Name of the scheme

Motilal Oswal Nifty India Defence Index Fund (An open-ended fund replicating/tracking the Nifty India Defence Total Return Index)

This product is suitable for investors who are seeking*

- Return that corresponds to the returns of the Nifty India Defence Total Return Index, subject to tracking error
- Long term capital growth



Application No.

Form-1



New Fund Offer / On Going Application Form Motilal Oswal Nifty India Defence Index Fund

(An open-ended fund replicating/tracking the Nifty India Defence Total Return Index)
New Fund Offer Price: ₹ 10/- Per Unit

NFO Opens on: June 13, 2024 NFO Closes on: June 24, 2024 Please read the Scheme Information Document / Key Information Memorandum of the Scheme and instructions carefully.

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| Distributor | ARN / RI | IA# | | | ı | Distrik | outo | r Na | ıme | | | | Su | b-D | istril | outo | r ARN | | In | | | b-Bro e Co | oker/ ode | / | | E | UIN | | |
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| By mentioning RIA code, I/We auth nvestors applying under D Jpfront commission shall L | irect Plan m | ıust mentioi | n "Direc | t" in AF | RN Co | olumn | | | | | | | | | | | | ious 1 | acto | 's inc | ludin | g the | e serv | rice re | ndere | ed by | the d | listri | ibuto |
| "I/We hereby confirm that the EUIN without any interaction or advice by roker or notwithstanding the advic anager/sales person of the distributor, | the employee/rela e of in-appropri | ationship manage | er/sales per: | son of the a | above d | listributor/s | sub | First | | le A lardi | oplica an | ant / | | Se | econo | l App | licant | | | Third | l App | lican | ıt | | Pov | | f Atto older | rne | y |
| RANSACTION CHARGES more and your Distributor has opted to re nount invested. | FOR APPL | harges, the same a | re deductible | as applicabl | le from | the purchas | e/ subsc | ription a | | | | | | | | | unt is ₹10, t the baland | 000 e | | | | | for 0,000 |) | | | nvest stor - | | |
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| olio No. | | | | | Nam | | | R | S | | FITO | | | | | | M | D | | | E | | <u></u> | | Щ | _ L | A | S | <u> </u> |
| FIRST APPLICANT | | (Non-Indiv | ridual inv | estors : | shou | ld mand | latoril | | sepa | | | A Fori | | ilable | e on \ | Vebsi | te:wwv | /.moti | lalosv | valmt | .com | .) | 무 | | | | Ms | S | ∫ M/s |
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| AN /PEKRN** | | | | | | CIN | L | | | L | <u> </u> | | | | | | | | | | | | | | | | | | |
| N (KYC identification num | ber) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ate of Birth / Incorporation | n D D | M M Y | Y | / Y | | Place of | Birth | / Inco | orpora | tion | | Cou | ntry o | f Birth | ı / Inc | orpora | ation | Natior | ality | □In | dian | | JS [| Othe | rs (<u>Pl</u> | e a s | e S | ре | cify |
| ity of Incorporation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| or Investments "On beha Refer Instruction 1d) IN of Guardian/ PoA (KYC i | | | n Certific | cate _ | Sch | ool Cer | tificat | e [| Pas | spor | t | Othe | rs | Sp | ecify | | | dian's Minor | Relat | ionsh | ip [| Fat | her | ☐ Mo | ther | | Court | App | ointe |
| ame of the Guardian (In ca | | , | ereon fo | r non in | divid | uale / Pi | nΔ ho | lder | name | | | | | | | | Guardia | ın / Po | A PAI | N | | | \top | T . | | | | | Т |
| <u> </u> | | / Contact p | 61301110 | 1 11011 1111 | uiviu | uais / I · | I | | T | | | | T _F | | | | | | | _ | + | + | \pm | \pm | Н | Δ. | | _ | _ |
| ax Residence Address (for | KYC Address | Basidar | ntial 🗆 | Registe | ared o | office [| Rue | iness | | Desir | _ D ential | or R | icines | 20 | | | | | | | | | | | | Α | S | - | |
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| * Please mention PAN/PEK | ` | npted KYC F | Referenc | e Numb | er) a | s it is m | anda | tory | | | | IVI | obile | | | | | | | | | | Tel | i | | | | | |
| 3 KYC Details (Mandat ax Status Partnership Artificial Juri | Firm | Res | ivate Lin | dividual | | P | roprie | | | | Mino | r | | FII/ | FPI | N | | ciety | PIO | | | ed Lia | ability | st H Lio y Partno | | р [| Tru | ıst | |
| ☐ Body Corpor | |] NGO ublic Sector | ☐ FI Gov. | | | Govt. Bo Housew | - | Def | | Ban I | | | | | | | ments ness | Agricu | | NPO | tuder | | _ Oth Forex | | er | Spe Other | | Spec | ify |
| Income OR | 1-5L5-10 | | | | | l v l v | DIVIDUALS | | | | | | | | [| | | | _, | 1 Fore | eign Ex | chang | ge/ Mor | i in any oney Cha | | e foll | lowing | | No |
| Net-worth* ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | networth | | as on D | D M | 1 M | YY | NON | /Mod | worth | | nand | | for No | | s on | | | /I Y | Y | 2 Gan | ning / nos, bettin | Gambl ng syndica | ling / Lo | .ottery | | | Y | 'es | No |
| Not older han one year | , | | | | | | NI-NON | (IAGI | VVUIL | 1 15 1 | nanu | | for No other | | | | | | | 3 Mor | ney Le | nding/ | Pawni | ing | | | Y | es [| No |
| olitically Exposed Person | (PEP) Statu | u s (Also applic | able for au | ıthorised : | signat | ories/Pro | noters | / Karta | a/ Trus | tee/ V | /hole ti | me Dir | ectors) | | | lam | PEP | I a | m Rela | ated to | PEP | | lot App | plicable | | | | | |
| ACKNOWLEDGMEN | T SLIP Rec | ceived subject t | o realisati | on, verific | ation | and condi | tions, a | an app | licatio | n for | purcha | se of U | nits as | menti | ioned i | n the a | applicatio | n form. | Арр | licati | ion N | 0. | | | | | | | >{ |
| rom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cheque no. | D | ate | | Am | ount | | | | | | | | Sc | heme | Э | | | | | | | | | | | | | | |
| | | | | | Motilal Oswal Nifty India Defence Index Fund | | | | | | | | | | | S | Stamp 8 | & Sig | natu | re | | | | | | | | | |

