| MOTILAL OSWAL  |   | formation Mem<br>nuous Offer of U                              |                    |                             |  | n Forms                                   | Application No.<br>Form - 1   |   |  |  |  |  |  |
|--|---|--|--------------------|-----------------------------|--|---|---|---|--|--|--|--|--|
| Distributor ARN  |   | ARN Name   |                    | Sub-Di                      | stributor ARN  | Internal Sub-                             | Broker/Employee Code  | EUIN                                      |  |  |  |  |  |
| ARN-6574   |   |  |                    | ARN                         |  |   |   | E019976                                   |  |  |  |  |  |
| Investors applying under Direct Plan<br>Upfront commission shall be paid dir   |   |  | ed distributor     | r based on the              | investor's asses   | ssment of various                         | factors including the so  | ervice rendered by the distributor.       |  |  |  |  |  |
| "I/We hereby confirm that the EUIN box has been<br>without any interaction or advice by the employee/<br>broker or notwithstanding the advice of in-appro<br>manager/sales person of the distributor/sub broker. | Third Applicant   | t Power of Attorney<br>Holder                                  |                    |                             |  |   |   |   |  |  |  |  |  |
| TRANSACTION CHARGES FOR AI<br>or more and your Distributor has opted to receive<br>Units will be issued against the balance amount in  | Transaction Charges,<br>vested.                             | the same are deductible as applica                             | able from the pure | amount and payable          | to the Distributor.  | Transaction Charges<br>₹ 10,000 and above | for Existing Investor - ₹100<br>New Investor - ₹150   |   |  |  |  |  |  |
| 1 EXISTING INVESTOR'S FOL  | IO NUMBER (   | If you have an existing folio with H                           | (YC validated, pl  | ease mention here           | and skip to section  | 6&9.)                                     |   |   |  |  |  |  |  |
|  | (Non-individual   | l invertors please fill in UBO annex                           |                    | along with applicat         |  | uction 14.f                               |   | Mr. Ms. M/s                               |  |  |  |  |  |
| Name (1 <sup>st</sup> ) F I R S T  |   |  | MI                 | D D I                       | _ E  |   |   | LAST                                      |  |  |  |  |  |
| Date of birth  | Y PAN **  |  |                    |                             | Nationality  | 16  | Country of B  |   |  |  |  |  |  |
| For Investments "On behalf of Mind   |   |  |                    |                             | Others S   |   | named below is Fat  | ther 🗌 Mother 🗌 Court Appointed           |  |  |  |  |  |
| Name of the Guardian (In case of mind  | or) / Contact pers  | son for non individuals / Po                                   |                    |                             |  | Guardian / P                              | POA PAN   |   |  |  |  |  |  |
| F I R S T  |   |  | MI                 | D D I                       | - E  |   |   | L A S T                                   |  |  |  |  |  |
| Correspondence / Overseas address (For   | FIIs/NRIs/PIOs)   |  |                    |                             |  |   |   |   |  |  |  |  |  |
|  |   |  |                    |                             |  |   |   |   |  |  |  |  |  |
| City   |   |  | State              |                             |  |   | Pin C   | Code                                      |  |  |  |  |  |
| Overseas address   |   |  |                    |                             |  |   |   | Country                                   |  |  |  |  |  |
| Email ID   |   |  |                    |                             | Mobile   |   |   | Tel.                                      |  |  |  |  |  |
| Email ID & Mobile No. are essential<br>Status Resident Individual  |   | nmunicate better with you HUF Minor So                         | ciety 🗌 FII        |                             | PIO Partne   | rship Firm 🗌 Trus                         | st Company  | Others Specify                            |  |  |  |  |  |
| Occupation Pvt. Sector Service   |   |  |                    |                             |  |   |   |   |  |  |  |  |  |
| Net-worth<br>in ₹ Not older<br>Any other<br>information  |   | Related to a PEP N/A   | NIGNI-NON (Netwo   | networth<br>orth is mandato | as on ory for Non-indivi   |   | 2 Foreign Exchange/     3 Gaming / Gamblin<br>(casinos, betting syndicates<br>4 Money Lending/ Pr | g / Lottery Yes No                        |  |  |  |  |  |
| 3 JOINT APPLICANT'S DETAIL   |   |  |                    |                             |  |   |   |   |  |  |  |  |  |
| SECOND APPLICANT'S DETAILS   | Mode of H   | lolding 🗌 Joint 🗌 Anyo   | ne or Survivo      | r (Default) N               | ationality   | Со  | untry of Birth  | Mr Ms M/s                                 |  |  |  |  |  |
| Name (2 <sup>nd</sup> )         F         I         R         S         T           PAN**  |   | Mobile   | MI                 | D D I                       | - E  |   | Email   | L A S T                                   |  |  |  |  |  |
| Status Resident Individual   |   | HUF Minor  | Socie              | ,                           | Gross Annual<br>Income OR<br>Net-worth                               |   | -5L 5-10L 10-25L  | >25L 25L-1CR >1CR<br>as on D D M M Y Y    |  |  |  |  |  |
| Occupation Pvt. Sector Service   | in ₹ Not older<br>than one year<br>Any other<br>information |  |                    |                             |  |   |   |   |  |  |  |  |  |
| THIRD APPLICANT'S DETAILS  | Nationali   | ty C   | ountry of Birt     | :h                          |  | Ir. 🗌 Ms. 🗌 M/s                           |   |   |  |  |  |  |  |
| Name (3 <sup>rd</sup> ) F I R S T  |   |  | MI                 | D D I                       | E  |   |   | L A S T                                   |  |  |  |  |  |
| PAN**  |   | Mobile   |                    |                             |  |   | Email   | ]   |  |  |  |  |  |
| Status Resident Individual   |   | HUF Minor  | Socie              |                             | Gross Annu<br>Income OR  |   | -5L 5-10L 10-25L  | >25L 25L-1CR >1CR                         |  |  |  |  |  |
| NRI     PIO     Part       Occupation     Pvt. Sector Service       Professional     Busine  | Public Sector   | Gov. Service Housew  | ife 🗌 Defenc       | ce 🗌 Retired                | Net-worth<br>in ₹ Not old<br>than one ye<br>Any other<br>information | ear Politicall                            | networth<br>y Exposed Person (PEP)  | as on D D M M Y Y<br>Related to a PEP N/A |  |  |  |  |  |
| 4 DEMAT ACCOUNT D  | ETAILS (  | Mandatory, only if you require<br>Iomination provided in demat | units in the de    | emat form. Pleas            | e fill in all details,   | else the application                      | is liable to rejected).   |   |  |  |  |  |  |
|  |   |  |                    | se considered.              |  |   |   |   |  |  |  |  |  |
|  | Participant (DP) I  |  |                    | Donofi-1                    |  |   |   |   |  |  |  |  |  |
| DP ID  |   |  |                    | DellellCl                   | ary A/c No.  |   |   |   |  |  |  |  |  |
| 5 EMAIL COMMUNICA<br>All communications will be sent by de<br>**Please mention PAN No. as it is mandatory  |   | stered E-mail id / Mobile N                                    | o. In case you     | u wish to receiv            | e physical comr  | nunication please                         | ✓ □   |   |  |  |  |  |  |
| ACKNOWLEDGMENT SLIP R  | leceived subject to n                                       | realisation, verification and condit                           | ions, an applicat  | tion for purchase o         | f Units as mentioned   | l in the application form                 | n. Application No.  |   |  |  |  |  |  |
| From   | Julia   | , contract of the  |                    |                             |  |   | ··· ··  |   |  |  |  |  |  |
| Cheque no.   | Date  | Amount   |                    |                             | Scheme   |   |   |   |  |  |  |  |  |
|  |   |  |                    |                             |  |   |   | Stamp & Signature                         |  |  |  |  |  |

