

MOTILAL OSWAL Mutual Fund OTM D	ebit Ma	ndate form NAC	H/ ECS/ Direct De	bit/SIP	Form -2	
Distributor ARN / RIA#		Distributor Name	Sub-Distributor	r ARN	Internal Sub-Broker/ Employee Code	EUIN
			ARN-			
mentioning RIA code, I/We authorize you to share with the SEBI Regis estors applying under Direct Plan must mention "Di front commission shall be paid directly by the invest he hereby confirm that the EUIN box has been intentionally left blank by ende he employee/relationship manager/sales person of the above distributor ployee/relationship manager/sales person of the distributor and the distributor and the distributor and the distributor of the distributor and the distributor and the distributor and the distributor and the distributor and the distributor and t	rect" in ARN (or to the AMFI us as this is an "exe or notwithstanding t	Column registered distributor baser cution-only" transaction without any inte he advice of in-appropriateness, if any	d on the investor's assessment eraction or advice	of various fac	tors including the service rend	ered by the distributor. Third Holder
UNIT HOLDER INFORMATION					☐ Mr. ☐ Ms. ☐ M/s	
xisting Folio Number	E	xisting UMRN				
ime FIRST		M	D D L E		L A S	Т
SYSTEMATIC INVESTMENT PLAN DETAILS						
cheme name	Plan	Option *Growth (Default Option)	Dividend SIP Installment Frequency Amount		nt Min. ₹ 500/- (Weekly/Fortnightl 6,000/- (Annual SIP) and in mul	
Notilal Oswal	☐ Regular	☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment	(₹)	of ₹ 500/	n installment amount – ₹ 500 - for Motilal Oswal Long Tern x Fund Only Growth Option is	n Equity Fund (MOFL
P. Francisco and Balant				10111100	x runa omy arown opnom	Availabio
P Frequency and Date* │ Fortnightly │ 1 st -14 │ *7 th -21 st │ 14 th -28'	h		SIP Period			
Annual SIP D D M M Y Y Y Y			From M	M Y Y	Y Y To M M Y Y	YY
Any Day/ Weekly - Any Day of Transfer		(Monday to Friday)		D I OID		
Date SIP Monthly SIP- Any date of the month	n D D ex	cept (29th, 30th and 31st)	or	Perpetual SIP		
Quarterly SIP- Any date of the mon	th for each qua	rter (i.e. January, April,				
July, October) D except (29tl		st)				
ase if no date is selected, 7th would be the default S	пр рате.					
cheque No. SIP cheque I	Date D D	M M Y Y Y Y				
First / Sole Applicant / Guardian / Authorised Signatory		ry Second Applicant		(Please attach a cancelled cheque/cheque co		
pe signed by all holders if mode of operation of Bank Account is 'Joint')						
	orm NACH/ F	CS/ Direct Dehit (Applicate	le for Lumpsum Additional Purch	ases as well a	s SIP Registrations1	
MOTILAL OSWAL Mutual Fund UMRN		For Official Use			Date D	O M M Y Y Y
ick (🗸) Sponsor Bank Code C I T	1 0 0 0	P I G W Utility Coo	N A C H O O O	0 0 0	0 0 0 2 2 8 0 6]
reate / I/We hereby authorize	Motilal Oswa	l Mutual Fund	To Debit (to tick ✓) SB	CA	CC SB-NRE SB-NRO	Other
flodify Bank a/c number						
ancel 🔀 with Bank	Bank name	and branch	IFSC		Or MICR	
amount of Rupees					₹	
EQUENCY Mthly Qtly	H.Yrly Y	rly As & when preser	nted DEBIT TYP	PE Fixe	d Amount 🗸 Maximum	n Amount
eference 1 Folio No.			Mob. N	No.		
ference 2 Application No.			Email	ID		•
ree for the debit of mandate processing charges by the bank whom I ar	n authorizing to deb	it my account as per latest schedule of	charges of the bank.			
Period — 1.Sign			.Sign		3.Sign	
Or Until cancelled This is to confud by me. I Have authorized the	Name as in bank n irm that the declars understood that I a debit	* **	Name as in bank record (ma tood & made by me/us. I am authorizing t mandate by appropriately communicating			record (mandatory) e instruction as agreed and orporate or the bank where
ACKNOWLEDGMENT SLIP (To be filled by the inve			Application No.			
io No.	Investor Name					
neme Name		Plan	Option			
	MIMV	Perpetua	al CID			Stamp & Signature