| 4 JOINT APPLICANT'S DETAILS |
|--|
| SECOND APPLICANT'S DETAILS |
| Mode of Holding Joint Anyone or Survivor (Default) Name FIRST LAST |
| Name F I R S T I L A S T Father's Name F I R S T I L A S T |
| PAN /PEKRN** 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 Y Place of Birth Country of Birth Nationality Indian US Others (Please Specif |
| Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify |
| Gross Annual Control C |
| Income OR Networth as on DDMMYY I am PEP □ I am Related to PEP Not Applicable |
| *Not older than one year Any other information |
| THIRD APPLICANT'S DETAILS |
| Name FIRST DDDLE LAST |
| Father's Name F I R S T |
| |
| PAN /PEKRN** Mobile Mobile |
| KIN (KYC identification number) |
| Date of Birth D D M M Y Y Y Y Place of Birth Country of Birth Nationality Indian US Others (Please Specif |
| 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 |
| **Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is mandatory DEMAT ACCOUNT DETAILS Mandatory, only if you require units in the demat form. Please fill in all details, else the application will be processed in physical mode). Momination provided in demat account shall be registered. |
| NSDL CDSL Depository Participant (DP) Name |
| DP ID Beneficiary A/c No. |
| Enclose for Demat option Client Master List Transaction/Holding Statement DIS Copy |
| 6 EMAIL COMMUNICATION |
| Email ID provided pertains to 🔲 Self 🔲 Spouse 🔲 Dependent Parents 🗋 Dependent Children 🗎 Dependent Siblings 🔲 Guardian |
| Mobile No. provided pertains to 🗌 Self 🔲 Spouse 🔲 Dependent Parents 🗋 Dependent Children 🗎 Dependent Siblings 🔲 Guardian |
| 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 you 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 schemic 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 V) Lumpsum Zero Balance SYSTEMATIC INVESTMENT PLAN* / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2) |
| Scheme name Plan Option Cheque Date Amount Invested (₹) DD Charges Net Amount Cheque/DD No./UTR No./ Paid (₹) OTM No.(in case of NFFT/RTGS) |
| Date Paid (₹) OTM No.(in case of NEFT/RTGS) Motilal Oswal Nifty India Defence Index Fund |
| Regular Growth |
| |
| Drawn on Bank/Branch:A/c no |
| |
| BANK DETAILS (Mandatory) Redemption / 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 |
| |
| |
| Branch Name City Pin |
| I/We understand that the instructions to the bank for Direct Credit / NEFT will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / 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 parcheque in case it is not possible to make payment by Direct Cash/NEFT. |
| If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) Please tick the box alongside Cheques should be crossed "Alc Payee only" and drawn in favour of Motifal Oswal Nifty India Defence Index Fund |
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| | P | Place/City of Birth | | | Country of Bir | Country of Citizenship / Nationality | | | | | | | | | | |
|--|---|---|--|---|--|---|--|---|---|--|---|--|--|---|---|--|
| First Applicant | | | | | | | | Indian | U. | U.S. Others (Please specify) | | | | | | |
| Second Applicant | | | | | | | | Indian | U. | U.S. Others (Please specify) | | | | | | |
| Third Applicant | | | | | | | 一 | Indian | U. | U.S. Others (Please specify) | | | | | | |
| e you a tax resident (i.e. No' please proceed for t 'ES', please fill for ALL o | the signature of | declaration | | | outside India? Yes dent for tax purposes i.e., wher | | n / Res | dent / Gre | en Car | rd Holder / 1 | ax Re | side | nt in th | ne respe | ctive count | ries [#] |
| .,, | Country of Tax Residency | | | | | | cation | | If TIN is not available, please tick () the reason A, B, & C (as defired below)</td <td>)</td> | | | | | |) | |
| First Applicant | | | | | | | | | | Reason | | Α | | В | C | |