| 6 DETAILS UND   | ER F            | ATC                     | A/ FC        | ORE           | IGN             | TAX         | LA        | WS         | C        | oun       | ntry      | of b     | irth                  |       | FIF                   | ST AF  | PPLICA   | NT'S                               |                                   |          | SECO                                   | ND AP                           | PLICA     | ANT'S                                    |          |                     | THI              | IRD AP    | PLICA            | NT'S      |        |
|---|-----------------|-------------------------|--------------|---------------|-----------------|-------------|-----------|------------|----------|-----------|-----------|----------|-----------------------|-------|-----------------------|--------|----------|------------------------------------|-----------------------------------|----------|--|---------------------------------|-----------|--|----------|---------------------|------------------|-----------|------------------|-----------|--------|
| Are you a r   | eside           | ent in                  | any o        | cour          | ntry o          | ther        | than      | Indi       | a fo     | r ta      | х ри      | irpo     | ses                   |       |                       | 'es    |          |                                    | lo                                |          | ⊇ Ye                                   | es                              |           | Nc                                       | )        |                     | □ Y              | /es       | [                | N         | )      |
| f yes, please indicat   | e all           | count                   | tries i      | in wl         | hich            | you a       | re re     | eside      | ent f    | or t      | ax p      | ourp     | ose                   | s a   | and th                | e a    | ssoc     | iat                                | ed Fo                             | reigr    | ו Ta                                   | x Ide                           | entii     | ficat                                    | tion     | Nur                 | nbe              | r be      | low              |           |        |
| Country of Tax  |                 |                         |              |               | PPLICANT        |             |           |            |          |           |           |          |                       |       | COND APP              |        |          |                                    |                                   |          |  |                                 |           |  |          |                     | LICANT           |           |                  |           | _      |
| Residency   |                 |                         |              |               | PPLICANT        |             |           |            |          |           |           |          |                       |       | COND APP              |        |          |                                    |                                   |          | THIRD APPLICANT'S                      |                                 |           |  |          |                     |                  |           |                  |           |        |
| Tax Indemnification<br>Number   |                 |                         |              |               | PPLICAN         |             |           |            | _        |           |           |          |                       |       | COND APP              |        |          |                                    |                                   |          | THIRD APPLICANT'S<br>THIRD APPLICANT'S |                                 |           |  |          |                     |                  |           |                  |           |        |
| For Non Individual Inve   | stor, F         | Please                  |              |               |                 |             | belo      | w, e       | /en i    | f Co      | untr      | y of     | tax I                 |       |                       |        |          | #<br>a                             |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| For W8 BEN-E/ Spec #  |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    | contac                            |          |  |                                 |           |  |          |                     |                  |           |                  |           | tus    |
| <sup>#</sup> Where no box is ticke<br>and will confirm the sa                       | d, the<br>me in | seco<br>futur           | nd sta<br>e. | teme          | ent wi          | ill be      | taker     | ו as t     | he c     | lefau     | ult in    | nply     | ing t                 | tha   | t the a               | ıppli  | cant/    | /Inv                               | estor                             | curre    | ently                                  | is u                            | nabl      | e to                                     | con      | firm                | FAT              | CA s      | tatu             | S         |        |
| 7 INVESTMENT & PA   | YMEN            | T DET                   | AILS         |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| Payment Type (Please )  |                 | n - Third               |              |               |                 |             |           |            |          | nird p    | arty p    | paym     | ent (P                | leas  | e fill the            | attach | ed Thirc | l Part                             | y Paymer                          | it Decla | ration                                 | Form -                          | - 4)      |  |          |                     |                  |           |                  |           |        |
| Scheme 🗌  |                 | tilal Osv               |              |               |                 |             |           | _          | _        |           |           |          |                       |       | sed Mul               |        |          |                                    |                                   | Motila   | al Osi                                 | wal M                           | OSt F     | Focus                                    | sed M    | idcap               | ) 30 F           | Fund      |                  |           |        |
| Plan  |                 | tilal Osv<br>ect (Defai |              | St FOC        |                 | on          |           | uth (De    |          |           |           |          |                       |       | Short To              | erm E  | sona F   |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| Plan  | Reg             | ,                       | JIT PIAN)    |               | Optio           |             | GLOA      | vui (De    | rault 0  | ption)    |           | *        | r - Pay<br>r - Rei    | -     | i<br>ƏST (Defa        | ult On | tion)    |                                    | Vonthly<br>Daily                  |          | Wee                                    | -                               | F         | ortni                                    | ightly   |                     | Mont             | hlv       |                  | luarte    | v      |
|   |                 |                         |              |               |                 |             |           |            |          |           | (N/       |          |                       |       | sed Long              |        |          |                                    | Juliy                             |          |  | ,                               |           | 0.01                                     | 9)       |                     |                  | ,         |                  | uui to    | ,      |
