

9 FATCA- CRS DECLARATION AND SUPPLEMENTARY INFORMATION

9A Declaration for Individual

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website: www.motilaloswalmf.com. The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant/Guardian			☐ Indian ☐ U.S. ☐ Others (Please specify) _____
Second Applicant			☐ Indian ☐ U.S. ☐ Others (Please specify) _____
Third Applicant			☐ Indian ☐ U.S. ☐ Others (Please specify) _____

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 defined below)
First Applicant/Guardian				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

10 NOMINATION DETAILS (Refer Instruction 10)

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Nominee Name*	PAN / DL / Passport Aadhaar (last 4 digits)*	Nominee DOB / Relationship with primary unitholder*	Share %*	Guardian Name and Relationship (In case of Minor)*	Email Id and Mobile No*	Address*
Nominee 1		D D M M Y Y Relationship		Guardian Name: Relationship:	Email: Mobile:	
Nominee 2		D D M M Y Y Relationship		Guardian Name: Relationship:	Email: Mobile:	
Nominee 3		D D M M Y Y Relationship		Guardian Name: Relationship:	Email: Mobile:	

FOR NOMINATION OPT-OUT: ☐ I/We DO NOT wish to make a nomination (Please tick (✓) if the unit holder does not wish to nominate anyone) *Mandatory section for Individuals (Single or Joint)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

11 DECLARATION/CONSENT 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 / Authorised Signatory	Second Applicant	Third Applicant
---	------------------	-----------------

Date: _____ 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 “ Non-Profit Organization ” [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).	☐ <u>Yes</u> ☐ <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

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 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.

First Holder

Second Holder

Third Holder

1 UNIT HOLDER INFORMATION

☐ Mr. ☐ Ms. ☐ M/s

Existing Folio Number

Existing UMRN

Name

F I R S T

M I D D L E

L A S T

2 SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option	SIP Frequency	SIP Date & Period (SIP Period should not exceed 40 years)	SIP Installment Amount	SIP Booster ☐ Yes ☐ No
Motilal Oswal	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1 st -14 ☐ *7 th -21 st ☐ 14 th -28 th ☐ Annual SIP Any Day/Date SIP ☐ Weekly SIP - Any Day of Transfer (Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From D D M M Y Y Y Y To D D M M Y Y Y Y (Except 29 th , 30 th and 31 st)	(₹) _____ (in figures)	Amount (₹) _____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹) _____
Motilal Oswal	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1 st -14 ☐ *7 th -21 st ☐ 14 th -28 th ☐ Annual SIP Any Day/Date SIP ☐ Weekly SIP - Any Day of Transfer (Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From D D M M Y Y Y Y To D D M M Y Y Y Y (Except 29 th , 30 th and 31 st)	(₹) _____ (in figures)	Amount (₹) _____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹) _____
Motilal Oswal	☐ Daily SIP- Any date of the month ☐ Fortnightly SIP ☐ 1 st -14 ☐ *7 th -21 st ☐ 14 th -28 th ☐ Annual SIP Any Day/Date SIP ☐ Weekly SIP - Any Day of Transfer (Monday to Friday) ☐ Monthly SIP- Any date of the month ☐ Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October)	From D D M M Y Y Y Y To D D M M Y Y Y Y (Except 29 th , 30 th and 31 st)	(₹) _____ (in figures)	Amount (₹) _____ Frequency: ☐ Quarterly ☐ Half Yearly ☐ Yearly SIP Booster Maximum Amount (₹) _____

*Incise if no date is selected, 7th would be the default SIP Date.

SIP cheque No.

SIP cheque Date

D D M M Y Y Y Y

SIP Amount Min. ₹100/- (Daily), SIP Amount Min. ₹500/- (Weekly/Fortnightly/ Monthly), ₹1,500/- (Qtrly) & ₹6,000/- (Annual SIP) and in multiples of ₹1

₹500/- and in multiples of ₹ 500/- for Motilal Oswal ELSS Tax Saver Fund

***For Index Fund Only Growth Option is Available**

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)

First / Sole Applicant / Guardian / Authorised Signatory

Second Applicant

Third Applicant

(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)

UMRN

For Official Use

Date

D D M M Y Y Y Y

Tick (✓)

Create ☒

Modify ☒

Cancel ☒

Sponsor Bank Code

C I T I O O P I G W

Utility Code

N A C H O O O O O O O O O O 2 2 8 0 6

I/We hereby authorize

Motilal Oswal Mutual Fund

To Debit (to tick ✓)

☐ SB

☐ CA

☐ CC

☐ SB-NRE

☐ SB-NRO

☐ Other

Bank a/c number

with Bank

Bank name and branch

IFSC

Or MICR

an amount of Rupees

Amount In Word

₹

Amount In Figure

FREQUENCY

☐ Mthly

☐ Qtrly

☐ H.Yrly

☐ Yrly

☒ As & when presented

DEBIT TYPE

☐ Fixed Amount

☒ Maximum Amount

Reference 1

Folio No.

Mob. No.

Reference 2

Application No.

Email ID

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.

Period

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

1.Sign

2.Sign

3.Sign

Name as in bank record (mandatory)

Name as in bank record (mandatory)

Name as in bank record (mandatory)

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)

Application No.

Folio No.

Investor Name

Scheme Name

Plan

Option

SIP Period From

D D M M Y Y

To

D D M M Y Y

Stamp & Signature