| Second Applicant | | | | | | | | | | Reason | T | Α | | В | C | |
| Third Applicant | | | | | | | | | | Reason | T | Α | Ī | В | C | |
| PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DE Date of Birth | | | | | Address | | ominee Relationship th Sole/1 st Applicant (in | | | Guardian Name (in case Nominee is a Minor) | | | Signature (Guardian in case Nominee is a Minor) | | | Allocat |
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| reby declare that the amour ovisions of the income tax A ceived nor have been induce | DNSENT AND S we contents of the S nt invested in the s ct, Anti Money Lau sisfaction of the Mu ith such funds that I to me/us all the o | scheme Inform scheme(s) is t undering Laws or gifts, directl tual Fund, I/we may be requir commissions nfirm that I an | nation Documen through legitima s, Anti Corruptio y or indirectly i e hereby author ed by the law. (in the form of n/we are Non R | ate Source in Laws or in making ize the Mu trail comm esidents o | heme(s), I/We hereby apply for the use only and does not involve and is any other applicable laws enacted this investment. I/We confirm that it tual Fund, to redeem the funds investnission or any other mode), payable of Indian nationality/origin and that | not designed for the by the Government he funds invested in sted in the Scheme(s to him for the diffe | e purpos of India n the Sc s), in Fav erent co | e of the co from time heme (s), le our of the a mpeting So om abroad | ntraven to time. egally b pplican theme of through | ation of any A . I/We have un elong to me/ t, at the applic of various Mu h approved ba | et, Rul iderst is. In able I tual F anking | es, Re bod th the ev NAV po unds char | egulatione detangent "k rent "k revailin from a inels on | ons, Notifi ils of the s know Your g on the d mongst w r from fun | cations or D scheme (s) & Customer' ate of such I which the Si ds in my/ou | irections of R I/We have process in redemption cheme is to |
| e ARN holder has disclosed ommended to me/us. For N ernal/Non-Resident Ordinar nediately in the event of info rCA/CRS Certification: claration for Individual: I o confirm that I have read an | ry/FCNR Account. ormation changes. hereby confirm thand understood the F | at the informat FATCA & CRS T | tion provided he erms and Condi | reinabove tions belov | by me/us are true and correct. I decl is true, correct, and complete to the w and hereby accept the same. I also primation as may be required any intr | are that the informa best of my knowled undertake to keep y | tion is to ge and b ou infor | elief and tha med in writ | at I shall | l be solely liab ut any change | s/mo | | | | | ify MOMF/ bmitted ab |
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| e ARN holder has disclosed commended to me/us. For N ternal/Non-Resident Ordinar mediately in the event of info TCA / CRS Certification: reclaration for Individual: 11 to confirm that I have read and days of the same being effect of the same bein | ry/FCNR Account. rmation changes. hereby confirm the dunderstood the Fctive and also under Sole Applican Guardian / POA S/Societies/Secon-Profit Organ is registered as a | at the informat ATCA & CRS T ertake to provide t / ction 8 com nization" [N | tion provided he ferms and Condi de any other add appanies (und | reinabove tions belon litional info | is true, correct, and complete to the w and hereby accept the same. I also ormation as may be required any inte | are that the informa best of my knowled; bundertake to keep y bermediary or by dom | ge and by you inforestic or | elief and the med in write overseas re | nt I shall ing aborgulators gulators poses (15) of | I be solely liat ut any change s/ tax authori | es/mo | hird . | Application to | ant Act, | information | bmitted ab in future w |



