

MOTILAL OSWAL OTM Debit Mandate form NACH/ ECS/ Direct Debit Application No. Form -2

Distributor ARN / RIA#	Distrib	utor Name	Sub-Distributor ARN	Internal Sub-Broker/En	nployee Code EUIN
ARN-105519			ARN		
mentioning RIA code, I/We authorize you hereby confirm that the EUIN box has been			ansactions in the scheme(s) of Motilal Osw t any interaction or advice	al Mutual Fund.	
ne employee/relationship manager/sales pe loyee/relationship manager/sales person of	rson of the above distributor or notwith	ristanding the advice of in-appropriatenes	s, if any, provided by the First	Holder Sec	cond Holder Third Holder
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UNIT HOLDER INFORMA	HUN			L	Mr. Ms. Ms.
sting Folio Number		Existing UMRN			
ne F	I R S T		M I D D L E		L A S T
SYSTEMATIC INVESTME	NT PLAN DETAILS				
				Motile	LOcard Found 25 Fund (MOF25)
_	iilal Oswal Dynamic Fund (Mi iilal Oswal Long Term Equity		otilal Oswal Multicap 35 Fund (N otilal Oswal Midcap 30 Fund (MC		I Oswal Focused 25 Fund (MOF25) I Oswal Ultra Short Term Fund (MOFUSTF)
and Option Regular Option Direct (Defau	on Growth (Default Op	tion) Div - Payout	Option) (N/A for Motilal Oswal Long Terr	Applicable for Motilal Quartely Annu Applicable for Motilal	Oswal Dynamic Fund (MOFDYNAMIC)
					or Dividend Payout Option)
Frequency and Date*	Th out (A dah ook		SIP Perio	SIP /	Amount Min. ₹ 1,000/- (Weekly/Fortnightly/
Fortnightly 1 -14 O	/"-21" () 14"-28"			Mon	thly), ₹ 2,000/- (Qtrly) & ₹ 5,000/- (Annual SIP
Annual SIP D D M M	YYYYY		From		mum installment amount – Rs. 500/- in multiplies of Rs.500/- for
Any Day/	Day of Transfer	(Monday to Friday)	M M Y Y	Y Y Mot	lal Oswal Long Term Equity Fund (MOFLT
Monthly SIP-	Any date of the month D		10		
Quarterly SIP- July, October)		ach quarter (i.e. January, April,	M M Y Y	YY	
July, October)	b except (29th, 30th	anu 318y	or or		unt per installment
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se if no date is selected, 7th v	vould be the default SIP Date).			
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