| LUMPSUM INVEST  | IENT            |                         | OR           |               | ZEF             | RO BAI      | ANCI      | E          |          | 0         | R         |          |                       |       | SYSTE                 | MAT    | IC IN\   | /ES                                | TMENT                             | PLA      | N / M                                  | ICRO                            | SIP       | -ECS                                     | (pleas   | se fill E           | ECS De           | ebit For  | m-2)             |           |        |
| Payment Mode:   | Chequ           | ie [                    | DD           | Г             | RTG             | 9           |           | EFT        |          | Fund      | s Tra     | nefor    |                       |       | 1 <sup>st</sup> SIP I | nstalr | nent     |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
|   |                 |                         |              |               |                 |             |           |            |          | i unu     |           | 113101   |                       |       | Amoun                 | t (₹)  |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| Amount (₹) (i)  |                 |                         |              |               |                 |             |           |            |          |           |           |          | _                     |       | Cheque                | e /DD  | No.      |                                    |                                   |          |  |                                 |           |  | Date     | e D                 | D                | M         | M                | Y         | Y      |
| DD charges (₹) (ii)   |                 |                         |              |               |                 |             |           |            |          |           |           |          | DI AN                 |       | Drawn                 | on B   | ank 🛛    |                                    |                                   |          |  |                                 | Bar       | nk & E                                   | Branch   | h                   |                  |           |                  |           |        |
| Total Amt. (₹) (i)+(ii)   |                 |                         |              |               |                 |             |           |            |          |           |           |          | SVSTEMATIC INVESTMENT | MENT  | Subsec                | uent   | SIP In   | istal                              | ment Ar                           | nount    | (₹)                                    |                                 |           |  |          | Τ                   |                  |           |                  |           |        |
| Instrument No.  |                 |                         |              |               | 1               | Date        | D         | D          | M        | M         | Y         | Y        | FCTA                  | 2     |                       |        |          |                                    |                                   |          |  | In w                            | ords      |  |          |                     |                  |           |                  |           | -      |
| Bank Name   |                 |                         |              | T             |                 |             |           |            |          |           |           |          |                       |       | Weekly                |        |          |                                    | 1 <sup>st</sup>                   |          |  |                                 |           |  |          | 1/1 <sup>th</sup>   |                  |           | 21 <sup>st</sup> |           | 2      |
| Bank A/c No.  |                 |                         |              | 1             | <u> </u>        |             |           |            |          |           |           |          | ITAM                  |       | Fortnig               |        |          |                                    | 1 <sup>st</sup> -14 <sup>th</sup> |          |  | <sup>/th</sup> -21 <sup>s</sup> | t         |  |          | 14 <sup>th</sup> -2 | 28 <sup>th</sup> |           | 21               |           | _ 2    |
| Branch Name & City  |                 |                         | +            | <u> </u>      | ++              |             |           |            |          |           |           |          |                       |       | Monthl                |        |          |                                    |                                   |          |  | th(Def                          |           |  |          |                     |                  |           | 21 <sup>st</sup> |           | 2      |
| ,   | 0               |                         |              | l             |                 |             |           |            |          |           |           |          | ]                     |       | Quartel               | -      |          |                                    |                                   |          | <u> </u>                               | "(Def                           | ^         |  |          | 14"                 |                  |           | 21 <sup>st</sup> |           | 2      |
| Account Type:   | Curre           | ant                     | Sav          | nngs          |                 | NR          | 0         |            | NRE      |           |           | FCNR     |                       |       | SIP Per               | iod F  | rom      | M                                  | Μ                                 | Y        | Y                                      | To                              | P         | erpet                                    | tual     |                     | other            | r         | M                | Y         | Y      |
| 8 BANK DETAILS (Ma  | andatory        | y.) Reder               | nption /     | Divide        | nd /Refu        | und pay     | outs wi   | ill be cr  | edited   | into t    | his ba    | ink ac   | count                 | in c  | ase it is             | in the | curren   | t list                             | of banks                          | with \   | whom                                   | Motila                          | ıl Osw    | al Mu                                    | itual Fi | und ha              | as Dire          | ect Cre   | edit fa          | cility.   |        |
| Bank Name   |                 |                         |              | $\top$        |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  | $\top$   | Τ                   | <b>—</b>         | $\top$    | T                |           |        |
| Bank A/c No.  |                 |                         |              | +             |                 |             |           | +          |          |           |           |          |                       | T     | ype                   |        | urren    | t 🗆                                | Saving                            | s 🗔      | NRO                                    |                                 | IRE [     |  | NR [     | 0                   | thers            | - <u></u> | Sp               | ecify     |        |
| Branch Name   |                 |                         |              | +             |                 |             |           | -          |          |           |           | City     |                       | ·     |                       |        |          |                                    |                                   |          |  | 1                               |           |  | Pir      |                     |                  | -         |                  |           |        |
