

**Name of the scheme**

Motilal Oswal Active Momentum Fund  
(An open-ended equity scheme following momentum factor theme)

This product is suitable for investors who are seeking\*

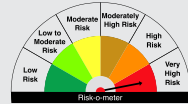
- Capital appreciation over long term.
- Investing predominantly in equity or equity related instrument that exhibit momentum characteristics.

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

**Risk-o-meter of Scheme**



The risk of the scheme is Very High  
Risk-o-meter of Benchmark (Tier I) (Nifty 500 Total Return Index)



The risk of the Benchmark is Very High

Application No.



Form-1

**New Fund Offer / On Going Application Form**  
**Motilal Oswal Active Momentum Fund**  
(An open-ended equity scheme following momentum factor theme)  
**New Fund Offer Price: ₹ 10/- Per Unit**

**NFO Opens on: February 24, 2025 NFO Closes on: March 10, 2025 Please read the Scheme Information Document / Key Information Memorandum of the Scheme and instructions carefully.**

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		ARN-		

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

**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 12 on page 5) 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 per subscription ₹ 10,000 and above

- Existing Investor - ₹100  
 New Investor - ₹150

**1 EXISTING INVESTOR'S DETAILS** (Please fill your Folio No., Name, Section 1,7,10 &12)

Folio No.  Name  F I R S T  M I D D L E  L A S T

**2 FIRST APPLICANT'S DETAILS** (Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com.)

Mr.  Ms.  M/s

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

Father's Name  F I R S T  M I D D L E  L A S T

PAN /PEKRN\*\*  CIN

KIN (KYC identification number)

Date of Birth / Incorporation  D D M M Y Y Y Y Place of Birth / Incorporation  Country of Birth / Incorporation  Nationality  Indian  US  Others (Please Specify)

City of Incorporation

**For Investments "On behalf of Minor" (Refer Instruction 1d)**  Birth Certificate  School Certificate  Passport  Others  Specify

Guardian's Relationship  Father  Mother  Court Appointed With Minor

KIN of Guardian/ PoA (KYC identification number)

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

Tax Residence Address (for KYC Address)  Residential  Registered office  Business  Residential or Business

Correspondence Address

City  State  Pin Code

Overseas address  Mandatory incase of NRI's

Mandatory incase of NRI's

Email ID

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

\*\* Please mention PAN/PEKRN(PAN Exempted KYC Reference Number) as it is mandatory Mobile  Tel.

**3 KYC Details** (Mandatory)

Tax Status  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Listed Company  Society  AOP/BOI  Trust H Liquidator  
 Artificial Juridical Person  Resident Individual  Proprietor  Minor  FII/ FPI  NRI  PIO  Limited Liability Partnership  Trust  
 Body Corporate  NGO  FI  Govt. Body  Bank  Defence Establishments  NPO  Others  Specify

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

INDIVIDUALS	NON-INDIVIDUALS
Gross Annual Income OR Net-worth* in ₹ <input type="text"/> networth as on <input type="text"/> D D M M Y Y	<input type="text"/> networth as on <input type="text"/> D D M M Y Y
*Not older than one year	(Networth is mandatory for Non-individuals)
Any other information <input type="text"/>	Any other information <input type="text"/>

**Is the entity involved in any of the following:**  
1 Foreign Exchange/ Money Changer  Yes  No  
2 Gaming / Gambling / Lottery (casinos, betting syndicates)  Yes  No  
3 Money Lending/ Pawning  Yes  No

**Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

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

From <input type="text"/>				Stamp & Signature
Cheque no.	Date	Amount	Scheme	
			Motilal Oswal Active Momentum Fund	

**4 JOINT APPLICANT'S DETAILS**

**SECOND APPLICANT'S DETAILS**

Mr.  Ms.  M/s

Mode of Holding  Joint  Anyone or Survivor (Default)

Name

Father's Name

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  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 Income OR Net-worth\* in ₹  <1L  1-5L  5-10L  10-25L  25L-1CR  >1CR  
 networth as on   
 \*Not older than one year  
 Any other information

**Politically Exposed Person (PEP) Status**  
 I am PEP  I am Related to PEP  Not Applicable

**THIRD APPLICANT'S DETAILS**

Mr.  Ms.  M/s

Name

Father's Name

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  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 Income OR Net-worth\* in ₹  <1L  1-5L  5-10L  10-25L  25L-1CR  >1CR  
 networth as on   
 \*Not older than one year  
 Any other information

