MOTILAL OSWAL OTM Debit Mandate form NACH/ ECS/ Direct Debit/SIP Form Application No. Form -2								
Distributor ARN / RIA#		Distributor Name		Sub-Dis	tributor	ARN	Internal Sub-Broker/ Employee Code	EUIN
			AR	N-				
By mentioning RIA code, I/We authorize you to share with the SEB Regist Investors applying under Direct Plan must mention "Di Upfront commission shall be paid directly by the invest I/We hereby confirm that the EUIN box has been intentionally left blank by me/, by the employee/relationship manager/sales person of the distributor employee/relationship manager/sales person of the distributor and the distributor	rect" in ARN or to the AMF us as this is an "ex- or notwithstanding	Column I registered distributor based ecution-only" transaction without any inter the advice of in-appropriateness, if any,	on the inve action or advice	stor's ass		of various fac	ctors including the service re Second Holder	ndered by the distributor.
1 UNIT HOLDER INFORMATION							☐ Mr. ☐ Ms. ☐ M/s	3
Existing Folio Number		Existing UMRN						
Name F I R S T								
2 SYSTEMATIC INVESTMENT PLAN DETAILS								
Scheme name	Plan	Option *Growth (Default Option)	Dividend Frequency	SIP Insta Amo		SIP Amou (Qtrly) & ₹	nt Min. ₹ 500/- (Weekly/Fortnig ₹ 6,000/- (Annual SIP) and in m	htly/ Monthly), ₹ 1,500/- nultiplies of Re.1
Motilal Oswal	□ Regular □ Direct	Growth Dividend Payout Dividend Reinvestment		(₹) Minimum installment amount – ₹ 500/- and in multiplies of ₹ 500/- for Motilal Oswal Long Term Equity Fund (MOFLTE)				
						*For Inde	ex Fund Only Growth Option	is Available
SIP Frequency and Date* Fortnightly 1 st -14 *7 th -21 st 14 th -28 th Annual SIP D M Y Y Y				SIP Period From M Y Y Y To M Y Y Y				
Any Day/ Date SIP Monthly SIP- Any date of the month D except (29th, 30th and 31st) Quarterly SIP- Any date of the month for each quarter (i.e. January, April,						Perpetual SIP		
Uuarterity SIP- Any date of the mont July, October) D D except (29th *Incase if no date is selected, 7th would be the default S	i, 30th and 31							
SIP cheque No. SIP cheque I	Date D D	M M Y Y Y Y						
3 DECLARATION AND SIGNATURE (To be signed b This is to confirm that the declaration/instruction has been carefully entity or the bank where I have authorized the debit and express m (Debits)/Direct Debits/Standing Instructions. Authorization to Bank: T Oswal Mutual Fund shall be made from my/our bank account with you First / Sole Applicant / Guardian / Authorised Sign	read, understood v willingness and his is to inform th r Bank. I/We auth	I. I/We have understood that I/we are d authorize to make payments throug at I/We have registered for ECS / NAC norize the representatives Motilal Osw	gh participatic H (Debit Clear	n in NACH/E ing) / Direct I	CS/Direct D Debit / Stand	ebit/Standing Ir ling instructions	nstructions. I/We hereby confirm adl s facility and that my/our payment to ified and executed.	herence to the terms of NACH/ECS wards my/our investment in Motilal a cancelled cheque/cheque copy)
(To be signed by all holders if mode of operation of Bank Account is 'Joint')								
MOTILAL OSWAL OTM Debit Mandate for	orm NACH/ I	ECS/ Direct Debit [Applicabl	e for Lumps	um Additio	onal Purch	ases as well a		
	I 0 0 0	P I G W Utility Code		С Н О		0 0 0	Date D	
Create V I/We hereby authorize								
Modify Bank a/c number								
Cancel X with Bank	Bank name	e and branch	IFSC				Or MICR	
an amount of Rupees							₹	
	I.Yrly	Yrly 🖌 As & when present	ted		DEBIT TYF	E Fixe	ed Amount 🗸 Maxim	um Amount
Reference 1 Folio No.					Mob. N	lo.		
Reference 2 Application No.					Email I	D		
I agree for the debit of mandate processing charges by the bank whom I an	n authorizing to de	bit my account as per latest schedule of	charges of the b	ank.				
		record (mandatory)		ne as in banl				ank record (mandatory)
Or Until cancelled This is to comb by me. I Have authorized the	understood that I	ration has been carefully read, understo am authorized to cancel/ amend this m	ood & made by andate by app	me/us. I am ropriately cor	authorizing t nmunicating	ne User entity/ C the cancellation	corporate to debit my account based or /amendment request to the User entity	n the instruction as agreed and signed // corporate or the bank where I have
3<			Applicatio	n No.				*
Folio No.	Investor Nam	e						
Scheme Name		Plan			Option			
SIP Period From D D M Y Y To D D	M M Y	Y Perpetual	SIP					Stamp & Signature