| FSC Code (11 digit)*  |                 |                         |              |               | +               |             |           |            |          |           | l<br>Code |          |                       |       |                       |        |          |                                    |                                   |          |  | **                              | lontio    |  |          |                     |                  | oof       |                  |           |        |
|   |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  | on you   |                     |                  |           |                  |           |        |
| /We understand that the instructions t<br>account with / without assigning any re   | eason the       | reof, or if t           | the transad  | action is     | delayed o       | or not effe | cted at a | all or cre | dited in | to the v  |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| eserves the right to issue a demand dra<br>f however the unit holders wish to re    |                 |                         |              |               |                 |             |           |            |          |           | longsid   | le       | ]                     |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| 9 NOMINATION DETA   | <b>ILS</b> (F   | Refer 9)                |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| Name  |                 |                         |              |               |                 |             |           |            |          | ۸dd       | rooo      |          |                       |       |                       |        |          |                                    |                                   |          | Guar                                   | dian N                          | lame      |  |          |                     | gnatu            |           |                  | Alloc     | atic   |
| (Date of Birth if nomine  | e is mi         | nor)                    |              |               |                 |             |           |            |          | Address   |           |          |                       |       |                       |        |          | (in case Nominee is a Minor)       |                                   |          |  |                                 |           | (Guardian in case<br>Nominee is a Minor) |          |                     |                  |           | 6                |           |        |
|   |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
|   |                 |                         | <u> </u>     |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  | -        |                     |                  |           |                  |           |        |
|   |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| Unit Holder's Signature   |                 | Firs                    | t / Sole     |               | icant /         |             |           |            |          | cond      | Appli     | cant     |                       |       |                       |        | Thir     | d A b                              | plicant                           |          |  |                                 | Р         |  | of At    | torne               |                  |           |                  | 10        | 0%     |
| If you do not wish to nominate sign here.   |                 |                         | Guar         | Irdian        |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| 10 DECLARATION AND  | ) SIGN          | IATUR                   | E            |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| laving read and understood the conter<br>nvested in the scheme(s) is through leg    |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| aws or ant other applicable laws enact<br>unds invested in the Scheme (s), legally  | ted by the      | e Governm               | ent of India | lia from t    | time to tirr    | ne. I/We h  | ave und   | erstood t  | he deta  | uls of th | ne Sche   | eme (s)  | & I/We I              | have  | not receiv            | ed nor | have be  | en inc                             | luced by a                        | ny rebat | e or gif                               | ts, direc                       | tly or ir | ndirectl                                 | ly in ma | aking thi           | nis inves        | stment.   | I/We co          | onfirm th | iat th |
| t the applicable NAV prevailing on the d<br>he ARN holder has disclosed to me/us a  | late of suc     | ch redemp               | tion and u   | Indertak      | ke such oth     | her action  | with suc  | ch funds   | that ma  | ıy be re  | quired    | by the I | aw.                   |       |                       |        |          | ,                                  |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| or NRIs only : I/We confirm that I am/we<br>We confirm that the details provided by |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          | y/FCNF              | RAccou           | ınt.      |                  |           |        |
|   |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| First / Sole A  |                 | nt /                    |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| Guardi  |                 |                         |              |               |                 |             |           | d Appl     | icant    |           |           |          |                       |       |                       | Т      | hird /   | Applicant Power of Attorney Holder |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
| oplicable to application under Di   |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          | o the                              | "Direct P                         | lan" an  | d also                                 | confirm                         | n that    | the inv                                  | vestme   | ents in             | Schen            | ne thro   | ugh "[           | Direct P  | an"    |
| is/are made at my own discretion.   | iviotilal (     | Jswal Mu                | itual Fund   | a/MOA!        | wG/Irust        | iee shall   | not be    | nable fo   | r any o  | onseq     | uence     | s arisi  | ng out                | of si | ucn inves             | iment: | S.       |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
|   |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       |        |          |                                    |                                   |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
|   |                 |                         |              |               |                 |             |           |            |          |           |           |          |                       |       |                       | -      |          |                                    | n <b>pany l</b><br>ah Saya        |          |  |                                 |           |  |          |                     |                  |           |                  |           |        |
|   |                 |                         |              | MC<br>Asset M | DTIL<br>Managem | AL          | Usv       | WAI        | -        |           |           |          |                       |       |                       |        |          |                                    | nbai - 4                          |          |  |                                 | _         |  |          |                     |                  |           |                  |           |        |
|   |                 |                         |              | ASSCEN        | lanageni        | ici ic      |           |            |          |           | ma ail.   | mator    | mina                  | @n    | n atilala.            |        | 0.0.000  |                                    | Troo No.                          | . 100    | 0 00                                   | 0 000                           |           |  |          |                     |                  |           |                  |           |        |

