MOTILAL OSWAL

Aadhaar linking form for Non- Individual

| Name | | | | | | | | | | | | | | | | \square | | T | | | | | | | \square | | | T | | T | | |
|---|-------------------------------------|--|--|--|------|---|---------------|------|--|------------------------------------|-------|--|--|-------------------------|--------------------|---------------|----------------|--|--|--|--|--|--|---|--|--|-------|----|------|------|---|--|
| | dividual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (As per Folio Records) PAN of the Non-Individual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Status: HUF Company Body Corporate Partnership Firm LLP Trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We, the authorised signatories have consented for in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with all SEBI registered Mutual Funds/AMCs and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the corresponding non-individuals folios. Details of Aadhaar & PAN of our Authorized Signatories: <i>(Kindly use another form in case of > 10 signatories)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details | | | | | ized | _ | nato ate o | | | kini T | dly i | | | | _ | | n ca | ase | | | | | | - | Т | | liana | .+ | ro 0 | f th | • | |
| S. No. | Name of the Authorized Signatory | | | | | | per / Ca | \adł | | PAN of the Authorized Signatory | | | | | | | y | Aadhaar of the Authorized Signatory | | | | | | | Signature of the Authorized Signatory | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificate from Company Secretary/any other competent authority of the Organisat I,, Company Secretary/ Competent / this certification on behalf of the organisation hereby confirm the correctness of the above information. The above personnel covers all authorised signatories on behalf of our organisation. We will let you know the changes/modificat time, if any, through appropriate means to KARVY/Motilal Oswal Asset Management Limited and other Participating MF/ c | | | | | | | | | | | | | | : Aut ove s ation | hor pec s fr | cifieo rom | d list time | t of | | | | | | | | | | | | | | |
| Place Company Secretary / Authorized Signatory (ies) | | | | | | | | | | | | | | pan | y Se | eal | | | | | | | | | | | | | | | | |
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