



**Continuous Offer of Units at Applicable NAV Application No.**  
**Key Information Memorandum and Application Forms**

Distributor ARN	ARN Name	Sub-Distributor ARN	Internal Sub-Broker / Employee Code	EUIN
ARN 0186	Bonanza	ARN		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

(Investors applying under Direct Plan must mention "Direct" in ARN Column)

Signature	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	PoA Holder

Declaration for "execution-only" transaction (only where EUIN box is left blank)  
 I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Please  any one of the below) (Refer Instruction No. 11)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) **OR**  I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in 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.

**1. FIRST APPLICANT'S DETAILS** The name of the applicant should match with PAN card, Bank Account & Demat Account (if any). Please refer to instruction No. 4

**Existing Folio Number** [ ] Existing Investors : Jump to section 6 and then section 9.(New Investors : Please fill in all sections)

**Name of the Sole / 1st Applicant / Corporate Investor (In case of Minor, there shall be no joint holders)**

Mr. / Ms. / M/s.

PAN\*\* [ ] Enclosed  PAN Proof  KYC Compliance Date of Birth [ D D M M Y Y ]

**Name of the Guardian (in case of minor) / Power of Attorney Holder / Contact Person (in case of Corporate Investor)** (Mandatory only in case of minor. Please attach age Proof)

Mr. / Ms. / M/s.

PAN\*\* [ ] Enclosed  PAN Proof  KYC Compliance

Tel Office [ ] Tel Home [ ] Fax [ ]

Mobile No. [ ] Email ID [ ]

Email id and Mobile No are essential to enable us to communicate better with you.

**Status of the 1st Applicant**

- Resident Individual  NRI-Repatriation  NRI-Non Repatriation  Partnership  Trust
- HUF  AOP  PIO  Company  FIs
- Minor through guardian  BOI  Body Corporate  OCI  LLP
- Society / Club  Foreign National Resident in India  QFI
- Others [ ] (please specify)

**Occupation Details**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer

Other.....(Please specify)

**Gross Annual Income**  Below 1 Lac  1-5 Lacs  5-10 Lacks  10-25 Lacs  >25 Lacs- 1Crore  > 1Crore or Net worth ₹.....

**Net-worth in Mandatory for Non-Individuals** ₹ ..... as on [ D D M M Y Y ] (Not older than 1 year)

**For Individuals**

- I am Politically Exposed Person
- I am Related to politically Exposed Person  Not Applicable

**For Non-Individual Investors (Companies, Trust, Partnership etc)**

- i. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company. (If no please attach mandatory UBO declaration)  Yes  No
- ii. Foreign Exchange/ Money Changer Services  Yes  No
- iii. Gaming / Gambling / Lottery / Casino Services  Yes  No
- iv. Money Lending / Pawning  Yes  No

**2. JOINT APPLICANTS' DETAILS**

**Name of 2nd Applicant** Mr. / Ms. / M/s.

PAN\*\* [ ] Enclosed  PAN Proof  KYC Compliance

**Occupation Details**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Other.....(Please specify)

**Gross Annual Income**  Below 1 lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 Crore  >1 Crore or Net worth ₹.....

**Other**  Politically Exposed Person (PEP)  Related to a Political Exposed Person (PEP)  Not Applicable

**Name of Third Applicant** Mr. / Ms. / M/s.

PAN\*\* [ ] Enclosed  PAN Proof  KYC Compliance

**Occupation Details**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Other.....(Please specify)

**Gross Annual Income**  Below 1 lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 Crore  >1 Crore or Net worth ₹.....

**Other**  Politically Exposed Person (PEP)  Related to a Political Exposed Person (PEP)  Not Applicable

**3. 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.) (Refer Instruction No. 7)  
 Nomination provided in Demat Account shall be considered.

<input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL	Depository Participant Name	Depository Participant (DP) ID (CDSL only)
Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	

**4. CORRESPONDENCE ADDRESS** (P.O.Box Address may not be sufficient.)

City \_\_\_\_\_ State \_\_\_\_\_ Pin code / Zip [ ]

**Overseas Address for NRI / FII - Mandatory** (Please fill in Capital Letters. P.O. Box address may not suffice.)

\*\*Please mention PAN no. as it is Mandatory

**5. EMAIL COMMUNICATION**

I/ We wish to receive the following document via email in lieu of physical documents.  Yes  No  
 Account Statement  Newsletter  Annual Report  Other Statutory Information

**ACKNOWLEDGMENT SLIP** (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800-200-6626 (Toll Free)]

Application No.