Email: mfservice@motilaloswal.com. Toll Free No.: 1800-200-6626

| MOTILAL OSWAL   | ECS Autosave for<br>Systematic Investme  | ent Plan                                    |                                | Application No.<br>Form - 2 |                          |  |  |  |  |  |  |  |
|---|--|---|--------------------------------|-----------------------------|--------------------------|--|--|--|--|--|--|--|
| Baroda, Belgaum, Bhavnagar, Bhilwara  | ng in local clearing at Agra, Ahmedabao<br>, Bhopal, Bhubaneshwar, Bijapur, Bikar  | ner, Calicut, Chandigai                     | rh, Chennai, Cochin, Coimba    | tore, Cuttack, Davangere,   | Distributor ARN          |  |  |  |  |  |  |  |
| Dehradun, Delhi, Dhanbad, Durgapur, Ei<br>Jabalpur, Jaipur, Jalandhar, Jammu, Ji<br>Mangalore, Mumbai, Mysore, Nagpur, N<br>Siliguri, Surat, Tirunelveli, Tirupati, Tirup<br>Electronic Debit for the account holders of  | ARN-6574   |   |                                |                             |                          |  |  |  |  |  |  |  |
| Allahabad Bank, Axis Bank, Bank of Bar<br>Bank, Punjab National Bank, South India<br>Authorization to pay SIP installments thro   | oda, Bank of India, Citi Bank, Corporatio<br>oda, Bank, State Bank of India, State Bank of<br>Jugh Electronic Clearing Service (ECS) / E<br>Itual Fund or their authorised service pro | f Patiala, UCO Bank, Un<br>Electronic Debit | ion Bank of India, United Bank | x of India                  | EUIN                     |  |  |  |  |  |  |  |
|   | bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP installments.  |   |                                |                             |                          |  |  |  |  |  |  |  |
| 1 UNIT HOLDER INFORMATION   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Existing Folio Number   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Name of the First Holder  | Jame of the First Holder         F         I         R         S         T         M         I         D         D         L         E         L         A         S         T         |   |                                |                             |                          |  |  |  |  |  |  |  |
| Mobile No. Email ID   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| 2 SYSTEMATIC INVESTMEN  | T PLAN (SIP) / MICRO SIP   |   |                                |                             |                          |  |  |  |  |  |  |  |
| Scheme  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Plan Direct (Default Option) Regular Option Growth (Default Option) Div - Payout Div - Reinvest (Default Option)  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Subsequent SIP Instalment Amount (₹)  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Weekly $\Box$ 1 <sup>st</sup> $\Box$ 7 <sup>m</sup> $\Box$ 14 <sup>th</sup> $\Box$ 21 <sup>st</sup> $\Box$ 28 <sup>th</sup>   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Fortnightly 1 <sup>st</sup> -14   | 7 <sup>th</sup> -21 <sup>st</sup> 14 <sup>th</sup> -28 <sup>th</sup>   |   | e offi                         |                             |                          |  |  |  |  |  |  |  |
| Monthly $\Box$ 1stQuartely $\Box$ 1st   | $ 7^{th}(Default) 14^{th} 7^{th}(Default) 14^{th} $  |   | 28 <sup>th</sup>               |                             |                          |  |  |  |  |  |  |  |
| SIP Period From M M Y   | Y To Perpetual oth   | ner M M Y                                   | Y                              |                             |                          |  |  |  |  |  |  |  |
| 3 BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit)  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| A/c Holder Name   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Bank Name   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Bank A/c No.  |  |   | Type Current                   | Savings NR0 NRE             | FCNR Others Specify      |  |  |  |  |  |  |  |
| Branch Name   |  | Cit   | y                              |                             | Pin Pin                  |  |  |  |  |  |  |  |
| IFSC Code (11 digit)*   |  | MICR Code (9                                | digit)*                        | *Mentio                     | oned on your cheque leaf |  |  |  |  |  |  |  |
| Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.<br>I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments referred above through participation in ECS / Electronic Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Motilal Oswal Asset Managment Company Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility. |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Signatures  | le Annlicant   | Second Applicant                            |                                | Third Applicant             | Place                    |  |  |  |  |  |  |  |
| X First / Sole Applicant     Second Applicant     Third Applicant     Date     FOR BANK USE ONLY  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| We hereby, certify that the particulars furnished above are correct as per our records, and we hereby, declare that a copy of this form, duly completed, has been submitted to us.  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Branch         D         D         M         Y         Y  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| Signature of the Authorised Official from the Bank Bank Stamp   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| 5 AUTHORISATION OF THE BANK ACCOUNT HOLDER  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| This is to inform that I / We have registered for the RBI's ECS (Debit Clearing) / Electronic Debit and that my payment towards SIP installments shall be made from my / our below mentioned bank account with your bank. I / We authorise the representative carrying this ECS / Electronic Debit mandate form to get it verified and executed.  |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| -   | · ·  |   |                                |                             |                          |  |  |  |  |  |  |  |
|   |  |   |                                |                             |                          |  |  |  |  |  |  |  |
| X Account Holder's Signature  | Joint /  | Account Holder's Signa                      | ture                           | Account Number              | r                        |  |  |  |  |  |  |  |

# INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

# General Information

- Please read the terms of the Key Information Memorandum (KIM) and the Scheme Information Document (SID) and Statement of а Additional Information carefully before filling the Application Form. Investors are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the Application Form and tendering payment. The Application Form should be completed in ENGLSH and in BLOCK LETTERS only. Please tick in the appropriate box for relevant options wherever applicable. Please do not overwrite. For any correction / changes (if any) made on the Application
- b. There are opposite and the applicable in the above of the term of the and the applicable in the applicable in the applicable is an equivalent of the ane by concelling and re-writing the correct details and counter-signing the same. Applications completed in all respects, must be submitted at the Investor Service Centres (ISCs) / Official Points of Acceptance.

of Acceptance. Investors can also subscribe to the Units of all scheme of Motilal Oswal Mutual Fund through the mutual fund trading platforms viz. BSE StAR MF of Bombay Stock Exchange Limited and Mutual Fund Service System (MFSS) of National Stock Exchange of India Limited. For further details, investors are advised to contact ISCs of Karvy or visit our vebsite www.mostshares.com and www.motilsharewal.com / assemanagement. Please write the Serial Number of the Application Form / Folio Number on the reverse of the cheque / demand draft Applications incomplete in any respect are liable to be rejected. The AMC / Trustee retains the adve and deviated adviced the backback and the scient Number on the the sole and absolute discretion to reject any application.

