

From

Instrument No.

Dated

					FARM
					FORM - 1
		er of Units at Applic		lication No.	
MOTILAL OSWAL	Key Information	n Memorandum and	Application Forms		
	Distributor ARN	ARN Name	Sub-Distributor ARN In	ternal Sub-Broker / Employee Co	ode EUIN
Mutual Fund	ARN 0186	Bonanza	ARN		
	Upfront commission shi including the service re		vestor to the AMFI registered I	Distributors based on the investor	rs' assessment of various factors
		,	tion "Direct" in ARN Column)		
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 a	e this is an a First /	Sole Applicant / Guardian	Second Applicant	Third Applicant	PoA Holder
"execution-only" transaction without any interaction or advice by the employee/rr manager/sales person of the above distributor or notwithstanding the adv	s this is an elationship rice of in- rson of the				
appropriateness, if any, provided by the employee/relationship manager/sales pe	rson of the				
distributor and the distributor has not charged any advisory fees on this transaction					
TRANSACTION CHARGES FOR APPLICATIONS THE		TORS ONLY (Please	,	,	(Refer Instruction No. 11)
I confirm that I am a First time investor across Mutu (Rs. 150 deductible as Transaction Charge and payable to		OR L		n existing investor in Mutu Fransaction Charge and paya	
In case the purchase/ subscription amount is Rs. 10,000 or more and you	r Distributor has opted	in to receive Transaction			
amount and payable to the Distributor. Units will be issued against the bal					
1. FIRST APPLICANT'S DETAILS The name of the applican	_		,		
Existing Folio Number				stors : Please fill in all section	is)
Name of the Sole / 1st Applicant / Corporate Investor (In Mr. / Ms. / M/s.	case of Minor, the	ere shall be no joint	noiders)		
PAN** Enclosed	PAN Proof	KYC Compl	ance	Date of Birth	DDMMYY
Name of the Guardian (in case of minor) / Power of Attor				(Man	ndatory only in case of minor.
Mr. / Ms. / M/s.	,			•	Please attach age Proof)
PAN** Enclosed	PAN Proof	KYC Compl	ance		
	el Home		Fax		
			1 47	`	
Mobile No. Email id and Mobile No are essential to enable us to communicate be	mail ID				
Status of the 1st Applicant	tter with you.		For Individuals		
Resident Individual NRI-Repatriation NRI-Non Rep	atriation Partner	ship Trust	☐ I am Politically Exp	osed Person	
HUF AOP PIO	Compa		1—	itically Exposed Person 🔲 N	* *
☐ Minor through guardian ☐ BOI ☐ Body Corpora ☐ Society / Club ☐ Foreign National Resident in India	ate OCI	LLP		I Investors (Companies,	
Others (please specify)			Is the company a Liste Controlled by a Listed	d Company or Subsidiary of List Company. (If no please attach mandato	ed Company or
Occupation Details Private Sector Service Public Sector	Service Governm	ent Service Busines	s I ii. Foreign Exchange/ Mo	ney Charger Services	Yes No

Name of the Sole / 1st Applicant / Corporate Investor (In case of Minor, there shall be no joint holders) Mr. / Ms. / M/s
PAN**
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.
Mr. / Ms. / M/s
PAN** 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 I am Politically Exposed Person
HUF AOP PIO Company Fils I am Related to politically Exposed Person Not Applicable
Minor through guardian BOI Body Corporate OCI LLP For Non- Individual Investors (Companies, Trust, Partnership etc) Society / Club Foreign National Resident in India
Others (please specify) 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
Occupation Details Private Sector Service Public Sector Service Sector Sec
Professional Agriculturist Retired Housewife Student Forex Dealer iv. Money Lending / Pawning
☐ Other(Please specify) I Gross Annual Income ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacks ☐ 10-25 Lacs ☐ >25 Lacs-1 Crore ☐ > 1 Crore or Net worth ₹
Net-worth in Mandatory for Non-Individuals) ₹ as on DD / MM / Y Y Y Y Y (Not older than 1 year)
2. JOINT APPLICANTS' DETAILS
Name of 2nd Applicant Mr. / Ms. / M/s. MODE OF OPERATION
PAN** Enclosed PAN Proof KYC Compliance Single
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 Delitically Exposed Person (PEP) Related to a Political Exposed Person (PEP) Not Applicable
Name of Third Applicant Mr. / Ms. / M/s. PAN**
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)
□ NSDL OR □ CDSL Depository Participant Name
Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) Depository Participant (DP) ID (CDSL 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.)
CVETSEAS Address for With File - Mandatory (Flease IIII III Gapital Letters, F.O. Dox address may not sumber.)
**Please mention PAN no. as it is Mandatory 5. EMAIL COMMUNICATION
// 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

Scheme

Stamp & Signature

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

Amount (₹)

6. INVESTMENT	T & PAYMENT DETAILS							
	lease ✓): Non - Third otilal Oswal MOSt Focused M Motilal Oswal MOSt Ultra Sho		Motilal Os	y Payment (please fill the attache wal MOSt Focused Midcap 30		eclaration Form - 4) wal MOSt Focused 25 Fund		
Plan - Direct	Default Plan) Regular C	ption - Grow	th Div - F	Payout Mor	othly Quarterly			
	NVESTMENT OR		Option) Div - F	Reinvest (Default Option) Dail	y Weekly Fortr	nightly Monthly Quarterly IP - ECS (please fill ECS Debit Form - 2)		
Payment Mode:		TGS NEFT	Funds transf	, 🗀		ii 200 (picace iii 200 Bobit 101111 2)		
Amount (₹)(i)				First SIP Instalment Amount (₹) First SIP Instalment Cheque / DD No. Date D D M M Y Y				
· · · ·				Drawn on Bank, Branch				
DD charges, (₹)(ii)				Subsequent SIP Instalment Amount (₹) in figures				
Total Amount (₹) (i) + (ii)				in words				
Instrument No. Date D D M M Y Y				Motilal Oswal MOSt Ultra	Motilal Oswal MOSt Ultra Short Term Bond Fund - SIP Date			
Account No					nthly Quarterly			
Bank Name				Motilal Oswal MOSt Focuse Motilal Oswal MOSt Focuse				
Branch & City				Motilal Oswal MOSt Focuse	d Multicap 35 Fund			
Account Type	Current Savings	NRO NF	RE FCNR	<u> </u>	14 th 21 st 28 th of th			
				SIP Frequency We	ekly Fortnightly To Perpetu	Monthly Quarterly al Other MMYY		
7. BANK DETA	ILS (Mandatory) Redemption / Div	dend / Refund payouts v	vill be credited into this			swal Mutual Fund has Direct Credit facility.		
Name of the Bank		, ,				,		
					_			
Account Number					_ `			
Account Type	Current	Savings	NRO	NRE FCNR	Others	(please specify)		
MICR Code			RTGS/NE	EFT 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 ca incomplete or incorrec	se the bank does not credit my /our $\mathfrak k$ t information, $\mathfrak l$ / We would not hold $\mathfrak k$	ank account with / with	out assigning any rea	son thereof, or if the transaction is dela	yed or not effected at all or cre	lutual Fund towards redemption / dividend / edited into the wrong account for reasons of ole at par cheque in case it is not possible to		
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