MOTILAL OSWAL
Mutual Fund

Key Information Memorandum and Common Application Form
Continuous Offer of Units at Applicable NAV

Application No.

Form - 1

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN/RIA#	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 11) 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 2,7,10 &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 investor please fill in FATCA, CRS & UBO Declaration in Section 10B, 11 & 12)

☐ 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) | Aadhar No.

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 | Aadhar No. of Guardian

For Investments "On behalf of Minor" (Refer Instruction 1d) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Others Specify | Guardian named below is ☐ Father ☐ Mother ☐ Court Appointed

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

Email ID | Mobile | Tel.

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

3 KYC Details (Mandatory)

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

Gross Annual Income OR Net-worth* in ₹ *Not older than one year	INDIVIDUALS	NON-INDIVIDUALS	Is the entity involved in any of the following:
	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR	☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR	1 Foreign Exchange/ Money Changer ☐ Yes ☐ No
	networth as on D D M M Y Y	networth as on D D M M Y Y	2 Gaming / Gambling / Lottery (casinos, Betting syndicates) ☐ Yes ☐ No
	Any other information	(Networth is mandatory for Non-individuals) Any other information	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

4 JOINT APPLICANT'S DETAILS

SECOND APPLICANT'S DETAILS

☐ Mr. ☐ Ms. ☐ M/s

Mode of Holding ☐ Joint ☐ Anyone or Survivor (Default)

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

ACKNOWLEDGMENT SLIP

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

From

Cheque no.	Date	Amount	Scheme

Stamp & Signature

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

PAN /PEKRN** Email ID Mobile

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

KIN (KYC identification number) Aadhar No.

Date of Birth D D M M Y Y Y Y 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 ₹ *Not older than one year

INDIVIDUALS ☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR

networth as on D D M M Y Y

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 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** Email ID Mobile

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

KIN (KYC identification number) Aadhar No.

Date of Birth D D M M Y Y Y Y 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 ₹ *Not older than one year

INDIVIDUALS ☐ <1L ☐ 1-5L ☐ 5-10L ☐ 10-25L ☐ 25L-1CR ☐ >1CR

networth as on D D M M Y Y

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 is liable to be rejected). Nomination provided in demat account shall be considered.

☐ NSDL ☐ CDSL Depository Participant (DP) Name

DP ID Beneficiary A/c No.

6 EMAIL COMMUNICATION

All communications will be sent by default to the registered E-mail id / Mobile No. In case you wish to receive physical communication please ✓ ☐

7 INVESTMENT & PAYMENT DETAILS

Payment Type (Please ✓) ☐ Non - Third party payment ☐ Third party payment (Please fill the Third Party Payment Declaration Form)

Scheme

☐ Motilal Oswal MOSt Focused Dynamic Equity Fund ☐ Motilal Oswal MOSt Focused Multicap 35 Fund ☐ Motilal Oswal MOSt Focused 25 Fund

☐ Motilal Oswal MOSt Focused Long Term Fund ☐ Motilal Oswal MOSt Focused Midcap 30 Fund ☐ Motilal Oswal MOSt Ultra Short Term Bond Fund

Plan and Option ☐ Regular ☐ Direct (Default Plan)

Option ☐ Growth (Default Option) ☐ Div - Payout ☐ Div - Reinvest (Default Option) (N/A for MOSt Focused Long Term)

Applicable for Motilal Oswal MOSt Focused Dynamic Equity Fund

☐ Quartely ☐ Annually (Default Option)

Applicable for Motilal Oswal MOSt Ultra Short Term Bond Fund

☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quartely

(Not Applicable for Dividend Payout Option)

☐ LUMPSUM INVESTMENT OR ☐ ZERO BALANCE OR ☐ SYSTEMATIC INVESTMENT PLAN / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2)

LUMPSUM INVESTMENT

Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds Transfer

Amount (₹) (i)

DD charges (₹) (ii)

Total Amt. (₹) (i)+(ii)

Instrument No. Date D D M M Y Y

Bank Name

Bank A/c No.