OTM Debit Mandate form NACH/ ECS/ Direct Debit New Fund Offer / On Going Application Form

Application No.

Form-2

Motilal Oswal Nifty India Defence Index Fund

(An open-ended fund replicating/tracking the Nifty India Defence Total Return Index)
New Fund Offer Price: ₹ 10/- Per Unit

NFO Opens on: June 13, 2024 NFO Closes on: June 24, 2024 Please read the Scheme Information Document / Key
Information Memorandum of the Scheme and instructions carefully.

| Distributor ARN / RIA# | Distributor Name | | Distributor ARN | Internal Sub-Broker/Employee Code | EUIN |
|--|---|--|--|--|---------------------------------------|
| ARN/RIA: | with the CCDI Decistored Investment Advisor the details of me | ARN | anhama(a) of Matilal Occurs M | Industrial Const | |
| We hereby confirm that the EUIN box has been intentionally the employee/relationship manager/sales person of the | with the SEBI Registered Investment Advisor the details of m ally left blank by me/us as this is an "execution-only" transaction ne above distributor or notwithstanding the advice of in-approp utor and the distributor has not charged any advisory fees on thi | n without any interaction or priateness, if any, provided | r advice | | Third Holder |
| UNIT HOLDER INFORMATION | | | | ☐ Mr. ☐ Ms. ☐ |] M/s |
| xisting Folio Number | Existing UMRN | | | | |
| ame F I R | S T | M I D | D L E | L / | A S T |
| SYSTEMATIC INVESTMENT PLA | AN DETAILS | | | | |
| Scheme name | Plan Option | SIP Installi | mont Amount | ount Min. ₹100/- (Daily), SIP Amount Min. ₹ ! 0/- (Qtrly) & ₹ 6,000/- (Annual SIP) and in m | |
| Motilal Oswal Nifty India Defence Index Fur | nd Regular Growth | h (₹) | | , () | |
| IP Frequency and Date* | | | | | |
| Daily SIP- Any date of the month | | | | | |
| Fortnightly 1 st -14 *7 th -21 | 1 st 14 th -28 th | | SIP Period (| (SIP tenure should not exceed 40 yea | ars) |
| Annual SIP D D M M Y Y | YYY | | From M | M Y Y Y Y TO M M | YYYY |
| Any Day/ Weekly - Any Day of Date SIP | | | | | |
| | te of the month D D except (29th, 30th | , | *First sip in | nstalment will be debited on or after | 19 th July 2024. |
| | ate of the month for each quarter (i.e. January except (29th, 30th and 31st) | /, Aprii, | | | |
| case if no date is selected, 7th would b | | | | | |
| P cheque No. | SIP cheque Date D D M M Y Y | YY | | | |
| DECLARATION AND SIGNATURE | (To be signed by ALL UNIT HOLDERS if mode of holding | g is 'joint') | | | |
| ebits)/Direct Debits/Standing Instructions. Author | bit and express my willingness and authorize to make prization to Bank: This is to inform that I/We have registers k account with your Bank. I/We authorize the representation | ed for ECS / NACH (Debi | it Clearing) / Direct Debit / St ual Fund carrying this manda | anding instructions facility and that my/our paymente form to get it verified and executed. (Please a | |
| b be signed by all holders if mode of operation of Bank Acc | | оссона Аррис | cant | Hillu A | pplicalit |
| OTM Del | | :t [Annlicable for l | | wakana aa wali aa CID Dariotratianal | |
| WASTIERE OF WILE | oit Mandate form NACH/ ECS/ Direct Debi | | Lumpsum Auurtionai Pt | Date | |
| MUTUAL FUND UMRN | |] N | A C H O O | 1 | |
| Tick (✓) Sponsor Bank Code | C I T I O O O P I G W | Utility Code N | | | 0 6 |
| Create / I/We hereby authorize | Motilal Oswal Mutual Fund | To | Debit (to tick ✓) | SB CA CC SB-NRE | SB-NRO Other |
| Modify Bank a/c number | | | | | |
| Cancel with Bank | Bank name and branch | IFSO | | Or MICR | |
| an amount of Rupees | | | | ₹ | |
| REQUENCY | Qtly H.Yrly Yrly ✓ As & v | when presented | DEBIT T | rype Fixed Amount V M | aximum Amount |
| | | | | | |
| Reference 1 Folio No. Reference 2 Application No. | | | | o. No. | |
| | | | | | |
| agree for the debit of mandate process Period | ing charges by the bank whom I am authorizin 1. Signature Primary account holde | | ount as per latest sched Signature of acco | | |
| From D D M M Y Y Y Y | Name in bank records | 2. | Name in bank | | Name in bank records |
| To D D M M Y Y Y | This is to confirm that the declaration has been car | refully read, understoo | d & made by me/us. I am a | uthorizing the User entity/ Corporate to debit my | account based on the instruction as |
| Maximum period of validity of this mandate is 40 years only | agreed and signed by me. I Have understood that I am authorized to cancel/ a have authorized the debit | amend this mandate by | y appropriately communicat | ting the cancellation/amendment request to the | User entity/ corporate or the bank wl |
| | | | | | |
| ACKNOWLEDGMENT SLIP (To b | e filled by the investor) | Appl | ication No. | | |
| olio No. | Investor Name | | | | |
| | lia Defence Index Fund | Plan | | Option | |
| IP Period From D D M M Y Y | To D D M M Y Y | Perpetual SIP | | | Stamp & Signature |

