MOTILAL OSWAL

OTM Debit Mandate form NACH/ ECS/ Direct Debit/SIP Form

Distributor A	RN / RIA#	Distributor Name	Sub-Distributor ARM	I Internal S Emplo	Sub-Broker/ EUIN
ARN/RIA-			ARN-		
nvestors applying under Dire Jpfront commission shall be p We hereby confirm that the EUIN box has y the employee/relationship manager/sal	ct Plan must mention "Direct" paid directly by the investor to been intentionally left blank by me/us as th les person of the above distributor or notv son of the distributor and the distributor has		n the investor's assessment of va	Second	Holder Third Holder : Ms. M/s
Existing Folio Number					
	I R S T	Existing UMRN			L A S T
Name F 2 SYSTEMATIC INVEST					
Scheme / Plan / Option			SIP Date & Period (SIP Period	SIP Installment	SIP Booster Yes No
	SIP Frequency Daily SIP- Any date of the mo	un the	should not exceed 40 years) From	Amount	
Motilal Oswal	Fortnightly SIP 1 st -14 Annual SIP Any Day/ Weekly SIP - Any D Date SIP Monthly SIP - Any d	*7 ^m -21 st 14 ^m -28 ^m ay of Transfer(Monday to Frid	ay)	(₹) (in figures)	Amount (₹) Frequency: Quarterly Half Yearly Yearly SIP Booster Maximum Amount (₹)
Motilal Oswal	Daily SIP- Any date of the mo Fortnightly SIP 11 ^{et} -14 Annual SIP Any Day/ Weekly SIP - Any D Date SIP Monthly SIP- Any d Quarterly SIP- Any July, October)	*7 ^m -21 st 14 ^m -28 ^m ay of Transfer(Monday to Frid		(₹) (in figures)	Amount (₹) Frequency: Quarterly Half Yearly Yearly SIP Booster Maximum Amount (₹)
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