**Politically Exposed Person (PEP) Status**  
 I am PEP  I am Related to PEP  Not Applicable

\*\*Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is mandatory

**5 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).  
 Nomination 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 your 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 scheme 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 ✓)  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 Paid (₹)	Cheque/DD No./UTR No./ OTM No.(in case of NEFT/RTGS)
Motilal Oswal Active Momentum Fund	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment					

Drawn on Bank/Branch: \_\_\_\_\_ A/c no. \_\_\_\_\_

A/c Type (Please Tick):  Current  Savings  NRO  NRE  FCNR

**8 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

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 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 par cheque 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 "A/c Payee only" and drawn in favour of Motilal Oswal Active Momentum Fund

**9 FATCA AND CRS DETAILS FOR INDIVIDUALS** (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com. The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes  No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries<sup>#</sup>

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (✓) the reason A, B, & C (as defined below)
First Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

**Reason A:** The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. **Reason B:** No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected). **Reason C:** Others; please state the reason thereof.

<sup>#</sup>Please attach additional sheets if necessary

**10 NOMINATION DETAILS** (Refer Instruction 10)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Name	Date of Birth if nominee is minor	Address	Nominee Relationship With Sole/1 <sup>st</sup> Applicant	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %

FOR NOMINATION OPT-OUT:  I/We DO NOT wish to make a nomination (Please tick (✓) if the unit holder does not wish to nominate anyone)

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.

**11 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 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 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.

First / Sole Applicant / Guardian / POA	Second Applicant	Third Applicant
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**Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:**

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="radio"/> <b>Yes</b>  <input type="radio"/> <b>No</b>
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.



**OTM Debit Mandate form NACH/ ECS/ Direct Debit  
New Fund Offer / On Going Application Form  
Motilal Oswal Active Momentum Fund  
(An open-ended equity scheme following momentum factor theme)  
New Fund Offer Price: ₹ 10/- Per Unit**

Application No. \_\_\_\_\_

Form-2

NFO Opens on: February 24, 2025 NFO Closes on: March 10, 2025 Please read the Scheme Information Document / Key Information Memorandum of the Scheme and instructions carefully.

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/Employee Code	EUIN
ARN/RIA :		ARN		

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First Holder

Second Holder

Third Holder

**1 UNIT HOLDER INFORMATION**

Mr.  Ms.  M/s

Existing Folio Number  Existing UMRN

Name

**2 SYSTEMATIC INVESTMENT PLAN DETAILS**

Scheme name	Plan	Option	SIP Installment Amount
Motilal Oswal Active Momentum Fund	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	(₹) _____

**SIP Amount Min. ₹100/- (Daily), SIP Amount Min. ₹ 500/- (Weekly/Fortnightly/ Monthly), ₹ 1,500/- (Qtrly) & ₹ 6,000/- (Annual SIP) and in multiples of ₹1**

**SIP Frequency and Date\***

- Daily SIP- Any date of the month   except (29th, 30th and 31st)
- Fortnightly  1<sup>st</sup>-14  \*7<sup>th</sup>-21<sup>st</sup>  14<sup>th</sup>-28<sup>th</sup>
- Annual SIP
- Any Day/ Date SIP  Weekly - Any Day of Transfer \_\_\_\_\_ (Monday to Friday)
- Monthly SIP- Any date of the month   except (29th, 30th and 31st)
- Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)   except (29th, 30th and 31st)

\*Incase if no date is selected, 7th would be the default SIP Date.

**SIP Period (SIP tenure should not exceed 40 years)**

From       To

**\*First sip instalment will be debited on or after 7th April 2025.**

SIP cheque No.  SIP cheque Date

**3 DECLARATION AND SIGNATURE** (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

This is to confirm that the declaration/instruction has been carefully read, understood. I/We have understood that I/we are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorized the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS (Debits)/Direct Debits/Standing Instructions. Authorization to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Motilal Oswal Mutual Fund shall be made from my/our bank account with your Bank. I/We authorize the representatives Motilal Oswal Mutual Fund carrying this mandate form to get it verified and executed. (Please attach a cancelled cheque/cheque copy)

First / Sole Applicant / Guardian / Authorised Signatory

Second Applicant

Third Applicant

(To be signed by all holders if mode of operation of Bank Account is 'Joint')



**OTM Debit Mandate form NACH/ ECS/ Direct Debit** [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN  For Official Use  Date

Tick (✓)

Create

Modify

Cancel

Sponsor Bank Code  C I T I O O O P I G W Utility Code  N A C H O O O O O O O O O O 2 2 8 0 6

I/We hereby authorize  Motilal Oswal Mutual Fund To Debit (to tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank a/c number

with Bank  Bank name and branch IFSC  Or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  H.Yrly  Yrly  As & when presented

DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Folio No. Mob. No.

