



MOTILAL OSWAL MUTUAL FUND TRANSACTION FORM

Distributor Code / ARN

Sub-Distributor Code / ARN

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

Sr. No.

Folio No.

Date: _____

First Holder Name: _____

PAN (mandatory)

KYC compliance

Second Holder Name: _____

PAN (mandatory)

KYC compliance

Third Holder Name: _____

PAN (mandatory)

KYC compliance

ADDITIONAL PURCHASE

Scheme _____

Plan - Growth Dividend - Payout Dividend - Reinvest

Cheque / DD Payment RTGS Fund Transfer

Instrument No. _____ Date _____

Bank _____ Branch _____

Total amount Rs. (in figures) _____ Rs. (in words) _____

SWITCH REQUEST (Please tick one option only.)

Amount Rs. (in figures) _____ Rs. (in words) _____

OR No. of Units _____ OR All Units

From Scheme _____

Plan - Growth Dividend - Payout Dividend - Reinvest

To Scheme _____

Plan - Growth Dividend - Payout Dividend - Reinvest

If the balance in my / our account does not cover the amount of this request, I / we authorise you to switch the existing balance and close my / our folio.

REDEMPTION REQUEST (Please tick one option only)

Amount Rs. (in figures) _____ Rs. (in words) _____

OR No. of Units _____ OR All Units

From Scheme _____

Plan - Growth Dividend - Payout Dividend - Reinvest

If the balance in my / our account does not cover the amount of this request, I / we authorise you to redeem all units under the scheme, close my / our folio and send the entire such (lesser) balance to me/us.

ACKNOWLEDGEMENT SLIP

Motilal Oswal Mutual Fund

Sr. No.

Received request for Additional Purchase / Redemption / Switch / Change of Bank Mandate / Trigger

Folio No. _____

Investor Name: _____

Scheme Name: _____ Plan: _____

Instrument No. (for additional purchase): _____

Amount (Rs.): _____ OR Units: _____

STAMP & DATE