SYSTEMATIC INVESTMENT PLAN DETAILS

- The Mandate will be registered under the best suited mode i.e. NACH or ECS or Direct Debit at the discretion of its appointed payment Aggregator through whom the mandate will be registered for the SIP debit facility.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number Pre-printed of the bank account to be registered for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.

 Where the cancelled cheque or a copy of the cheque does not mention the bank account holder's name(s), Investor should provide
- self-attested bank pass book copy/bank statement/bank letter to substantiate that the first unit holder is one of the joint holder of soli-accessed beins pass book copy? Jean statement? beins telefal as substantiate that an exception as one of the joint notice of the bank account. In case of a mismatch, it will be deemed to be a 3rd party payment and rejected except under the following exceptional circumstances.
 - Payment by parents / grand-parents / related person on behalf of a minor in consideration of natural love and affection or as gift regular by partials grant-partials (altered person to related by the purchase value is less than or equal to '50,000/- and KYC is completed for the registered Guardian and the person making the payment. However, single subscription value shall not exceed above '50,000/- (including investment through each regular purchase or single SIP instalment). However, this restriction will not to be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio. Additional declaration in the prescribed format signed by
 - the guardian and parents/grand -parents/ related person is also required along with the application form.

 Payment by an Employer on behalf of employee under Systematic Investment plans through, Payroll deductions provided KYC is completed for the employee who is the beneficiary investor and the employer who is making the payment. Additional
- declaration in the prescribed format signed by employee and employer is also required along with the application form
 Custodian on behalf of an FII or a Client provided KYC is completed for the investor and custodian. Additional declaration in the prescribed format
- signed by Custodian and FII/ Client is also required along with the application form.
- Please not that in the event of a minor mismatch between the bank account number mentioned in the application from and as appearing in the cheque leaf submitted, bank account number would be updated based on the cancelled cheque leaf provided the name(s) of the investor/applicant appears in the cheque leaf
- ALITHORISATION BY BANK ACCOUNT HOLDER(S)
- a) Please indicate the name of the bank & branch, bank account number.
 b) If the mode of operation of bank account is joint, all bank account holders would need to sign at the place marked
- Applications incomplete in any respect are liable to be rejected, AMC/ Service Provider shall have absolute discretion to reject any such Application
- AMC or other service providers shall not be responsible and liable for any damages / compensation for any loss, damage etc. The investor assumes the entire risk of using this facility and takes full responsibility.
 - DECLARATION & SIGNATURES
 - This section need to be signed by the applicant(s) / unit holder(s) at the places marked as per the mode of holding recorded with us (i.e. "Single", "Anyone or Survivor" or "Joint").