Reference 2  Application No. Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

**Period**

From

To

Maximum period of validity of this mandate is 40 years only

1.  Signature Primary account holder 2.  Signature of account holder 3.  Signature of account holder

1.  Name in bank records 2.  Name in bank records 3.  Name in bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit

**ACKNOWLEDGMENT SLIP** (To be filled by the investor)

Application No. \_\_\_\_\_

Folio No.  Investor Name

Scheme Name  Motilal Oswal Active Momentum Fund Plan  Option

SIP Period From       To

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 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 provided 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 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 FI or a Client provided KYC is completed for the investor and custodian. Additional declaration in the prescribed format signed by Custodian and FI/ Client is also required along with the application form.
- Please note that in the event of a minor mismatch between the bank account number mentioned in the application form 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.
- AUTHORISATION BY BANK ACCOUNT HOLDER(S)**
  - Please indicate the name of the bank & branch, bank account number.
  - 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 forms.
- 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 clearing.
- In case the investor's bank chooses to cross verify the auto debit mandate with him/her as the bank's customer, investor would need to promptly 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.
  - Please tick the Appropriate Account Type and furnish the Bank Account Number from which the SIP installment/s is/are to be debited.
  - 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.
- Please mention the maximum amount that can be debited using this mandate. The amount needs to be mentioned both in words as well as numbers.
- Please mention your Mobile Number and Email Id on the mandate form.
- 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.
- SIGNATURES**  
The mandate 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. In case 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 proprietary 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\*

- Daily SIP - Any date of the month except 29th, 30th and 31st
- Fortnightly SIP dates available - 1st - 14th, \*7th - 21st, 14th - 28th
- Weekly SIP - Any day of transfer from Monday to Friday.
- Monthly SIP - Any date of the month except 29th, 30th and 31st
- 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
- 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
<ul style="list-style-type: none"> <li>Fixed SIP Instalment amount: ₹ 5,000/-</li> <li>SIP Period: April 1, 2019 till March 31, 2022 (3 years)</li> <li>SIP date: 1st of every month (36 Instalments)</li> </ul>	<p>By providing / choosing the following additional details, an investor can avail SIP Booster facility. Example:</p> <ul style="list-style-type: none"> <li>SIP Booster Amount: ₹ 1,000/-</li> <li>SIP Booster Frequency: Every 6 months</li> <li>Max Sip limit: 10,000</li> </ul>

Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN No. column.)

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
ARN/RIA-		ARN-		

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

**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
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Folio No  Name of Sole / First Holder

PAN/PERN (mandatory)           Enclosed  PAN/PEKRN Proof  KYC Complicane

**SYSTEMATIC TRANSFER PLAN (STP/DTP AND NAV APPRECIATIONS)**

Please arrange for STP with the following options

From Scheme  Plan

Option  Growth  IDCW Payout  IDCW Reinvestment

To Scheme  Plan

Option  Growth /  IDCW-Payout /  IDCW - Reinvest

Fixed Amount (Min amount ₹ 500 - (Daily, Weekly, Fortnightly, Monthly)  
(Min amount ₹ 1,500 for Quarterly)

STP Frequency:  Daily  Weekly  Fortnightly  
 Monthly  Quarterly

STP Amount:

STP Dates:  1<sup>st</sup>  7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

Any Day of STP Transfer \_\_\_\_\_ (Monday to Friday)  
(in case of weekly frequency)

STP Period:  
\*For Daily STP Minimum  
Instalments 12  
For Other Frequency Minimum  
Instalments 6

Start:

End:

NAV Appreciation (Minimum ₹ 1000)

Only in case of Growth Option

STP Dates:  1<sup>st</sup>  7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

