

OTM Debit Mandate form NACH/ ECS/ Direct Debit Application No. Form -2

Distributor ARN / RIA# ARN/RIA :		Distributor I	Name	ARN	-Distributor ARN	Internal	Sub-Broker/Employee Code EUIN
y mentioning RIA code, I/We authorize you t /e hereby confirm that the EUIN box has been the employee/relationship manager/sales per	ntentionally left blank by many son of the above distribute	ne/us as this is an "e tor or notwithstandin	execution-only" transaction withou g the advice of in-appropriatenes	ransactions in that any interaction as, if any, provid	or advice		Second Holder Third Holder
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UNIT HOLDER INFORMA	TION						☐ Mr. ☐ Ms. ☐ M/s
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SYSTEMATIC INVESTME	NT PLAN DETAIL	.S					
	lal Oswal Dynamic lal Oswal Long Terr	•	·		Multicap 35 Fund (MOF Midcap 30 Fund (MOF	,	■ Motilal Oswal Focused 25 Fund (MOF25) ■ Motilal Oswal Ultra Short Term Fund (MOFUSTF)
an and Option 🔲 Regular Opti			☐ Div - Payout ☐ Div - Reinvest (Default Equity Fund (MOFLTE))	t Option) (N/A f	or Motilal Oswal Long Term	□ Quai Applica □ Dail	able for Motilal Oswal Dynamic Fund (MOFDYNAMIC) rtely
Any Day/	Oay of Transfer		(Monday to Friday) except (29th, 30th and 3	31st)	SIP Period From M M Y Y Y To	YY	SIP Amount Min. ₹ 1,000/- (Weekly/Fortnightly/ Monthly), ₹ 2,000/- (Qtrly) & ₹ 5,000/- (Annual SI Minimum installment amount – Rs. 500/- and in multiplies of Rs.500/- for Motilal Oswal Long Term Equity Fund (MOFLT
	Any date of the mo		uarter (i.e. January, April 81st)	l,	M M Y Y Or Or Perpetual SIP	YY	Amount per installment
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