Motilal Oswal Asset Management Company Limited 10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road, Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025

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

From \_\_\_\_\_

Instrument No.	Dated	Amount (₹)	Scheme

Stamp & Signature

**6. INVESTMENT & PAYMENT DETAILS**

**Payment Type** (Please ✓) :  Non - Third Party Payment  Third Party Payment (please fill the attached Third Party Payment Declaration Form - 4)

**Scheme** -  Motilal Oswal MOST Focused Multicap 35 Fund  Motilal Oswal MOST Focused Midcap 30 Fund  Motilal Oswal MOST Focused 25 Fund  
 Motilal Oswal MOST Ultra Short Term Bond Fund

**Plan** -  Direct (Default Plan)  Regular **Option** -  Growth (Default Option)  Div - Payout  Monthly  Quarterly  
 Div - Reinvest (Default Option)  Daily  Weekly  Fortnightly  Monthly  Quarterly

LUMP SUM INVESTMENT OR  ZERO BALANCE OR  SYSTEMATIC INVESTMENT PLAN / MICRO SIP - ECS (please fill ECS Debit Form - 2)

**Payment Mode:**  Cheque  DD  RTGS  NEFT  Funds transfer

**Amount (₹)(i)** \_\_\_\_\_ **First SIP Instalment Amount (₹)** \_\_\_\_\_  
**DD charges, (₹)(ii)** \_\_\_\_\_ **First SIP Instalment Cheque / DD No.** [ ][ ][ ][ ][ ][ ] **Date** [ ][ ] [ ][ ] [ ][ ] [ ][ ]

**Total Amount (₹) (i) + (ii)** \_\_\_\_\_ **Subsequent SIP Instalment Amount (₹)** \_\_\_\_\_ in figures  
 \_\_\_\_\_ in words

**Instrument No.** [ ][ ][ ][ ][ ][ ] **Date** [ ][ ] [ ][ ] [ ][ ] [ ][ ]

**Account No.** \_\_\_\_\_ **Motilal Oswal MOST Ultra Short Term Bond Fund - SIP Date**  
**Bank Name** \_\_\_\_\_ **SIP Frequency**  Monthly  Quarterly  
**Branch & City** \_\_\_\_\_ **Motilal Oswal MOST Focused 25 Fund**  
**Account Type**  Current  Savings  NRO  NRE  FCNR **Motilal Oswal MOST Focused Midcap 30 Fund**  
**Motilal Oswal MOST Focused Multicap 35 Fund**  
**SIP Date**  1<sup>st</sup>  7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup> of the Month  
**SIP Frequency**  Weekly  Fortnightly  Monthly  Quarterly  
**SIP Period From** [ ][ ] [ ][ ] [ ][ ] [ ][ ] **To**  Perpetual  Other [ ][ ] [ ][ ] [ ][ ] [ ][ ]

**7. 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.

**Name of the Bank** \_\_\_\_\_ **Branch** \_\_\_\_\_

**Account Number** [ ] **City** \_\_\_\_\_

**Account Type**  Current  Savings  NRO  NRE  FCNR  Others \_\_\_\_\_ (please specify)

**MICR Code** [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] **RTGS/NEFT Code** [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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 DC/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

**8. NOMINATION DETAILS** (Mandatory information. Please select the desired option.)

I/We wish to nominate.  I/We DO NOT wish to nominate and sign here \_\_\_\_\_ **1st Applicant Signature (Mandatory)**

	Nominee Name	PAN	Date of Birth	Guardian Name (In case of Minor)	% (Percentage)	Nominee Signature
Nominee 1						
Nominee 2						
Nominee 3						
Address					Total = 100%	

**9. DECLARATION & SIGNATURES**

Having read and understood the contents of the Scheme Information Documents 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 regulations 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 authorise 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 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 the details provided by me / us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder
X			

\*Applicable to application under Direct Plan: I/We hereby declare and confirm that I/We have read and understood the Scheme related documents pertaining to the "Direct Plan" and also confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. Motilal Oswal Mutual Fund/MOAMC/Trustee shall not be liable for any consequences arising out of such investments.



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