STP Period: Start:

End:

**SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Please arrange for SWP with the following options - Fixed Amount

Rs. (in figures)           Rs. (in words)

SWP Frequency:  Weekly  Fortnightly  Monthly  Quarterly  Annualy SWP Date:  1<sup>st</sup>  7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

SWP Period: Start:       End:

From Scheme

Plan  Option  Growth  IDCW Payout  IDCW Reinvestment

IDCW Frequency (In case of IDCW option)

- \*Minimum No. of SWP Instalments 12 - (monthly/weekly/fortnightly)
- \*Minimum No. of SWP Instalments 4 - instalments (quarterly)
- \*Minimum No. of SWP Instalments 1- (annual)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / We hereby apply for 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 for 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) and 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 Schemes 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 details provide by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder

**ACKNOWLEDGMENT SLIP**

Application No.

From

Systematic Transfer Plan  Nav Appreciation Facility  Systematic Withdrawal Plan

Stamp & Signature



# ASBA APPLICATION FORM New Fund Offer / On Going Application Form Motilal Oswal Active Momentum Fund (An open-ended equity scheme following momentum factor theme) New Fund Offer Price: ₹ 10/- Per Unit

Application No.

Form-4

NFO Opens on: February 24, 2025 NFO Closes on: March 10, 2025 Please read the Scheme Information Document / Key Information Memorandum of the Scheme and instructions carefully.

### DISTRIBUTOR INFORMATION

### FOR OFFICE USE ONLY

Application No.

Distributor ARN / RIA#	Sub Broker Code	Employee Code (E-UIN)
ARN/RIA	ARN	

SCSB	SCSB IFSC	Syndicate Member Code
Name & Code	11 digit Code	Name & Code

Please tick if the EUIN space is left blank: I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor of notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/ sales person of the distributor and the distributor has not charged any advisor fees on this transaction.

### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please ✓ any one of the below)

(Refer Instruction No. 11)

I confirm that I am a First time investor across Mutual Funds.  
( ₹ 150 deductible as Transaction Charge and payable to the Distributor)

OR

I confirm that I am an existing investor in Mutual Funds.  
( ₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is ₹ 10,000 or more and your Distributor has opted in 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.

### APPLICANTS INFORMATION (Name should be as available in Demat Account in case of Demat Account holders)

Name of Sole/ 1st Applicant

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

Name of 2nd Applicant

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

Name of 3rd Applicant

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

Name of Guardian/ contact Person

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

Category (Please ✓)  Retail Individual Investor(s)  Non Institutional Investor(s)

PAN /PEKRN\*\* \_\_\_\_\_ 2nd applicant \_\_\_\_\_ 3rd applicant \_\_\_\_\_

Mode of Operation in Demat Account  Single OR  Anyone of Survivor OR  Joint

\*\* Please mention PAN/PEKRN(PAN Exempted KYC Reference Number) as it is mandatory

### DEPOSITORY ACCOUNT DETAILS

Depository Name (Please ✓)  National Securities Depository Ltd.  Central Depository Services (India) Limited

Depository Participant Name \_\_\_\_\_ DP-ID \_\_\_\_\_

Beneficiary Account Number \_\_\_\_\_

### INVESTMENT DETAILS (Please ✓ where applicable)

Scheme Name: Motilal Oswal Active Momentum Fund Plan \_\_\_\_\_

Option  Growth /  IDCW-Payout /  IDCW - Reinvest

### DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUND

Bank Account Number \_\_\_\_\_ Bank Name \_\_\_\_\_

Branch Name where account in held \_\_\_\_\_

Total Amount to be blocked \*(₹ in figure) \_\_\_\_\_ ₹ (in words) \_\_\_\_\_

\* Minimum ₹500/- and multiples of ₹ 1/- thereafter

Att.: NRI Investors : Payment should be made through their NRE/FCNR accounts.

