

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

Application No. Version: 24.12.2019

 \square Systematic Transfer Plan \square Dividend Transfer Plan \square Nav Appreciation Facility \square Systematic Withdrawal Plan

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-181211		ARN-		E
#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. 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 and provided by the employee/r				
manager/sales person of the distributor/sub broker."				
Folio No Name of Sole / First Holder DDDMMMYYYYY				
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, 1) (Min amount ₹ 1,500 for Quarterly)	Fortnightly, Monthly) Dividend Transfer Pl	lan (Minimum ₹ 1000)		(Minimum ₹ 1000)
STP Frequency: Daily Weekly	□ Fortinging ·	ily Dividend	Only in case of	Growth Option
STP Amount : Monthly \(\sum \) Quarte STP Dates : \(\sum \) 1st \(\sum \) 7th \(\sum \) 14th	21^{st} STP Dates : 1^{st} 7^{t}	th 14 th 21 st 28 th S	TP Dates : 1st 7th	14 th 21 st 28 th
Any Day of STP Transfer(N	londay to Friday) STP Period: Start:	D D M M Y Y S	TP Period: Start:	D M M Y Y
(in case of weekly frequency) STP Period: Start: D D M	MYY		End:	
*For Daily STP Minimum Instalments 12 For Other Frequency Minimum Instalments 6	M Y Y	D D M M Y Y	Ellu.	
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) 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 From Scheme				
Plan Option Growth Dividend-Payout Dividend - Reinvest				
*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 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	P	DA Holder
ACKNOWLEDGMENT SLIP			Application No	
From State S			Application No.	