



**Continuous Offer of Units at Applicable NAV Application No.**  
**Key Information Memorandum and Application Forms**

Distributor ARN	ARN Name	Sub-Distributor ARN	Internal Sub-Broker / Employee Code	EUIN
ARN		ARN		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

(Investors applying under Direct Plan must mention "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 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 inappropriateness, 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.

Signature	First / Sole Applicant / Guardian	Second Applicant	Third Applicant	PoA Holder

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Please ✓ any one of the below) (Refer Instruction No. 11)  
 I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) OR  I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

**1. FIRST APPLICANT'S DETAILS** The name of the applicant should match with PAN card, Bank Account & Demat Account (if any). Please refer to instruction No. 4

**Existing Folio Number** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Existing Investors : Jump to section 6 and then section 9. (New Investors : Please fill in all sections)

**Name of the Sole / 1st Applicant / Corporate Investor (In case of Minor, there shall be no joint holders)**  
 Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\* [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Enclosed  PAN Proof  KYC Compliance Date of Birth [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Name of the Guardian (in case of minor) / Power of Attorney Holder / Contact Person (in case of Corporate Investor)**  
 Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\* [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Enclosed  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**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Company	<input type="checkbox"/> FIs
<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> BOI	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> OCI	<input type="checkbox"/> LLP
<input type="checkbox"/> Society / Club	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> QFI		
<input type="checkbox"/> Others _____ (please specify)				

**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-1Crore  > 1Crore or Net worth ₹.....

**Net-worth in Mandatory for Non-Individuals** ₹ ..... as on [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Not older than 1 year)

**For Individuals**  
 I am Politically Exposed Person  
 I am Related to politically Exposed Person  Not Applicable

**For Non-Individual Investors (Companies, Trust, Partnership etc)**

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

ii. Foreign Exchange/ Money Changer Services  Yes  No

iii. Gaming / Gambling / Lottery / Casino Services  Yes  No

iv. Money Lending / Pawning  Yes  No

**2. JOINT APPLICANTS' DETAILS**

**Name of 2nd Applicant** Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\* [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Enclosed  PAN Proof  KYC Compliance

**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

**Name of Third Applicant** Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\* [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Enclosed  PAN Proof  KYC Compliance

**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

**MODE OF OPERATION**

Single  
 Anyone or Survivor  
 Joint  
 (Default Option is Anyone or Survivor)

**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)  
 Nomination provided in Demat Account shall be considered.

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.)

\_\_\_\_\_

\*\*Please mention PAN no. as it is Mandatory

**5. EMAIL COMMUNICATION**

I/ 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)]

Motilal Oswal Asset Management Company Limited 10th Floor, Motilal Oswal Tower, Rahimtullah Sayani Road, Opposite Parel ST Depot, Prabhadevi, Mumbai - 400025

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

From \_\_\_\_\_

Instrument No.	Dated	Amount (₹)	Scheme

Stamp & Signature