TERMS AND CONDITIONS FOR ECS (Debit Clearing)

- The cities/banks/branches in the list may be modified /updated / changed / removed at any time in future entirely at the discretion of Motilal Oswal Mutual Fund without assigning any reasons or prior notice. If any city / bank/ branch is removed, SIP instructions for investors in such city/bank/branch via (ECS) (Debit Clearing) Direct Debit route will be discontinued without prior notice.

List of Banks for SIP Direct Debit Facility:Allahabad Bank, Axis Bank, Bank of Baroda, Bank of India, Citi Bank, Corporation Bank, Federal Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, South Indian Bank, State Bank of India, State Bank of Patiala, UCO Bank, Union Bank of India, United Bank of India

Applications for SIP Auto Debit (ECS/ Direct Debit) Facility would be accepted only if the bank branch participates in local MICR/ECS

In case the investor's bank chooses to cross verify the auto dehit mandate with him/her as the bank's customer investor would need to promotly act on the same.AMC/Service Provider will not be liable for any transaction failures due to rejection of the transaction by investor's bank/ branch or its refusal to register the SIP mandate or any charges that may be levied by the Bank/Branch on investor/applicant.

INSTRUCTIONS TO FILL THE OTM Debit Mandate form NACH/ ECS/ Direct Debit

- UMRN Code, Sponsor Code, and Utility Code are for official use only. Please do not write anything in these boxes/spaces. The following information has to be mandatorily filled in the Mandates. In case any of these fields are not filled, the mandate is liable for rejection
 - a) Please tick the Appropriate Account Type and furnish the Bank Account Number from which the SIP installment/s is/are to be
 - obsides.

 b) Please mention the Bank Name, 11 Digit IFSC code, 9 Digit MICR Code of your Bank in the appropriate boxes provided for the purpose. The MICR code is the number appearing next to the cheque number on the MICR band at the bottom of the cheque. In the absence of these information, Mandate registration is liable to be rejected.
- c) Please mention the maximum amount that can be debited using this mandate. The amount needs to be mentioned both in words as
- d) Please mention your Mobile Number and Email Id on the mandate form e) Maximum duration for enrolment is 30 years. An investor has option to choose the end date of the SIP for maximum of 30 years from the start date
- bload middle needs to be signed by all the account holders in line with the mode of holding recorded with the investor's bank. The Account holder's names have to be mentioned as per their mode of holding in Account.

TERMS AND CONDITIONS

Systematic Investment Plan (SIP)

Daily : Minimum ₹100 & in multiples of ₹1/- & minimum tenure shall be 1 month (30 Days)

Daily SIP Frequency would not be available in case of Daily IDCW Plans of the Schemes & even SIP Pause facility not available for Daily SIP Frequency.

Monthly, Weekly, Fortnightly: Minimum ₹ 500 & in multiples of ₹1/- & 12 installments

Incase SIP Amount ₹1000/- and above Minimum installments 6 Systematic Investment Plan (SIP)

Minimum installment amount - ₹500/- and in multiples of ₹500/- thereafter (weekly/fortnightly/monthly frequency)Minimum 12 installments.

Incase SIP Amount ₹1000/- and above Minimum installments 6

Quarterly: Minimum ₹1,500 & in multiples of ₹1/- & 4 installments

Investors can choose any date, as applicable, of his / her preference as Quarterly SIP Debit Date for the year. In case, the date fixed happens to be a holiday / non-business day, the same shall be affected on the next business day. Incase if no date is selected, 7th would be the default SIP Date. No Post Dated cheques would be accepted for SIP. The default cycle date would be 7th of SIP & STP for Monthly/Quarterly frequency.

