MOTILAL OSWAL
Mutual Fund

Systematic Transfer Plan / Dividend Transfer Plan / Nav Appreciation Facility / Systematic Withdrawal Plan

Application No.

Version: 24.12.2019

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- A R N - 1 0 6 3 9 2	BLUECHIP STOCKS	ARN-		E 1 0 7 7 1 5

#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

Folio No ____ Name of Sole / First Holder ____ D D M M Y Y Y Y

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 / ☐ Dividend-Payout / ☐ Dividend - Reinvest

To Scheme ____ Plan ____

Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest Dividend Frequency (In case of Dividend option) ____

☐ 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 : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

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

STP Period: Start: D D M M Y Y

*For Daily STP Minimum Instalments 12
For Other Frequency Minimum Instalments 6

End: D D M M Y Y

☐ Dividend Transfer Plan (Minimum ₹ 1000)

Except Daily Dividend

STP Dates : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

STP Period: Start: D D M M Y Y

End: D D M M Y Y

☐ NAV Appreciation (Minimum ₹ 1000)

Only in case of Growth Option

STP Dates : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

STP Period: Start: D D M M Y Y

End: D D M M Y Y

SYSTEMATIC WITHDRAWAL PLAN (SWP)

(Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

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: ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

SWP Period: Start: M M Y Y End: M M Y Y

From Scheme ____

Plan ____ Option ☐ Growth ☐ Dividend-Payout ☐ Dividend - Reinvest

Dividend Frequency (In case of Dividend option) ____

*Minimum No. of SWP Installments 12 - (monthly/weekly/fortnightly)
*Minimum No. of SWP Installments 4 - instalments (quarterly)
*Minimum No. of SWP Installments 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 fo 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 ☐ Dividend Transfer Plan ☐ Nav Appreciation Facility ☐ Systematic Withdrawal Plan

Stamp & Signature