



**APPLICATION FORM FOR  
Motilal Oswal MOST 10 Year Gilt Fund (MOST 10 Year Gilt Fund)  
(An open ended gilt scheme)  
NEW FUND OFFER - Nov. 21, 2011 - Dec. 05, 2011**

Distributor Code / ARN

Sub-Distributor Code / ARN

ARN - 17397

Application No.

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.

**TRANSACTION CHARGES** (Please ✓ any one of the below)

(Refer Instruction No. 9)

I am a first time investor in mutual funds (Rs. 150 will be deducted as transaction charges for transaction of Rs. 10,000 and more)

OR

I am an existing investor in mutual funds (Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more)

**1. FIRST APPLICANT'S DETAILS** The name of the applicant should match with PAN card, Bank Account & Demat Account (if any). Please refer to instruction No. 2

Existing Folio Number  /  Existing Investors : Jump to section 5 and then section 8. (New Investors : Please fill in all sections)

Name of the Sole / 1st Applicant / Corporate Investor

Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\*  Enclosed  KYC Compliance\*

Date of Birth          
(Mandatory only in case of minor)

Name of the Guardian (in case of minor) / Power of Attorney Holder / Contact Person (in case of Corporate Investor)

Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\*  Enclosed  KYC Compliance\*

Tel Office  Tel Home  Fax

Mobile No.  Email ID \_\_\_\_\_

Status of the 1st Applicant

Resident Individual  Proprietor  NRI-NRE  NRI-NRO  Bank  HUF  Society  Trust  
 PIO  FII  Company  Govt. Entity  On Behalf of Minor  Partnership Firm  Others (Specify) \_\_\_\_\_

**2. JOINT APPLICANTS' DETAILS**

Name of Second Applicant Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\*  Enclosed  KYC Compliance\*

Name of Third Applicant Mr. / Ms. / M/s. \_\_\_\_\_

PAN\*\*  Enclosed  KYC Compliance\*

**MODE OF OPERATION**

Anyone or Survivor

Joint

(Default Option is Anyone or Survivor)

**3. DEMAT ACCOUNT DETAILS** (in case of opting for units in demat form) Nomination provided in Demat Account shall be considered.

(Refer Instruction No. 6)

NSDL OR  CDSL Depository Participant Name \_\_\_\_\_

Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) Depository Participant (DP) ID (CDSL only)

**4. CORRESPONDENCE ADDRESS** (P.O.Box Address may not be sufficient.)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin code / Zip

Overseas Address for NRIs (Please fill in Capital Letters. P.O. Box address may not suffice.)

\_\_\_\_\_

\*Please enclose KYC compliance proof as it is Mandatory

\*\*Please mention PAN no. as it is Mandatory

**MOTILAL OSWAL MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor.)

Application No.

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From \_\_\_\_\_

Instrument No.	Dated	Amount (Rs.)	Scheme
			Motilal Oswal MOST 10 Year Gilt Fund

Stamp & Signature