# The sole and absolute discretion to reject any application. **Investments through distributors** As per directions of Securities and Exchange Board of India (SEBI), the distributors, agents or any persons employed or engaged or to be employed or engaged in the sale and/or distribution of mutual fund products are required to have a valid certification from the National Institute of Securities Markets (NISM) by passing the certification examination. Further, no agents / distributors are entitled to sell units of mutual funds unless the intermediary is registered with Association of

- Mutual Funds in India (AMFI).
- Applications on hole (van ): Applications on behalf of minors should be made by natural guardian (i.e. father or mother) or legal guardian (court appointed) and signed by them. The name of the Guardian should be filled in the relevant space provided in the Application Form. No joint applicant/jointholder is permitted with the minor beneficiary New cadre distributors: SEBI has introduced a new cadre of distributors such as postal agents; retired government and semid.
- goverment officials (class III and above or equivalent), retired teachers and retired bank officers (all such retired persons with at least 10 years of service) and other similar persons (such as Bank correspondents) as may be notified by AMFI/AMC from time to time. Such New Carde distributor can sell only "simple and performing diversified equity schemes, index funds and fixed maturity plans. There is a pre-fix of "SD" before the ARN number of such distributors. They also hold an EUIN which must be quoted in the equivalent for the analysis. application form.

# f.

Employee Unique Identification Number (EUIN) Further, SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote in the Application Form the EUIN obtained by him/her from AMFI. EUIN would assist in addressing any instance of mis-selling even if the employee/ relationship manager/sales person later leaves the employment of the distributor. Hence, if your Insecting even in the employee relationship intralagersates person later leaves the employment of the statubulo. Hence, in your investments are routed through a distributor please ensure that the EUIN is correctly filled in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case, you are required to provide a duly signed declaration to this effect, as given in the Form. Overseas Distributors are exempt from obtaining NISM certification and AMFI registration as per AMFI circular No. CIR/ARN-14/

## a.

12-13 dated July 13, 2012 and the EUIN requirement as per AMFI Circular No. 135/BP/33/2012-13 dated December 31, 2012. However, such Overseas Distributors are required to comply with the guidelines/ requirements as may be issued by AMFI /SEBI from time to time and also comply with the laws, rules and regulations of jurisdictions where they carry out their operations in the capacity of distributors.

### h. **Direct Investments**

Direct Investments Investors applying under Direct Plan must mention "Direct" in ARN No. column. In case Distributor code is mentioned in the Application Form, but "Direct Plan" is indicated against the Scheme/ Series name, the Distributor code will be ignored and the application will be processed under Direct Plan. In case of valid application received without indicating "Direct Plan" against the Scheme/ Series name and without any Distributor Code mentioned on the form, the application will be processed under "Direct Plan" against the

# Plan. All Applicants are subject to detailed scrutiny and verification. Application Form incomplete in any respect or not accompanied by a Cheque /Demand Draft are liable to be rejected either at the collection centre itself or subsequently after detailed verification at the back office of the Registrars. If the Scheme name on the application form and on the payment instrument are different, the application will be processed and

units will be allotted at applicable NAV of the scheme mentioned in the application / transaction slip duly signed by investor(s)

### k. E-mail Communication

If the investor has provided an email address, the same will be registered in our records for communication and will be treated as your consent to receive. Allotment confirmations, consolidated account statement/account statement, annual report/abridged summary and any statutory / other information as permitted via electronic mode /email. These documents shall be sent physically in case the Unit holder opts/request for the same. Should the Unit holder experience any difficulty in accessing the electronication of the same statutory in the same. Should the Unit holder experience any difficulty in accessing the electronication and the same statutory in the same. Should the Unit holder experience any difficulty in accessing the electronication and the same statutory in the same. Should the Unit holder experience any difficulty in accessing the electronication and the same statutory in the same. Should the Unit holder experience any difficulty in accessing the electronication and the same statutory in the same. Should the Unit holder experience any difficulty in accessing the electronication and the same statutory in the same same statutory and the unit holder experience any difficulty in accessing the electronication and the same statutory in the same same statutory and the unit holder experience any difficulty in accessing the electronication and the same statutory and the unit holder experience any difficulty in accessing the electronication and the same statutory and the unit holder experience and the unit holder In case the Unit holder optis/request for the same. Should the Unit holder expenence any dimicuity in accessing the electronically delivered documents, the Unit holder shall promptly initiate the Fund about the same to enable the Fund to make the delivery through alternate means. It is deemed that the Unit holder is aware of all security risks including possible third party interception of the documents and contents of the documents becoming known to third parties. The AMC / Trustee reserve the right to send any communication in physical mode. **Compliance and Prevention of Anti Money Laundering** Your attention is particularly drawn to the section on "Prevention of Money Laundering and Know Your Customer". All the applications

## 2

the internet is paraceleration of the second It is mandatory for all applicants to submit necessary documents for compliance with Anti Money Laundering (guardian in case of minor). The AMC reserves the right to reject subscription requests in the absence of appropriate compliance with the AML Laws. Applicant's Personal Information
 a. Please furnish your name and complete postal address with the Pin Code (P.O. Box No. Not enough) and your Contact Nos. This 3

- would help us reach you faster. Please furnish the name of Contact Person in case of investments by Company/ Body Corporate / Trust / Society / Flls /
- b.
- Association of Person / Body of Individuals. KYC Compliance: KYC is mandatory for all investors (including joint holders, guardians of minors and NRIs) to enclose a copy of KYC compliance is the application for investing in mutual fund schemes. C.

# Bank Account Details

An investor at the time of purchase of units must provide the details of his / her pay-out bank account (i.e. account into which

All mession at the unit of particles of units may provide the details of may her pay-out bank account (i.e. account into which redemption/diveland proceeds are to be paid). Bank account details provided in the application will be used for refunding rejected applications where DP ID is not matching. Investors are requested to provide Bank Account Detail linked with their Demat Account. In case of discrepancies Bank Account Details as per depository records will prevail.

