



**Think Equity  
Think Motilal Oswal**

## **Key Information Memorandum And Common Application Form**

**Continuous Offer of Units at Applicable NAV**

**Disclaimer:** The NAVs of the schemes may go up or down depending upon the factors and forces affecting the securities market including the fluctuations in the interest rates.

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## COMMON APPLICATION FORM

(FORM TO BE FILLED IN CAPITAL LETTERS)



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 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 No. 12) 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 1,7, 9 &11)

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 investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com.)

☐ 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) Date of Birth /  
Incorporation D D M M Y Y Y Y Place of Birth / IncorporationCountry of Birth / Incorporation Nationality ☐ Indian ☐ US ☐ Others (Please Specify) City of Incorporation**For Investments "On behalf of Minor"**  
(Refer Instruction 1d)☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Others SpecifyGuardian's Relationship ☐ Father ☐ Mother ☐ Court Appointed  
With Minor

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

Mandatory incase of NRI's

Email ID

Email ID &amp; 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

Mobile Tel.

**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 SpecifyOccupation ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Others SpecifyGross Annual  
Income OR  
Net-worth\*  
in ₹  
\*Not older  
than one year  
INDIVIDUALS  
<1L 1-5L 5-10L 10-25L 25L-1CR >1CR  
network as on D D M M Y Y  
Any other informationNON-INDIVIDUALS  
<1L 1-5L 5-10L 10-25L 25L-1CR >1CR  
network as on D D M M Y Y  
(Networth is mandatory for Non-individuals)  
Any other information**Is the entity involved in any of the following:**1 Foreign Exchange/ Money Changer ☐ Yes ☐ No  
2 Gaming / Gambling / Lottery  
(casinos, Betting syndicates) ☐ Yes ☐ No  
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

Legal Entity Identifier (LEI) Number LEI Expiry Date D D M M Y Y Y Y

(Refer Instruction No. 18)

**4 JOINT APPLICANT'S DETAILS****SECOND APPLICANT'S DETAILS**☐ Mr. ☐ Ms. ☐ M/sMode of Holding ☐ Joint ☐ Anyone or Survivor (Default)

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 &amp; Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number)

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 SpecifyGross Annual  
Income OR  
Net-worth\*  
in ₹  
\*Not older  
than one year  
INDIVIDUALS  
<1L 1-5L 5-10L 10-25L 25L-1CR >1CR  
network 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**ACKNOWLEDGMENT SLIP**

Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

**Application/Folio No.**

From

Cheque no.	Date	Amount	Scheme

Stamp &amp; Signature



Place:

Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:

We are falling under “ <b>Non-Profit Organization</b> ” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="radio"/> <u>Yes</u> <input type="radio"/> <u>No</u>
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

## OTM Debit Mandate form NACH/ ECS/ Direct Debit/SIP Form

[illegible]

#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.

<input type="checkbox"/> "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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".			
First Holder	Second Holder	Third Holder	

## 1 UNIT HOLDER INFORMATION

Existing Folio Number	<input type="text"/>	Existing UMRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name	<input type="text"/> F I R S T	<input type="text"/> M I D D L E	<input type="text"/> L A S T	

## 2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency (*Incise if no date is selected, 7th would be the default SIP Date.)	SIP Date & Period (SIP Period should not exceed 40 years)	SIP Installment Amount	SIP Booster <input type="checkbox"/> Yes <input type="checkbox"/> No
Motilal Oswal_____	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> *7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> <input type="checkbox"/> Annual SIP Any Day/ <input type="checkbox"/> Weekly SIP - Any Day of Transfer_____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> To <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> (Except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> )	(₹)_____ (in figures)	Amount (₹)_____ Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹)_____
Motilal Oswal_____	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> *7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> <input type="checkbox"/> Annual SIP Any Day/ <input type="checkbox"/> Weekly SIP - Any Day of Transfer_____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> To <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> (Except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> )	(₹)_____ (in figures)	Amount (₹)_____ Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹)_____
Motilal Oswal_____	<input type="checkbox"/> Daily SIP- Any date of the month <input type="checkbox"/> Fortnightly SIP <input type="checkbox"/> 1 <sup>st</sup> -14 <input type="checkbox"/> *7 <sup>th</sup> -21 <sup>st</sup> <input type="checkbox"/> 14 <sup>th</sup> -28 <sup>th</sup> <input type="checkbox"/> Annual SIP Any Day/ <input type="checkbox"/> Weekly SIP - Any Day of Transfer_____ (Monday to Friday) Date SIP <input type="checkbox"/> Monthly SIP- Any date of the month <input type="checkbox"/> Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> To <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> (Except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> )	(₹)_____ (in figures)	Amount (₹)_____ Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly SIP Booster Maximum Amount (₹)_____

## INITIAL INVESTMENT DETAILS

Cheque No.	Cheque Date	Net Amount ₹	Bank Name	Branch	City

### 3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

This is to confirm that the declaration/instruction has been carefully read, understood. I/We have understood that I/we are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorized the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS (Debits)/Direct Debits/Standing Instructions. Authorization to Bank: This is to inform that I/We have registered for ECS/ NACH (Debit Clearing)/ Direct Debit/ Standing Instructions facility and that my/our payment towards my/our investment in Motilal Oswal Mutual Fund shall be made from my/our bank account with your Bank. I/We authorize the representatives Motilal Oswal Mutual Fund carrying this mandate form to get it verified and executed. (Please attach a cancelled cheque/cheque copy)

(To be signed by all holders if mode of operation of Bank Account is 'Joint')



## OTM Debit Mandate form NACH/ ECS/ Direct Debit [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

	<b>Motilal Oswal</b>	Date DDMMYY DD MM YY Y Y Y Y
Tick (✓)	Sponsor Bank Code CITIOOPIGW Utility Code NACHOOO OOOO22806	
Create <input checked="" type="checkbox"/>	I/We hereby authorize Motilal Oswal Mutual Fund To Debit (to tick ✓) SB CA CC SB-NRE SB-NRO Other	
Modify <input type="checkbox"/>	Bank a/c number	
Cancel <input type="checkbox"/>	with Bank Bank name and branch IFSC Or MICR	

an amount of Rupees

FREQUENCY ☐ Mthly ☐ Qtly ☐ H.Yrly ☐ Yrly ☒ As & when presented

DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

FREQUENCY

Reference 1	Folio No.	Mob. No.	DEBIT TYPE

### Reference 1

Reference 1		Email ID	
Reference 2	Application No.	Email ID	

Reference 2

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

<b>Period</b> From <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> To <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	1. Sign _____ <div style="text-align: center; font-size: small;">Name as in bank record (mandatory)</div>	2. Sign _____ <div style="text-align: center; font-size: small;">Name as in bank record (mandatory)</div>	3. Sign _____ <div style="text-align: center; font-size: small;">Name as in bank record (mandatory)</div>
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

Maximum period of validity of this mandate is 40 years only

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/ corporate or the bank where I have authorized the debit

**ACKNOWLEDGMENT SLIP** (To be filled by the investor)

Folio No.	<input type="text"/>	Investor Name	<input type="text"/>	
Scheme Name	<input type="text"/>	Plan	<input type="text"/>	Option <input type="text"/>
SIP Period From	<input type="text"/>	To	<input type="text"/>	

Stamp & Signature



**Think Equity  
Think Motilal Oswal**