

ECS Debit facility for SIP is currently available for:

Account holders of all banks participating in local clearing at Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneswar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimla, Shimoga, Sholapur, Siliguri, Surat, Tirunelveli, Tirupati, Tiruppur, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag

Electronic Debit for the account holders of the following banks:

Allahabad Bank, Axis Bank, Bank of Baroda, Bank of India, Citi Bank, Corporation Bank, Federal Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, South Indian Bank, State Bank of India, State Bank of Patiala, UCO Bank, Union Bank of India, United Bank of India

Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit

I/We hereby, authorise Motilal Oswal Mutual Fund or their authorised service provider for Motilal Oswal Asset Management Company Limited to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP installments.

Distributor ARN
ARN

EUIN

## 1 UNIT HOLDER INFORMATION

Existing Folio Number

Name of the First Holder

Mobile No.  Email ID

## 2 SYSTEMATIC INVESTMENT PLAN (SIP) / MICRO SIP

Scheme

Plan  Direct (Default Option)  Regular  Option  Growth (Default Option)  Div - Payout  Div - Reinvest (Default Option) (N/A for MOST Focused Long Term Fund)

Subsequent SIP Instalment Amount (₹)

Weekly  (1<sup>st</sup>, 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>)

Fortnightly  1<sup>st</sup>-14  7<sup>th</sup>-21<sup>st</sup>  14<sup>th</sup>-28<sup>th</sup>

Monthly  1<sup>st</sup>  7<sup>th</sup>(Default)  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

Quarterly  1<sup>st</sup>  7<sup>th</sup>(Default)  14<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

SIP Period From     To  Perpetual  other

## 3 BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit)

A/c Holder Name

Bank Name

Bank A/c No.  Type  Current  Savings  NRO  NRE  FCNR  Others

Branch Name  City  Pin

IFSC Code (11 digit)\*  MICR Code (9 digit)\*  \*Mentioned on your cheque leaf

Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We hereby declare that the particulars given above are correct and express my willingness to pay the installments referred above through participation in ECS / Electronic Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Motilal Oswal Asset Management Company Ltd. about any changes in my bank account. I/We also agree to bear any charges pertaining to availing of this facility.

Signatures	<input type="checkbox"/> First / Sole Applicant	<input type="checkbox"/> Second Applicant	<input type="checkbox"/> Third Applicant	Place
				Date

## 4 FOR BANK USE ONLY

We hereby, certify that the particulars furnished above are correct as per our records, and we hereby, declare that a copy of this form, duly completed, has been submitted to us.

Branch  Date

## 5 AUTHORISATION OF THE BANK ACCOUNT HOLDER

This is to inform that I / We have registered for the RBI's ECS (Debit Clearing) / Electronic Debit and that my payment towards SIP installments shall be made from my / our below mentioned bank account with your bank. I / We authorise the representative carrying this ECS / Electronic Debit mandate form to get it verified and executed.

<input checked="" type="checkbox"/> Account Holder's Signature	<input type="checkbox"/> Joint Account Holder's Signature	<input type="text" value="Account Number"/>
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