Annual SIP: Minimum ₹6,000 & in multiples of ₹1/- & 1 installments

Investors can choose any date, as applicable, of his / her preference as Annual SIP Debit Date for the year. In case the chosen date falls on a Non-Business Day, then the SIP will be processed on the immediate next Business Day. In case the SIP date is not specified or in case of ambiguity, the SIP transaction will be processed on 7th of the subsequent month in which application for SIP registration was received. In case the end date is not specified, SIP will continue till it receives termination notice from the investor

Micro Systematic Investment Plan (SIP)

SEBI vide its circular dated 24th July 2012, conveyed that the investments aggregating ₹50,000 in a rolling 12 month period or in a financial year i.e. April to March, in all the schemes of Mutual Funds are exempt from the PAN requirement.

Where the aggregate of the Lumpsum Investment (Fresh Purchase &Additional Purchase) and Micro SIP installments by an investor based on the rolling 12 month period/ in a financial year i.e. April to March does not exceed ₹50,000/-, it shall be exempt from the requirement of PAN, (hereafter referred to as "Micro Investments"). PAN requirement exemption will be available only to Micro Investments made by the individuals being Indian Citizens (Including NRIs, Joint Holders*, Minor acting through Guardian and Sole proprietory firms not having

PAN). Person of Indian Origin, Hindu Undivided Family, (HUF), Qualified Foreign Investor (QFI) and other categories of investors will not be eligible for this exemption. However the eligible investors are required to submit PAN exempt KYC issued by SEBI registered KRA (KYC Registration Authority). In case of joint holders, first holder must possess a PAN.

(Application not complying with any of the above instruction/guidelines would be rejected.) Any day / date SIP: SIP Frequency Choice of Day/Date*

- a. Daily SIP-Any date of the month except 29th, 30th and 31st b. Fortnightly SIP dates available 1st 14th, *7th 21st, 14th 28th c. Weekly SIP-Any day of transfer from Monday to Friday.
- d. Monthly SIP-Any date of the month except 29th, 30th and 31st
- e. Quarterly SIP-Any date of the month for each quarter (i.e. January-March, April-June, July-September, October-December) except 29th, 30th and 31st

 f. the SIP will be processed on the immediate next Business Day. In case the SIP date is not specified or in case of ambiguity, the SIP transaction will be processed on 7th of the subsequent month in which application for SIP registration was received. In case the end date is not specified, SIP will continue till it receives termination notice. All other terms and conditions of SIP facility will remain unchanged.

SIP Booster" facility (SIP Booster)

- SIP Booster Physical facility offers frequency at i, quarterly, half-yearly and yearly intervals. In case the SIP Booster frequency is not specified, it will be considered as yearly frequency.
- The minimum SIP Booster amount would be Rs. 100/- and in multiples of Re. 1/- thereafter for all the schemes of the Fund that offer SIP facility In case the investor does not specify SIP Booster amount, Rs. 100/- will be considered as the SIP Booster amount and the request will be processed accordingly
- SIP Booster facility would be available to all Existing and new SIP enrollments. Existing investors who have enrolled for SIP with the maximum amount for debit are also eligible to avail SIP Booster facility and will be required to submit OTM Mandate' at least 20 calendar days before the SIP Booster start month. In case SIP Installment after SIP Booster exceeds the maximum amount for debit, then the request for SIP Booster will be processed up to the maximum amount for debit. Further, if the investor revises the maximum amount for debit, then such an increase in amount will be effective from the next SIP Booster cycle. However, the maximum amount registered for the debit mandate cannot be reduced.
- Existing investors registered for SIP through ECS / Direct Debit facility and intending to avail SIP Booster facility will be required to register for new OTM mandate and on activation of the OTM, the same would be applied on their active SIP to perform uninterrupted SIP debit instructions with SIP Booster details.
- Maximum Limit will allow investors to set a highest SIP amount. Once the SIP reaches this set maximum limit it would stop any further additions and the SIP would thereafter continue with the last boosted amount, until the investor upgrades the limit.

An Illustration: The SIP Booster facility will work as follows:

| Details of SIP registered | SIP Booster facility | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Fixed SIP Instalment amount: ₹ 5,000/- SIP Period: April 1, 2019 till March 31, 2022 (3 years) SIP date: 1st of every month (36 Instalments) | By providing / choosing the following additional details, an investor can avail SIP Booster facility. Example: • SIP Booster Amount: ₹ 1,000/- • SIP Booster Frequency: Every 6 months • Max Sip limit:10,000 | | | | | | | |