Morii II Ogwai	Distri	ibutor	ARN /	/ RIA#	<i>‡</i>	Distributor Name S							Sub-Distributor ARN								-Broke	er/								
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Third APPLICANT'S DECALLS Mr. M	MOTILAL OSWAL									
Fisher's Name	THIRD APPLICANT'S DETAILS								☐ Mr. ☐ Ms. ☐ M/s	
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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



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	dual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com. The below information is required for all applicants/guardian																																	
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DECLARATION/CONSENT AND SIGNATURE aving 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 offications 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 educate 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 opticant, 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 ARM 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 einig 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 your Non-Resident External/Non-Resident Ordinary/FONR 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 to the best of my knowledge and belief and that I shall be solely liable and responsible for the											stood ng to of the me is ds in e and ation on to																							
the above information in futu authorities Declaration for Non-Individu true, correct, and complete. I/	al: / We	have und	erstood	the ir	nform	ation re	equire	ments	of thi	is Fo	rm (read	along	with	the FA	TCA 8	& CRS	Insti	ructio	ns) a	and h			-			-	-					-		
	/ Sole Ap Guardian/		/								Se	econd	App	licant							Third Applicant													
Date:	Die	ice:																																

Motilal Oswal Declaration Form For Opting Out of Nomination





Folio Number / Application Number	
Sole / First Holder Name	
Second Holder Name	
Third Holder Name	

DECLARATION & SIGNATURE

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.

NAME AND SIGNATURE OF UNITHOLDER(S)											
Unitholder (1) Signature	Unitholder (2) Signature	Unitholder (3) Signature									

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.