### 5 Payment Details

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# Restriction on acceptance of Third Party Payments for subscription of units

- a. Where payment is made through instruments issued from an account other than that of the beneficiary investor, the same is referred to as Third-Party payment. In case of a payment from a joint bank account, the first holder of the mutual fund folio has to be one of the joint holders of the bank account from which payment is made. If this criterion is not fulfilled, then this is also construed to be a third party payment.
   b. Application with Third Party payment.
   b. Application with Third Party payment.
   b. Application with Third Party payments will not be accepted except in the following cases:

   (i) Payment by Parents/Grandparents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000-f.
   (ii) Payment by Employer on behalf of employee under Systematic Investment Plans through Payroll deductions.
   (iii) Custodian on behalf of an Filo ra client.

   DematAccount
   Investors have an option to hold the Units in dematerialized form. Investors desiring to get allotment of units in demat mode must have a beneficiary account with a Depository Participant (DP) of the Depositories i.e. National Securities Depositories Limited (NSDL) / Central Depository Services Limited (CDSL).
   (IPAN is not mentioned by applicants, the application is liable to be rejected. Investors may attach a copy of the Client Master Form / DP statement showing active demat account details for weification.
   Names, mode of holding, PAN details, etc. of the Investors will be verified against the Depository fat. The units will be credited to the beneficiary (demat) account only after successful verification. Where payment is made through instruments issued from an account other than that of the beneficiary investor, the same is

beneficiary (demat) account only after successful verification with the depository records and realization of payment. In case the demat details mentioned in the application are incomplete/incorrect or do not match with the depository data, the application shall be treated

details mentioned in the application are incomplete/incorrect or do not match with the depository data, the application shall be treated as invalid for processing under demat mode and therefore may be considered for processing in non-demat form i.e. in physical model if the application is otherwise valid. All details such as address, bank details, nomination etc. will be applicable as available in the depositories records. For effecting any subsequent changes to such information, Investors should approach their DP. Redemption requests for units held in demat mode must be submitted to DP or through Stock Exchange Platform, as applicable. Holding / transacting of units held in demat mode shall be in accordance with the procedures /requirements laid down by the Depositories, viz. NSDL/ CDSL in accordance with the provisions under the Depositories Act, 1996 and the regulations thereunder. **NDP/refit** 

Depositori NRIs/FIIs

Isr Hs In case of NRI / Persons of Indian Origin, payment must be made either by cheque or demand draft by means of: (a) inward remittance through normal banking channels; or (b) out of funds held in the NRE / FCNR account, in the case of purchases on a repatriation basis or out of funds held in the NRE / FCNR / NRO account, in the case of purchases on a non-repatriation basis. (In

case of Indian Rupee drafts purchased from abroad or payments from FCNR/NRE accounts, a certificate from the Bank issuing the draft confirming the debit and / or foreign inward remittance certificate (FIRC) issued by investor's banker should also be enclosed. The Mutual Fund reserves the right to hold redemption proceeds in case the requisite details are not submitted)

- expression of the provided and the provided Payment by the FII must be made either by inward remittance through normal banking channels or out of funds held in foreign
- Applicants applying for units singly / jointly can make a nomination at the time of initial investment or during subsequent investments / during the tenure of the investment

Using the full of or larmost methods and the control of three nominees. In case of multiple nominees, the percentage of allocation/share in favour of each of the nominees should be indicated against their name and such allocation/share should be in whole numbers without any decimals making a total of 100 percent.

- In case of units held in demat mode, the nomination details provided to the Depository Participant shall be applicable 10
  - In case of units net in dematmode, the nomination details provided to the Depository Participant shall be applicable. Declaration and Signatures a. Signature can be in English or in any other Indian Language. Thumb impressions must be attested by a Magistrate or Notary Public or a Special Executive Magistrate under his/her official seal. b. Applications by minors must be signed on their behalf by their guardians. c. If you are investing through your constituted attorney, please ensure that the PoA document is signed by you and your

constituted Attorney. The signature in the Application Form, then needs to clearly indicate that the signature is on your behalf by the Constituted Attorney.

### Transaction Charges 11

In terms of SEBI circular, Cir/IMD/DF/13/2011 dated August 22, 2011, the distributors of mutual fund products are allowed to be paid Internation Octor Oracles, of Importance Information (1992) in the standard of the standard o

in the Scheme. The transaction charges and the net investment amount and the number of units allotted will be clearly mentioned in

The Account Statement issued by the Mutual Fund. TRANSACTION CHARGES IN CASE OF INVESTMENTS THROUGH SIP: Transaction Charges in case of investments through SIP are deductible only if the total commitment of investment (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000 or more. In such cases, Transaction Charges shall be deducted in 3.4.

- installments. The of installments of an advances of the operation of the
- for transactions other than purchases / subscriptions relating to new inflows i.e. through Switches / Systematic Transfers / Dividend Transfers/Dividend Reinvestment, etc.; for purchases / subscriptions made directly with the Fund (i.e. not through any Distributor); and C.
- d.

# 12

to for processes is ubscriptions mude directly with the Puriod (i.e. not introdynany Distribution), and
 e. for purchases / subscriptions mude directly students (Section 1996).
 Systematic Investment Plan (SIP)
 (For Motilal Oswal MOSt Focused Long Term Fund)
 Minimum installment amount – Rs. 500/- and in multiples of Rs. 500/- thereafter (weekly/fortnightly/monthly/quarterly frequency).
 Minimum installment s.

