

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, Bhillwara, Bhopal, Bhubaneshwar, 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, Udupi, 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

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 1st 7th 14th 21st 28th

Fortnightly 1st-14 7th-21st 14th-28th

Monthly 1st 7th(Default) 14th 21st 28th

Quarterly 1st 7th(Default) 14th 21st 28th

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 checked="" 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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**Standing Instructions/
Auto Debit form for Systematic Investment Plan (SIP)
(Only for HDFC Bank Investors)**

Distributor ARN

EUIN

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UNIT HOLDER INFORMATION

Existing Folio Number / Name of the First Holder

Debit Mandate for HDFC Bank. Application for Standing Instruction Maintenance for SIP / MICRO SIP

To, The Manager,

 HDFC Bank Ltd.

Branch _____

Date **Sub: Request for Maintenance of a Standing Instruction for SIP / MICRO SIP**

I / We _____

hereby authorize you to deduct on a Monthly basis (as a Standing Instruction) from my / our following Current / Savings Account and remit the same to Motilal Oswal Mutual Fund as per the details given below.

Nature of Instruction	Standing Instruction		
Purpose of Standing Instruction	Payment of SIP Installment of Motilal Oswal Mutual Fund		
Name of the Scheme		Plan	Option
Debit Account no.			
Account Holder's Name			
SIP Amount (₹)			
Frequency, Date & Period	<p>Weekly <input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 7th <input checked="" type="checkbox"/> 14th <input checked="" type="checkbox"/> 21st <input checked="" type="checkbox"/> 28th</p> <p>Fortnightly <input type="checkbox"/> 1-14 <input type="checkbox"/> 7-21 <input type="checkbox"/> 14-28</p> <p>Monthly <input type="checkbox"/> 1 <input type="checkbox"/> 7 (Default) <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28</p> <p>Quarterly <input type="checkbox"/> 1 <input type="checkbox"/> 7 (Default) <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28</p> <p>SIP Period Form <input type="text"/> To <input type="checkbox"/> Perpetual <input type="checkbox"/> Other <input type="text"/></p>		

In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis.

I/We _____ (name of unit holder) undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the bank responsible. If the date of debit to my/our account happens to be a non-business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document / SID of the Mutual Fund. HDFC Bank shall not be liable for, not be in default by reason of, any failure or delay in completion due to riot, strike, mutiny, revolution, fire flood, fog, war, lightning, earthquake, change of government policies, unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank. I/We acknowledge that no separate intimation will be received from HDFC Bank in case of non-execution of the instructions for any reasons whatsoever.

Yours faithfully,

X

Account Holder/s Signature

Sign for HDFC Bank Auto Debit facility.

Signature also required in Form 1.

For CPU Use Only

Maintained on: _____

Account Holder's Name: _____

Account No.: _____ Amount: _____

SIP Start Date: _____ SIP End Date: _____ Next SIP Date: _____

Maintained by: _____