## MOTILAL OSWAL SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN

Application No.

Distributor ARN/RIA#	ARN Name		Sub-Distributor ARN/RIA# Interna		ternal Sub-Broker/Employee Code		EUIN		
ARN/RIA			ARN						
We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction ithout any interaction or advice by the employee/relationship manager/sales person of the above distributor or otwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the stributor and the distributor has not charged any advisory fees on this transaction.			First Holder		Second Holder		Third Holder		
EXISTING UNIT HOLDER I	NFORMATION								
Name of the First Holder			Folio	No.					
PAN/PERN (mandatory)			Enclo	osed 🗌 PA	N/PERN Proof	□ K)	C Complicane		
SYSTEMATIC TRANSFER PLAN (STP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)									
Please arrange for STP with the following options From Scheme Plan Option Growth / Dividend-Payout / Dividend - Reinvest Dividend Frequency (In case of Dividend option) To Scheme Plan									
Option 🗌 Growth / 🗌 Dividend-Payout / 🗌 Dividend - Reinvest 🛛 Dividend Frequency (In case of Dividend option)									
Fixed Amount	(Minimum Rs.1000)	Dividend Tr	ansfer Plan (Minimum Rs.1000)		□ N/	AV Apprec	iation (Minimum Rs.1000)		
	🗋 Monthly 🔛 Quarterly			Except Daily Dividend		Only in case of Growth Option			
STP Amount : STP Dates : 1 1 <sup>st</sup> 3 STP Period: Start: End:		TP Period:	14 <sup>m</sup> 21 <sup>st</sup> Start:     D       M     M       Y	28 <sup>th</sup> Y Y	STP Dates : STP Period:	☐ 1 <sup>st</sup> Star End	t: D D M M Y Y		
SYSTEMATIC WITHDRAW	AL PLAN (SWP) (Please mention the PAN/PER	N without which, th	nis application form will be considered i	ncomplete ar	nd is liable to be re	ejected.)			
Rs. (in figures) SWP Frequency: SWP Period: Start: [ From Scheme		SWP Date:	☐1 <sup>st</sup> ☐ 7 <sup>th</sup> ☐ 14 <sup>th</sup> ☐		28 <sup>th</sup>				
Plan Dividend Frequency (In cas	e of Dividend option)	vth / 🔲 Divio	dend-Payout / 🔲 Dividend -	Reinvest					
	tood the contents of the Scheme Info	ormation Docum	nent of the Scheme(s) 1 / We	hereby ar	anly for units o	f the Sch	eme(s) and agree to abide by the		

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / We hereby apply for 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 fo 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) and 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 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 details provide by me / us are true and correct.

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