

Distributor ARN	ARN Name	Sub-Distributor ARN	Internal Sub-Broker/Employee Code	EUIN
ARN ARN-167174		ARN		E326136

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Instruction 11) In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Transaction Charges for ₹ 10,000 and above Existing Investor - ₹100 New Investor - ₹150

1 EXISTING INVESTOR'S FOLIO NUMBER (If you have an existing folio with KYC validated, please mention here and skip to section 6&9.)

2 FIRST APPLICANT'S DETAILS (Non-individual investors please fill in UBO annexure and attach along with application form) Refer Instruction 14.f

 Mr. Ms. M/s

Name (1st) F I R S T M I D D L E L A S T

Date of birth D D M M Y Y PAN ** Nationality Country of Birth

For Investments "On behalf of Minor" (Refer Ins. 1d) Birth Certificate School Certificate Passport Others Specify Guardian named below is Father Mother Court Appointed

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

F I R S T M I D D L E L A S T

Correspondence / Overseas address (For FIIs/NRIs/PIOs)

City State Pin Code

Overseas address Country

Email ID Mobile Tel.

Email ID & Mobile No. are essential to enable us to communicate better with you

Status Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Others 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 Any other information

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

network as on D D M M Y Y

Politically Exposed Person (PEP) Related to a PEP N/A

Gross Annual Income OR Net-worth in ₹ Not older than one year Any other information

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

network as on D D M M Y Y

(Networth is mandatory for Non-individuals)

Is the entity involved in any of the following:

- 1 Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company. (If no please attach mandatory UBO declaration) Yes No
- 2 Foreign Exchange/ Money Changer Yes No
- 3 Gaming / Gambling / Lottery (casinos, Betting syndicates) Yes No
- 4 Money Lending/ Pawning Yes No

3 JOINT APPLICANT'S DETAILS

SECOND APPLICANT'S DETAILS Mode of Holding Joint Anyone or Survivor (Default) Nationality Country of Birth Mr. Ms. M/s

Name (2nd) F I R S T M I D D L E L A S T

PAN ** Mobile Email

Status Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Others Specify

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

Gross Annual Income OR Net-worth in ₹ Not older than one year Any other information

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

network as on D D M M Y Y

Politically Exposed Person (PEP) Related to a PEP N/A

THIRD APPLICANT'S DETAILS Nationality Country of Birth Mr. Ms. M/s

Name (3rd) F I R S T M I D D L E L A S T

PAN ** Mobile Email

Status Resident Individual Proprietor HUF Minor Society FII NRI PIO Partnership Firm Trust Company Others Specify

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

Gross Annual Income OR Net-worth in ₹ Not older than one year Any other information

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

network as on D D M M Y Y

Politically Exposed Person (PEP) Related to a PEP N/A

4 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.

5 EMAIL COMMUNICATION

All communications will be sent by default to the registered E-mail id / Mobile No. In case you wish to receive physical communication please

**Please mention PAN No. as it is mandatory

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.

From

Cheque no. Date Amount Scheme

Stamp & Signature

6 DETAILS UNDER FATCA/ FOREIGN TAX LAWS Country of birth FIRST APPLICANT'S SECOND APPLICANT'S THIRD APPLICANT'S
 Are you a resident in any country other than India for tax purposes Yes No Yes No Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency	FIRST APPLICANT'S	SECOND APPLICANT'S	THIRD APPLICANT'S
	FIRST APPLICANT'S	SECOND APPLICANT'S	THIRD APPLICANT'S
Tax Indemnification Number	FIRST APPLICANT'S	SECOND APPLICANT'S	THIRD APPLICANT'S
	FIRST APPLICANT'S	SECOND APPLICANT'S	THIRD APPLICANT'S

For Non Individual Investor, Please tick the relevant box below, even if Country of tax Residency is India #
 For W8 BEN-E/ Specified declaration Unable to Provide (Motilal Oswal Mutual Fund will contact you in due course to confirm your FATCA Status)
 # Where no box is ticked, the second statement will be taken as the default implying that the applicant/Investor currently is unable to confirm FATCA status and will confirm the same in future.

7 INVESTMENT & PAYMENT DETAILS

Payment Type (Please ✓) Non - Third party payment Third party payment (Please fill the attached Third Party Payment Declaration Form - 4)
 Scheme Motilal Oswal MOST Focused Long Term Fund Motilal Oswal MOST Focused Multicap 35 Fund Motilal Oswal MOST Focused Midcap 30 Fund
 Motilal Oswal MOST Focused 25 Fund Motilal Oswal MOST Ultra Short Term Bond Fund
 Plan Direct (Default Plan) **Option** Growth (Default Option) Div - Payout Monthly Quarterly
 Regular Div - Reinvest (Default Option) Daily Weekly Fortnightly Monthly Quarterly
 (N/A for MOST Focused Long Term Fund)

LUMP SUM INVESTMENT OR **ZERO BALANCE** OR **SYSTEMATIC INVESTMENT PLAN / MICRO SIP-ECS** (please fill ECS Debit Form-2)

LUMP SUM INVESTMENT	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds Transfer	SYSTEMATIC INVESTMENT PLAN	1 st SIP Instalment
	Amount (₹) (i)		Amount (₹)
	DD charges (₹) (ii)		Cheque/DD No. _____ Date D D M M Y Y
	Total Amt. (₹) (i)+(ii)		Drawn on Bank _____ Bank & Branch _____
	Instrument No. _____ Date D D M M Y Y		Subsequent SIP Instalment Amount (₹) _____
	Bank Name _____		_____ in words _____
Bank A/c No. _____	Weekly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th		
Branch Name & City _____	Fortnightly <input type="checkbox"/> 1 st -14 th <input type="checkbox"/> 7 th -21 st <input type="checkbox"/> 14 th -28 th		
Account Type: <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	Monthly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th (Default) <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th		
	Quarterly <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th (Default) <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th		
	SIP Period From M M Y Y To <input type="checkbox"/> Perpetual <input type="checkbox"/> other M M Y Y		

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 DC/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

9 NOMINATION DETAILS (Refer 9)

Name (Date of Birth if nominee is minor)	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %
Unit Holder's Signature If you do not wish to nominate sign here.	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
				100%

10 DECLARATION AND SIGNATURE

Having read and understood the contents of the Scheme Information Documents 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 not the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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*Applicable to application under Direct Plan: I/We hereby declare and confirm that I/We have read and understood the Scheme related documents pertaining to the "Direct Plan" and also confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. Motilal Oswal Mutual Fund/MOAMC/Trustee shall not be liable for any consequences arising out of such investments.



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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.: 1800-200-6626