE	OB-NITOO	TUIOI	
Cancel W with Bank	Rank name	and branch	IFSC			Or MICR			
an amount of Rupees	20111111111		IF3U L			₹			
	H.Yrly	(rly ✓ As & when presen	ted	DEBIT TY	Fixed Ar	mount	Maximum Amou	nt	
Reference 1 Folio No.				Mob. N					
Reference 2 Application No.				Email					
I agree for the debit of mandate processing charges by the bank whom I a	m authorizing to deb	oit my account as per latest schedule of	charges of the						
Period — 1.Sign 1.Sign			.Sign			3.Sign			
Or Until cancelled This is to comby me. I Have authorized the	firm that the declar understood that I	record (mandatory) ration has been carefully read, unders am authorized to cancel/ amend this r	tood & made by		the User entity/ Corpor	ate to debit my account t		ion as agreed and signed	
ACKNOWLEDGMENT SLIP (To be filled by the inve	estor)		Application	on No.				×	
Folio No.	Investor Name	е							
Scheme Name	M M Y	Plan Perpetua	ıl SIP	Option					