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Are you a tax resident (i. If 'No' please proceed fo If 'YES', please fill for ALI	or the signat	ure of dec	laration			,			rnose			No 🗌	a Citiz	en / F	Resid	ent / G	reen	Caro	d Hol	der /	Tax	Resid	dent	in the	e res	spec	tive c	ountr	ies [#]	

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (\checkmark) the reason A, B, & C (as defired below)
First Applicant				Reason A B C
Second Applicant				Reason A B C
Third Applicant				Reason A B 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.

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

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First / Sole Applicant / Guardian/POA	Second Applicant	Third Applicant
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Motilal Oswal Declaration Form For Opting Out of Nomination



DDMMYYYY

Folio Number / Application Number	
Sole / First Holder Name	
Second Holder Name	
Third Holder Name	

DECLARATION & SIGNATURE

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.

NAME AND SIGNATURE OF UNITH	IOLDER(S)	
Unitholder (1) Signature	Unitholder (2) Signature	Unitholder (3) Signature

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

MOTILAL OSWAL OTM I)ebit Ma	indate form NACH	/ ECS/ Di	rect De	bit/SIP F	Application No. Form -2	
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 Regi Investors applying under Direct Plan must mention "D Upfront commission shall be paid directly by the invest I/We hereby confirm that the EUIN box has been intentionally left blank by me by the employee/relationship manager/sales person of the above distributor employee/relationship manager/sales person of the distributor and the distrib	lirect" in ARN tor to the AMF /us as this is an "ex r or notwithstanding	Column I registered distributor based or ecution-only" transaction without any interact the advice of in-appropriateness, if any, pro	on or advice		f various facto	rs including the service ren Second Holder	dered by the distributor. Third Holder
1 UNIT HOLDER INFORMATION						☐ Mr. ☐ Ms. ☐ M/s	
Existing Folio Number		Existing UMRN					
Name F I R S T		MI	D D L	E		L A S	Т
2 SYSTEMATIC INVESTMENT PLAN DETAILS	;						
Scheme name	Plan			Installment Amount	SIP Booster details		Booster SIP Maximum quency SIP limit amount
Motilal Oswal	. 🗌 Regular	 Growth Dividend Payout Dividend Reinvestment 	(₹)		☐ Yes ☐ No		luarterly alf Yearly (₹) early
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*Incase if no date is selected, 7th would be the default		30					
SIP cheque No. SIP cheque	Date D D	M M Y Y Y Y					
3 DECLARATION AND SIGNATURE (To be signed This is to confirm that the declaration/instruction has been carefull entity or the bank where I have authorized the debit and express r (Debits)/Direct Debits /Standing Instructions. Authorization to Bank: Oswal Mutual Fund shall be made from my/our bank account with your First / Sole Applicant / Guardian / Authorised Sig	r read, understood ny willingness an This is to inform tl ur Bank. I/We autl	d. I/We have understood that I/we are au d authorize to make payments through nat I/We have registered for ECS / NACH	participation in NA Debit Clearing) / Di Mutual Fund carryir	CH/ECS/Direct Dect Dect Dect Dect Dect Dect Dect D	ebit/Standing Instr ing instructions fa	uctions. I/We hereby confirm adh cility and that my/our payment tow d and executed.	erence to the terms of NACH/ECS vards my/our investment in Motilal a cancelled cheque/cheque copy)
(To be signed by all holders if mode of operation of Bank Account is 'Joint')							
MOTILAL OSWAL OTM Debit Mandate	form NACH/		or Lumpsum Ad	ditional Purcha	ases as well as S	SIP Registrations]	
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I agree for the debit of mandate processing charges by the bank whom I a	im authorizing to de	bit my account as per latest schedule of cha	rges of the bank.				
Period	firm that the decla e understood that I	record (mandatory) ration has been carefully read, understooc am authorized to cancel/ amend this man	Name as in	bank record (mai am authorizing th y communicating			nk record (mandatory) the instruction as agreed and signed (corporate or the bank where I have \$6
ACKNOWLEDGMENT SLIP (To be filled by the inv	estor) Investor Nam	e	pplication No.	r			
Scheme Name D D M Y Y To D D	M M Y	Plan Y Perpetual SI	2	Option			Stamp & Signature



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

Application No. Version: 24.12.2019

Distributor Distributor Name Sub-Distributor Many Million Subject EUN ARX/R1A	Key Partner / Agent Information (Investors applying under Di	rect Plan must mention "Direct" in ARN No. column.)								
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PMM-PERM mandation	Investors applying under Direct Plan must mention Upfront commission shall be paid directly by the in "1/We hereby confirm that the EUIN box has been intentionally left bla without any interaction or advice by the employee/relationship manage broker or notwithstanding the advice of in appropriateness, if any,	"Direct" in ARN Column vestor to the AMFI registered distributor based nk by me/us as this transaction is executed risales person of the above distributor/sub	on the investor's assessm	nent of various fa		0		er of A	ttorne	
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🗌 Systematic Transfer Plan 🔄 Dividend Transfer Plan 🗌 Nav Appreciation Facility 🔲 Systematic Withdrawal Plan