### UNDERTAKING BY ASBA INVESTOR

1) I/We hereby undertake that I/We am/are an ASBA investor as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements), Regulation 2009 ('SEBI Regulations') as amended from time to time. 2) In accordance with ASBA process provided in the SEBI Regulations and as disclosed in this application, I/We authorize(a) the SCSB to all necessary acts including blocking of application money toward the Subscription of Units of the Scheme, to the extent mentioned above in the "SCSB/ ASBA Account details" or unblocking of funds in the bank account maintained with the SCSB specific in this application form, transfer of funds to the Bank Account of the Scheme/ Motilal Oswal Asset management Co. Ltd.(MOAMC), on receipt of instructions from the Registrar and Transfer Agent after the allotment of the Units entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar and Transfer Agent to issue instructions to the SCSB to remove the block on the funds in the Bank Account specific in the application, upon allotment of Units and to transfer the requisite money to the Scheme's account / Bank Account of MOAMC. 3) In case the amount available in the bank account specific in the application is insufficient for amount equivalent to the application money toward the Subscription of Units, the SCB shall reject the application. 4) If the DP ID, Beneficiary Account No. or PAN furnished by me/us in the application is incorrect or incomplete or not matching with the depository record, the application shall be rejected and the MOAMC/ Motilal Oswal Mutual Fund or SCSBs shall not be liable for losses, if any. All future communication in connection with NFO should be addressed to the SCSB/RTA/AMC quoting the full name of the Sole/ First Applicant, NFO Application Number, ASBA Application Number, Depository Account details 9if it has been provided), Amount applied for and the account number for where NFO amount was locked.

Signature of the Applicant(s) \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Sole /1st Applicant \_\_\_\_\_ 2nd Applicant \_\_\_\_\_ 3rd Applicant \_\_\_\_\_

Signature of Bank Holder(s) (to be signed as per holding pattern in the Bank Account)

Sole /1st Account Holder as In Bank Records \_\_\_\_\_ 2nd Account Holder as In Bank Records \_\_\_\_\_ 3rd Account Holder as In Bank Records \_\_\_\_\_

### ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Scheme Name : Motilal Oswal Active Momentum Fund Plan \_\_\_\_\_ Option  Growth /  IDCW-Payout /  IDCW - Reinvest

Received from Mr./Ms./Mrs./ M/s \_\_\_\_\_

Address \_\_\_\_\_

SCSB Account details : \_\_\_\_\_

A/c No.: \_\_\_\_\_ Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

Total Amount to be Blocked: ₹ (in figures) \_\_\_\_\_ ₹ (in words) \_\_\_\_\_

Application No.

Date 

D	D	M	M	Y	Y	Y	Y
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Acknowledgement Stamp & Date







# INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

beneficial ownership in the mandated format as available on the website of the fund.

- d. Applications are liable to be rejected without any intimation to the applicants, if KYC requirements are not complied with by all the applicants, KYC acknowledgement is not enclosed or any of the additional details are not mentioned for any of the applicant.
- e. Investors should further note that KYC applicability for various investor categories may change anytime in future. Hence, investors are requested to apprise themselves about KYC applicability before submitting their application or future transactions to avoid rejections. For any other further information related to KYC, applicants should mention the same in a separate sheet, duly signed and attach to the application.
- f. KYC Identification Number (KIN) is mandatory if KYC done via CKYC. In case KIN is not available kindly fill CKYC form as per the requirements of the Regulations. CKYC is applicable to all investors.
- g. **Ultimate Beneficiary Owners**

Pursuant to SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 on Anti Money Laundering Standards and Guidelines on identification of Beneficial Ownership issued by SEBI vide its Circular No. CIR/MIRSD/2/2013 dated January 24, 2013, Investors (other than Individuals) are required to provide details of 'Ultimate Beneficial Owner(s) (UBO(s))' in the separate format enclosed with this form & also available at [www.motilalshwam.com](http://www.motilalshwam.com). In case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company, the details of shareholders or beneficial owners are not required to be provided.

Non-individual applicants/investors are mandated to provide the details on 'Ultimate Beneficial Owner(s) (UBO(s))' by filling up the declaration form for 'Ultimate Beneficial Ownership'. Please contact the nearest Investor Service Centre (ISC) of Motilal Oswal Mutual Fund or visit our website [www.motilalshwam.com](http://www.motilalshwam.com).

## 16. MODE OF PAYMENT

Payment may be made by cheque or bank draft drawn on any bank, which is situated at and is a member of the Bankers' Clearing House, located at the place where the application is submitted. Bank charges for outstanding demand drafts will be borne by the AMC and will be limited to the bank charges stipulated by the State Bank of India. Outstanding Demand Draft has been defined as a demand draft issued by a bank where there is no ISC available for Investors.

