COMMON APPLICATION FORM

(FORM TO BE FILLED IN CAPITAL LETTERS)

motilal oswal Mutual Fund

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 transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First / Sole Applicant / Guardian | Second Applicant | Third Applicant | Power of Attorney Holder

1 EXISTING INVESTOR'S DETAILS (Please fill your Folio No., Name, Section 1,7, 9 &11)

Folio No. | Name FIRST MIDDLE LAST

2 FIRST APPLICANT'S DETAILS (Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com.)

☐ Mr. ☐ Ms. ☐ M/s

Name FIRST MIDDLE LAST

Father's Name FIRST MIDDLE LAST

PAN /PEKRN** | CIN

KIN (KYC identification number) | Date of Birth / Incorporation DD MM YYYY | Place of Birth / Incorporation

Country of Birth / Incorporation | Nationality ☐Indian ☐US ☐Others (Please Specify) | City of Incorporation

For Investments "On behalf of Minor" (Refer Instruction 1d) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Others Specify | Guardian's Relationship With Minor ☐ Father ☐ Mother ☐ Court Appointed

KIN of Guardian/ PoA (KYC identification number)

Name of the Guardian (In case of minor) / Contact person for non individuals / PoA holder name | Guardian / PoA PAN

FIRST MIDDLE LAST

Tax Residence Address (for KYC Address) ☐ Residential ☐ Registered office ☐ Business ☐ Residential or Business

Correspondence Address

City | State | Pin Code

Overseas address Mandatory incase of NRI's

Mandatory incase of NRI's

3 KYC DETAILS (Mandatory)

Status ☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Listed Company ☐ Society ☐ AOP/BOI ☐ Trust ☐ Liquidator ☐ Artificial Juridical Person ☐ Resident Individual ☐ Proprietor ☐ Minor ☐ FII/ FPI ☐ NRI ☐ PIO ☐ Limited Liability Partnership ☐ Trust ☐ Body Corporate ☐ NGO ☐ FI ☐ Govt. Body ☐ Bank ☐ Defence Establishments ☐ NPO ☐ Others Specify

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Others Specify

	INDIVIDUALS	NON-INDIVIDUALS
Gross Annual Income OR Net-worth* in ₹ *Not older than one year	☐<1L ☐1-5L ☐5-10L ☐10-25L ☐25L-1CR ☐>1CR	☐<1L ☐1-5L ☐5-10L ☐10-25L ☐25L-1CR ☐>1CR
	networth as on DD MM YY	networth as on DD MM YY
	Any other information	(Networth is mandatory for Non-individuals) Any other information

Is the entity involved in any of the following:

1 Foreign Exchange/ Money Changer ☐ Yes ☐ No

2 Gaming / Gambling / Lottery (casinos, betting syndicates) ☐ Yes ☐ No

3 Money Lending/ Pawning ☐ Yes ☐ No

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

Legal Entity Identifier (LEI) Number | LEI Expiry Date DD MM YYYY

(Refer Instruction No. 18)

4 JOINT APPLICANT'S DETAILS

SECOND APPLICANT'S DETAILS

☐ Mr. ☐ Ms. ☐ M/s

Mode of Holding ☐ Joint ☐ Anyone or Survivor (Default)

Name FIRST MIDDLE LAST

Father's Name FIRST MIDDLE LAST

PAN /PEKRN**

KIN (KYC identification number)

Date of Birth DD MM YYYY | Place of Birth | Country of Birth | Nationality ☐Indian ☐US ☐Others (Please Specify)

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Others Specify

	INDIVIDUALS
Gross Annual Income OR Net-worth* in ₹ *Not older than one year	☐<1L ☐1-5L ☐5-10L ☐10-25L ☐25L-1CR ☐>1CR
	networth as on DD MM YY
	Any other information

Politically Exposed Person (PEP) Status

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

ACKNOWLEDGMENT SLIP

Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

Application/Folio No.

From

Cheque no.	Date	Amount	Scheme

Stamp & Signature

motilal oswal
Mutual Fund

THIRD APPLICANT'S DETAILS

☐ Mr. ☐ Ms. ☐ M/s

Name FIRST MIDDLE LAST

Father's Name FIRST MIDDLE LAST

PAN /PEKRN** KIN (KYC identification number)

Date of Birth DD MM YYYY Place of Birth Country of Birth Nationality ☐Indian ☐US ☐Others (Please Specify)

Occupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Others Specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year

INDIVIDUALS

☐<1L ☐1-5L ☐5-10L ☐10-25L ☐25L-1CR ☐>1CR

networth as on DD MM YY

Any other information

Politically Exposed Person (PEP) Status

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

**Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is mandatory

5 DEMAT ACCOUNT DETAILS

(Mandatory, only if you require units in the demat form. Please fill in all details, else the application is liable to be rejected). Nomination provided in demat account shall be considered.

☐ NSDL ☐ CDSL Depository Participant (DP) Name

DP ID Beneficiary A/c No.