Monthly, Weekly, Fortnighty: Minimum ₹1,000 & 6 instalments Quarterly: Minimum ₹2,000 & 3 instalments The dates for the Auto Debit Facility for all schemes of Motilal Oswal Mutual Fund is 1<sup>st</sup>, 7<sup>b</sup>, 14<sup>b</sup>, 21<sup>st</sup> or 28<sup>b</sup> of every month. In case, the http://document.com/output/schemes/day.the same shall be affected on the next business day. Incase if no date is selected, 7th would be the default SIP Date. No Post Dated cheques would be accepted for SIP. The default cycle date of SIP & STP Selected, if in word be the default of bale. No Post Date defined uses would be accepted for SiP. The default cycle date of SiP & SiP Monthly/Quarterly will be 7th Micro Systematic Investment Plan (SIP) SEBI vide its circular dated 24th July 2012, conveyed that the investments aggregating ₹50,000 in a rolling 12 month period or in a

SEBI vide its circular dated 24th July 2012, conveyed that the investments aggregating ₹ 50,000 in a rolling 12 month period or in a financial year: e. April to Marchi, in all the schemes of Mutual Eruds are exempt from the PAN requirement. Where the aggregate of the Lumpsum Investment (Fresh Purchase &Additional Purchase) and Micro SIP installments by an investor based on the rolling 12 month period'in a financial year i.e. April to March does not exceed ₹ 50,000 i.e. it shall be exempt from the requirement of PAN, (hereafter referred to as "Micro Investments"). PAN requirement exemption will be available only to Micro Investments made by the individuals being Indian Citizens (Including NRIs, Joint Holders", Minor acting through Guardian and Sole proprietory firms not having PAN). Person of Indian Origin, Hindu Undivided Family.(HUF), Qualified Foreign Investor (QFI) and other categories of investors will not be eligible for this exemption. However the eligible investors are required to submit PAN exempt KYC issued by SEBI registered KRA (KYC Registration Authority). Incease of individuals holders, first Holders must holder on the source of the submit PAN exempt for the requestered to king the program of the submit PAN exempt KYC issued by SEBI registered KRA (KYC Registration Authority). In case of joint holders, first holder must not possess a PAN.

PAN DETAILS 13

t is mandatory for all investors to quote their Permanent Account Number (PAN) (except SIP Investments) and submit certified copy of the PAN card issued by the Income Tax Department, irrespective of the amount of investment, while making an application for Purchase of PAN card ssued by the income iax Department, irrespective of the amount of investment, while making an application for Purchase of Units. In case of joint holing, PAN details of all holders should be submitted. In case the application is on behalf of minor, PAN details of the Guardian must be submitted. Investore sufficient documentary evidence shall have to be submitted for verifying that they are residents of the State of Sikkim. Applications without the aloresaid details of all holders submitted for verifying that they are residents of the State of Sikkim. Applications without the aloresaid details are liable to be rejected without any reference to the investors. Investment through Systematic Investment Pans (SIPs) upto \$50,000-(aggregate of installments in a rolling 12 months period or in a financial year i.e. Aprl-March) per year per investor shall be exempt from the requirement of PAN.
 YCK CEQUIREMENTS AND DETAILS
 Basic KVC: Apolications examined to provide basic KVC details like photograph. proof of identity.

- C RÉQUIREMENTS AND DETAILS Basic KYC: Applicants are required to provide basic KYC details like photograph, proof of identity, proof of address, a KYC form and other details as per KYC form, to update their KYC with the fund and update on SEBI designated KYC Registration Authority (KRA) systems. If applicants have already compiled with basic KYC through some other intermediary, they may just provide a KYC acknowledgement of valid KYC status available through the KRA. Basic KYC is applicable for all applicants, Guardian and Power of Attorney Holders as well. Additional Details: Additional details like status, occupation details, gross annual income, net worth and other details as mentioned in the relevant sections of the application form are mandatory for all applicants as applicable, including joint holders. Details of net worth are mandatory for Non Individual applicants and optional for Individual applicants in lieu of gross annual income. While providing details of net worth, the same should be of a date which is within one year of the application. Non Individual applicants, not being a company that is listed on any recognized stock exchange or is a subsidiary of such listed company or is controlled by such listed Company, are also required to submit a declaration of ultimate
- such listed company or is controlled by such listed Company, are also required to submit a declaration of ultimate beneficial ownership in the mandated format as available on the website of the fund. Applications are liable to be rejected without any intimation to the applicants, if KYC requirements are not complied with by all the applicants, KYC acknowledgement is not enclosed or any of the additional details are not mentioned for any of the applicant.
- investors should further note that KYC applicability for various investor categories may change anytime in future. Hence, investors are requested to apprise themselves about KYC applicability before submitting their application or future transactions to avoid rejections. For any other further information related to KYC, applicants should mention the same in a separate sheet, duly signed and attach to the application.

the same in a separate sheet, duly signed and attach to me application. Ultimate Beneficiary Owners Pursuant to SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 on Anti Money Laundering Standards and Guidelines on identification of Beneficial Ownership issued by SEBI vide its Circular No. CIR/MIRSD/2/2013 dated January 24, 2013, Investors (other than Individuals) are required to provide details of 'Ultimate Beneficial Owner(s) (UBO(s))' in the separate format enclosed with this form & also available at www.mostshares.com. In case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company, the details of shareholders or beneficial owners are not required to be provided. be provided

Non-individual applicants/investors are mandated to provide the details on 'Ultimate Beneficial Owner(s) (UBO(s))' by filling up the declaration form for 'Ultimate Beneficial Ownership'. Please contact the nearest Investor Service Centre (ISC) of Motilal Oswal Mutual Fund or visit our website www.mostshares.com. 15 MODE OF PAYMENT

MOUE OF PAINED. Payment may be made by cheque or bank draft drawn on any bank, which is situated at and is a member of the Bankers' Clearing House, located at the place where the application is submitted. Bank charges for outstation demand drafts will be borne by the AMC and will be limited to the bank charges stipulated by the State Bank of India. Outstation Demand Draft has been defined as a demand draft issued by a bank where there is no ISC available for Investors.

# The AMC will not accept any request for refund of demand draft charges, in such cases

- FOREIGNACCOUNTIXAC COMPLIANCE (FATCA)
   Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicalns, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials,
  - etc. Country of Tax Residence and Tax ID number: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly. If you are a US citizen or resident, please include United States in this related field along with your US Tax Identification Number.

(Application not complying with any of the above instruction/guidelines would be rejected.)