



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

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		ARN-		

#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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP Any Day/ Date SIP <input type="checkbox"/> Weekly SIP - Any Day of Transfer (Monday to Friday) <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> 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: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹)
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP Any Day/ Date SIP <input type="checkbox"/> Weekly SIP - Any Day of Transfer (Monday to Friday) <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> 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: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹)
Motilal Oswal	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 st -14 <input type="checkbox"/> *7 th -21 st <input type="checkbox"/> 14 th -28 th <input type="checkbox"/> Annual SIP Any Day/ Date SIP <input type="checkbox"/> Weekly SIP - Any Day of Transfer (Monday to Friday) <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> 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: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> 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')

MOTILAL OSWAL MUTUAL FUND

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

UMRN

For Official Use

Date

Tick (✓)

Create ☒

Modify ☒

Cancel ☒

Sponsor Bank Code

C I T I O O O P I G W

Utility Code

N A C H O O O O O O O O 2 2 8 0 6

I/We hereby authorize

Motilal Oswal Mutual Fund

To Debit (to tick ✓)

☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

Bank name and branch

IFSC

Or MICR

an amount of Rupees

Amount In Word

₹

Amount In Figure

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.

Period

From

To

Maximum period of validity of this mandate is 40 years only

1.Sign

2.Sign

3.Sign

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.

Investor Name

Scheme Name

Plan

Option

SIP Period From

To

Stamp & Signature