Enclose for Demat option ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy (Cancel Delivery Instruction Slip)

6 MOBILE & EMAIL COMMUNICATION (Mandatory)

First Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Tel. No. STD Code Office Residence

Mobile No. provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Email ID (CAPITAL letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Second Holder

Mobile No. (For Receiving Transaction Alerts via SMS)

Mobile No. provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Email ID (CAPITAL letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Second Holder

Mobile No. (For Receiving Transaction Alerts via SMS)

Mobile No. provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Email ID (CAPITAL letters only) (For Receiving Transaction Alerts Via Email)

Email ID provided pertains to

◯ Self ◯ Spouse ◯ Dependent children ◯ Dependent Sibling ◯ Dependent Parents ◯ A Guardian in case of a minor

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. ☐ I hereby authorize MOAMC to send important information and regular updates to me. ☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

7 INVESTMENT & PAYMENT DETAILS

Payment Type (Please ✓)

☐ Lumpsum ☐ Zero Balance ☐ SYSTEMATIC INVESTMENT PLAN* / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2)

Sr. No.	Name of the Schemes	Plan	Option & Sub-Option	Investment Amount (₹)
1	Motilal Oswal_____			
2	Motilal Oswal_____			
3	Motilal Oswal_____			
In case of multiple schemes, Cheque/DD should be drawn in favour of "**Motilal Oswal Mutual Fund Collection A/c.**" and the cheque amount should match with the Total Investment amount mentioned here.			Total Amount	

Drawn on Bank/Branch:_____ **A/c no.**_____ **Cheque/DD/UTR/OTM No.**_____ **Cheque Date**_____

A/c Type (Please Tick): ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR

***For Index Fund Only Growth Option is Available**

motilal oswal Mutual Fund

Motilal Oswal Asset Management Company Limited
10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road,
Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025
Email: mfservice@motilaloswal.com. Toll Free No.: +91-22 40548002 | 8108622222
website: www.motilaloswalmf.com

motilal oswal
Mutual Fund

8 BANK DETAILS (Mandatory) Redemption / Dividend /Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Motilal Oswal Mutual Fund has Direct Credit facility.

Bank Name

Bank A/c No. Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others Specify

Branch Name City Pin

IFSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

I / We understand that the instructions to the bank for Direct Credit / NEFT /ECS will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my / our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information. I / We would not hold Motilal Oswal Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by Direct Cash/NEFT/ECS.
If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) Please tick the box alongside ☐
Cheque should be crossed "A/C payee only" drawn in favor of the scheme name.

9 FATCA- CRS DECLARATION AND SUPPLEMENTARY INFORMATION

9A Declaration for Individual

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com. The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant/Guardian			☐ Indian ☐ U.S. ☐ Others *(Please specify)*_____
Second Applicant			☐ Indian ☐ U.S. ☐ Others *(Please specify)*_____
Third Applicant			☐ Indian ☐ U.S. ☐ Others *(Please specify)*_____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes ☐ No ☐
If 'No' please proceed for the signature of declaration
If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries#

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (✓) the reason A, B, & C (as defired below)
First Applicant/Guardian				Reason ☐ A ☐ B ☐ C
Second Applicant				Reason ☐ A ☐ B ☐ C
Third Applicant				Reason ☐ A ☐ B ☐ C

Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. **Reason B:** No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected). **Reason C:** Others; please state the reason thereof.
#Please attach additional sheets if necessary

10 NOMINATION DETAILS (Refer Instruction 10)

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Mandatory Details							Additional Details ****	
Sr. No.	Name of Nominee	Share of Nominee (%)**	Relation ship	Postal Address Please tick ( ) Other Address (Please mention complete address in below box)	Mobile Number & E-mail (CAPITAL letters only)	Identity Type & Number ***	Nominee DOB	Guardian
1.				☐ Same As First Applicant	Mobile Number / e-mail		DD MM YYYY	
2.				☐ Same As First Applicant	Mobile Number / e-mail		DD MM YYYY	
3.				☐ Same As First Applicant	Mobile Number / e-mail		DD MM YYYY	

** if % is not specified, then the assets shall be distributed equally amongst all the nominees
*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). However, in case of NRI / OCI / PIO, Passport number is acceptable. Copy of the document is not required.
**** to be furnished only in following conditions / circumstances:
▸ Date of Birth (DOB): please provide, only if the nominee is minor. ▸ Guardian: It is optional for you to provide, if the nominee is minor.

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows;
(please tick, as appropriate) ☐ **Name of nominee(s)** ☐ **Nomination: Yes / No**

FOR NOMINATION OPT-OUT: ☐ I/We DO NOT wish to make a nomination (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

11 DECLARATION/CONSENT AND SIGNATURE

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate Sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the income tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme (s) & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event " Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only : I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above.I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby con rm that the information provided by me / us on this Form is true, correct, and complete. I / We also con rm that I /We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant

Date: Place:

Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:

We are falling under "**Non-Profit Organization**" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	O **Yes** O **No**
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.