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"I/We hereby confirm that the EUIN without any interaction or advice by broker or notwithstanding the advic manager/sales person of the distributor/	/ the employee/rel ce of in-appropr	lationship manag	er/sales pe	rson of the at	ove distr	ibutor/su	du	First		le Ap ardia	oplica an	nt /		Se	econo	d Ap	olican	t		Т	hird	Appli	cant			Pow	ver of Ho	f Atto Ider	rney	
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4 JOINT APPLICANT'S DETAILS
SECOND APPLICANT'S DETAILS
Father's Name F I R S T M I D D L E I L A S T
PAN /PEKRN**
Email ID & Mobile No. are essential to enable us to communicate better with you KIN (KYC identification number) Aadhaar No.
Date of Birth D M M Y Y Y Place of Birth Country of Birth Nationality Indian US Others (Please Specified)
Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify
Gross Annual Income 0R Net- worth* in ₹ <1L
THIRD APPLICANT'S DETAILS
Name F I R S T I I M I D D L E I I I A S T
Father's Name F I R S T I M I D D L E I I A S T
PAN /PEKRN** Email ID Email ID Mobile
Email ID & Mobile No. are essential to enable us to communicate better with you
KIN (KYC identification number)
Date of Birth D D M M Y Y Y 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 of Call 1-5L 5-10L 10-25L 25L-1CR >1CR Politically Exposed Person (PEP) Status
worth* in ₹ networth as on D D M M Y Y I I am PEP I am Related to PEP Not Applicable
one year Any other information
 6 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 \[
Payment Type (Please) Non - Third party payment Third party payment (Please fill the Third Party Payment Declaration Form)</th
Scheme Motilal Oswal MOSt Focused Dynamic Equity Fund Motilal Oswal MOSt Focused Multicap 35 Fund Motilal Oswal MOSt Focused 25 Fund Motilal Oswal MOSt Focused Long Term Fund Motilal Oswal MOSt Focused Midcap 30 Fund Motilal Oswal MOSt Ultra Short Term Bond Fund
Plan and Option Regular Option Growth (Default Option) Div - Payout Applicable for Motilal Oswal MOSt Focused Dynamic Equity Fund Direct (Default Plan) Direct (Default Plan) Div - Reinvest (Default Option) Applicable for Motilal Oswal MOSt Focused Dynamic Equity Fund Direct (Default Plan) Div - Reinvest (Default Option) Applicable for Motilal Oswal MOSt Ultra Short Term Bond Fund Divertion Divertion Divertion Divertion Maplicable for Dividend Payout Option) Monthly Quartely
LUMPSUM INVESTMENT OR ZERO BALANCE OR SYSTEMATIC INVESTMENT PLAN* / MICRO SIP-ECS (please fill OTM Debit Mandate form NAC 1 st SIP Instalment ECS/ Direct Debit Form-2)
Payment Mode: Cheque DD RTGS NEFT Funds Transfer Amount (₹) Image: Cheque Image: Cheque Image: Cheque Image: Cheque Image: Cheque
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DD charges (₹) (ii) Image: Sector 1 and Sector 2
Instrument No. Date D D M M Y Y
Total Amt. (?) (i)+(ii) Date D M M Y Y Instrument No. Date D M M Y Y Bank Name Bank A/c No. Image: State of the
Bank A/c No.
Branch Name & City Date SIP Account Type: Current Savings NRO NRO NRE FCNR Date SIP Monthly SIP- Any date of the month D except (29th, 30th and 31st)
SIP Period SIP Period The Addition of the Addi
*Incase if no date is selected, 7th would be the default SIP Date.
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.: 1800-200-6626 website: www.motilaloswalmf.com

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	anualory)	Redempt	ion / Div	idend /Ret	fund pay	outs wil	l be c	redited	into this da	ank acco	unt in	case it	is in the	curre	ent list	of banks	with	whon	n Motila	l Osv	val Mu	itual F	und h	as Dire	ect C	credit fa	cility.
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3. Is the Entity an active Non Financial Entity (NFE)	No Yes Nature of Business
	Please specify the sub-category of Active NFE (Mention code -refer 2 FATCA instruction and definition for non-individual)
 Is the Entity a passive NFE For details please refer FATCA Instructions and Definitions (for Non-Individuals) 	No Yes (If yes, please fill UBO declaration in the next section.) Nature of Business

# If passive NFE, please provide below additional details for each contro	lling person. (Please attach additional sheets if necessary.)	
Name/ PAN/ Any other Identification Number (PAN, Aadhaar, Passport Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1.Name:	Occupation Type:	Date Of Birth: D M M Y Y Y Gender Male Female Other
2.Name:	Occupation Type:	Date Of Birth: D M M Y Y Y Gender Male Female Other
3.Name:	Occupation Type:	Date Of Birth: D D M Y Y Y Gender Male Female Other

[#]Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

* To include US, where controlling person is a US citizen or green card holder

[%]In case Tax Identification Number is not available, kindly provide functional equivalent

11 DETAILS OF ULTIMATE BENEFICIAL OWNERS / ULTIMATE BENEFICIAL OWNERSHIP [UB0] DECLARATION [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)

*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

Name of UBO	Address (Include State, Country, PIN/ZIP Code & Contact Details)	Address Type	PAN/Tax Payer Identification No./ Equivalent ID No. [%]	Country of tax Residency*	Controlling Person Type ¹ (Mandatory)	% of beneficial interest
		Residential Business Registered Office	No.: Type:			
		Residential Business Registered Office	No.: Type:			
		Residential Business Registered Office	No.: Type:			

Attached documents should be self certified by the UBO and certified by the applicant or Authorised Signatory.

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mutual Fund shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

12 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 applicable 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 confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I /We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

Consent for Aadhaar Linking for Individual: I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with / our consent for sharing / disclose of the Aadhaar number(s) including demographic with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I/ We hereby provide information to Motilal Oswal Asset Management Company Limited. and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
Date:	Place:			