The AMC will not accept any request for refund of demand draft charges, in such cases.

## 17. FOREIGN ACCOUNT TAX COMPLIANCE (FATCA)

1. Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.
2. Country of Tax Residence and Tax ID number: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly. If you are a US citizen or resident, please include United States in this related field along with your US Tax Identification Number.

18. To submit the Form please refer to the addresses of Investor Service Centers on our website [www.motilalshwam.com](http://www.motilalshwam.com).

## 19. Switching Option

During the NFO period (Switch request will be accepted upto 3.00 p.m. till the last day of the NFO), the Unit holders will be able to invest in the NFO under the Scheme by switching part or all of their Unit holdings held in the respective option(s) / plan(s) of the existing scheme(s) established by the Mutual Fund.

This Option will be useful to Unit holders who wish to alter the allocation of their investment among the scheme(s) / plan(s) of the Mutual Fund (subject to completion of lock-in period, if any, of the Units of the scheme(s) from where the Units are being switched) in order to meet their changed investment needs.

The Switch will be effected by way of a Redemption of Units from the Scheme/ Plan and a reinvestment of the Redemption proceeds in respective Plan(s) under the Scheme and accordingly, to be effective, the Switch must comply with the Redemption rules of the Scheme/ Plan and the issue rules of the respective Plan(s) under the Scheme (e.g. as to the minimum number of Units that may be redeemed or issued, Exit/ Entry Load etc). The price at which the Units will be Switched-out of the respective Scheme/ Plan will be based on the Redemption Price, and the proceeds will be invested in respective Plan(s) under the Scheme at the NFO price.

The Switch request can be made on a pre-printed form or by using the relevant tear off section of the Transaction Slip enclosed with the Account Statement, which should be submitted at/ may be sent by mail to any of the ISCs.

## FATCA & CRS Instructions

### FATCA Instructions & Definitions Individual

### FATCA & CRS TERMS & CONDITIONS

Note : The Guidance Note/notification issued by the CBDT shall prevail in respect of interpretation of the terms specified in the form) Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Motilal Oswal Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

### FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following India pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

### Documentation required for Cure of FATCA/ CRS India

**U.S. place of birth:** 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); and 3. Any one of the following documents: i) Certified Copy of "Certificate of Loss of Nationality ii) or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; iii) or Reason the customer did not obtain U.S. citizenship at birth

**Residence/mailing address in a country other than India:** 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

**Telephone number in a country other than India** If no Indian telephone number is provided: 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number: 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body\*
2. Valid identification issued by an authorized government body\* (e.g. Passport, National identity card, etc.)

\*Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

## SYSTEMATIC INVESTMENT PLAN DETAILS

1. The Mandate will be registered under the best suited mode i.e. NACH or Direct Debit at the discretion of its appointed payment Aggregator through whom the mandate will be registered for the SIP debit facility.
2. 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.
3. 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 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.
  - a) Payment by parents / grand-parents / related person on behalf of a minor in consideration of natural love and affection or as gift provided 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 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.
  - b) 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
  - c) Custodian on behalf of an FI or a Client provided KYC is completed for the investor and custodian. Additional declaration in the prescribed format signed by Custodian and FI/ Client is also required along with the application form .
4. Please note that in the event of a minor mismatch between the bank account number mentioned in the application form 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.
5. AUTHORIZATION 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.
6. Applications incomplete in any respect are liable to be rejected. AMC/ Service Provider shall have absolute discretion to reject any such Application forms.
7. 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.
8. 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 (Debit Clearing)

1. 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 (Debit Clearing) Direct Debit route will be discontinued without prior notice.
2. **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
3. Applications for SIP Auto Debit (Direct Debit) Facility would be accepted only if the bank branch participates in local MICR/ECS clearing.
4. In case the investor's bank chooses to cross verify the auto debit mandate with him/ her as the bank's customer, investor would need to promptly 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/Direct Debit

1. UMRN Code, Sponsor Code, and Utility Code are for official use only. Please do not write anything in these boxes/spaces.
2. 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 debited.
  - 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 well as numbers.
  - d) Please mention your Mobile Number and Email Id on the mandate form.
  - e) Please provide the Start and End date for the period which the Mandate should be active.
3. SIGNATURES  
The mandate 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.



**Think Equity  
Think Motilal Oswal**