

Deceased Unitholder's / Karta's Name: PAN No.
Folio Nos.

Disclaimer for Different claimant types, different request to be provided

1 CLAIMANT'S DETAILS

I hereby request Motilal Oswal Mutual Fund to delete the name of unitholder(s) on account of sad demise and transmit the units to me.
Claim made by Joint Holder Registered Nominee Legal Heir New Karta Other (Please specify) _____
Claimant's Name Date of Birth
Guardian's Name Relationship with Minor Natural Guardian Legal Guardian
PAN No./PEKRN KYC ID (KIN)

2 TAX STATUS

Resident Individual NRI On behalf of Minor HUF Other (Please specify) _____

3 CONTACT DETAILS

Mobile No. Email

Correspondence Address (Please provide full address)	Overseas Address (Mandatory for NRIs)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4 NEW BANK DETAIL ALONG WITH PROOF

Bank Name	<input type="text"/>
Account No.	Account Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO
IFSC Code.	MICR Code: <input type="text"/>
Branch Address	<input type="text"/>

5 FATCA & CRS DECLARATION (For HUF Fill Separate FATCA/CRS UBO Form Available on Website:www.motilalosalwalmf.com.)

Place/City of Birth Country of Birth Country of Citizenship/Nationality
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? Yes No
If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen Resident / Green Card Holder / Tax Resident in the respective countries

Country of Tax Residency	Tax Identification Number or Function Equivalent	Identification Type(TIN or other please specify)	If TIN is not available please tick the reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
Reason B No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
Reason C Others, please state the reason thereof: _____

6 KYC DETAILS

Occupation Private Sector Service Public Sector Service Government Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____
Gross Annual Income Below 1 lakh 1-5 lakh 5-10 lakh 10-25 lakh >25 lakh >1 Crore
Others I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (PEP) Not Applicable

7 NOMINATION DETAILS – I/We wish to nominate YES NO [Please Tick]

Nominee Name & Address	Relationship with Nominee	PAN	Date of Birth	Guardian Name & Address	Signature of Nominee / Guardian	Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 DECLARATION & SIGNATURE(S):

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114 H, as part of the Income-tax Rules, 1962.
I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected. I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on no. +91-22 40548002 | 8108622222.

Name and Signature

Annexure

Folio No.	Scheme Name	Units

Name and Signature

Name and Signature