Branch Name & City

Account Type: ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR

SYSTEMATIC INVESTMENT PLAN

1st SIP Instalment

Amount (₹)

Cheque /DD No. Date D D M M Y Y

Drawn on Bank Bank & Branch

Subsequent SIP Instalment Amount (₹)

In words

Weekly ☐ (1st, 7th, 14th, 21st, 28th)

Fortnightly ☐ 1st-14th ☐ 7th-21st ☐ 14th-28th

Monthly ☐ 1st ☐ 7th(Default) ☐ 14th ☐ 21st ☐ 28th

Quarterly ☐ 1st ☐ 7th(Default) ☐ 14th ☐ 21st ☐ 28th

Annual SIP D D M M Y Y Y Y

Any Day/ Date SIP

☐ Weekly - Any Day of Transfer_____(Monday to Friday)

☐ Monthly SIP- Any date of the month D D except (29th, 30th and 31st)

☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) D D except (29th, 30th and 31st)

SIP Period From M M Y Y Y Y To End date M M Y Y Or ☐ Perpetual

MOTILAL OSWAL Mutual Fund

Motilal Oswal Asset Management Company Limited
10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road,
Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025
Email: mfservice@motilaloswal.com. Toll Free No.: 1800-200-6626
website: www.motilaloswalmf.com

8 BANK DETAILS (Mandatory) Redemption / Dividend /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 /ECS will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / 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/ECS.
If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) Please tick the box alongside ☐

9 NOMINATION DETAILS (Refer Instruction 9)

Name (Date of Birth if nominee is minor)	Address	Guardian Name (in case Nominee is a Minor)	Signature (Guardian in case Nominee is a Minor)	Allocation %

Unit Holder's Signature If you do not wish to nominate sign here.	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder	100%

10 FATCA- CRS Declaration and Supplementary Information

10A Declaration for Individual

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#

	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 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.
#Please attach additional sheets if necessary

10B Declaration for Non-Individual / Legal Entity

1. Is "Entity" a tax resident of any country other than India ☐ **Yes** ☐ **No** (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number%	Identification Type (TIN or Other, please specify)

% In case Tax Identification Number is not available, kindly provide its functional equivalent .
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here
Please refer to para 3(vii) Exemption code for U.S. persons of FATCA instructions & Definitions Non-Individual.

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,
Financial institution ☐
or
Direct reporting NFE ☐
(please tick as appropriate)
GIIN not available (please tick as applicable)
If the entity is a financial institution,

Global Intermediary Identification Number (GIIN)
Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
Name of sponsoring entity
☐ Applied for ☐ Not required to apply for - please specify 2 digits sub-category ☐ Not obtained – Non-participating FI

Part B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)
Yes ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded)
No ☐ Name of stock exchange

2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)
No ☐ Yes ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
Name of listed company
Nature of relation ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company
Name of stock exchange

3. Is the Entity an active Non Financial Entity (NFE)
No ☐ Yes ☐ Nature of Business
Please specify the sub-category of Active NFE (Mention code –refer 2 FATCA instruction and definition for non-individual)

4. Is the Entity a passive NFE
No ☐ Yes ☐ (If yes, please fill UBO declaration in the next section.)
For details please refer FATCA Instructions and Definitions (for Non-Individuals)
Nature of Business

If passive NFE, please provide below additional details for each controlling person. (Please attach additional sheets if necessary.)

Name/ PAN/ Any other Identification Number (PAN, Aadhar, Passport Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) **City of Birth - Country of Birth**	**Occupation Type:** Service, Business, Others **Nationality:** Father's Name: Mandatory if PAN is not available	**DOB:** Date of Birth **Gender:** Male, Female, Other
1.Name: **PAN:** **City of Birth:** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date Of Birth:** D D M M Y Y Y Y **Gender** ☐ Male ☐ Female ☐ Other
2.Name: **PAN:** **City of Birth:** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date Of Birth:** D D M M Y Y Y Y **Gender** ☐ Male ☐ Female ☐ Other
3.Name: **PAN:** **City of Birth:** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date Of Birth:** D D M M Y Y Y Y **Gender** ☐ Male ☐ Female ☐ Other

[#]Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.
* To include US, where controlling person is a US citizen or green card holder
[%]In case Tax Identification Number is not available, kindly provide functional equivalent

11 DETAILS OF ULTIMATE BENEFICIAL OWNERS / ULTIMATE BENEFICIAL OWNERSHIP [UBO] DECLARATION [Mandatory]

(If the given space below is not adequate, please attach multiple declaration forms)

*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

Name of UBO	Address (Include State, Country, PIN/ZIP Code & Contact Details)	Address Type	PAN/Tax Payer Identification No./ Equivalent ID No.[%]	Country of tax Residency*	Controlling Person Type[1] (Mandatory)	% of beneficial interest
		☐ Residential ☐ Business ☐ Registered Office	No.: Type:			
		☐ Residential ☐ Business ☐ Registered Office	No.: Type:			
		☐ Residential ☐ Business ☐ Registered Office	No.: Type:			

Attached documents should be self certified by the UBO and certified by the applicant or Authorised Signatory.
I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mutual Fund shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

12 DECLARATION 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	Second Applicant	Third Applicant	Power of Attorney Holder

Date: Place: