MOTILAL OSWAL Asset Management TRANSACTION SLIP											
Distributor ARN	Sub-Distributor ARN		Internal Sub-Broker / Employee Code			EUIN					
	ARN										
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.											
I/We hereby confirm that the EUIN box has been intentiona an "execution-only" transaction without any interaction relationship manager/sales person of the above distributo of in-appropriateness, if any, provided by the employee/rel of the distributor and the distributor has not charged any a	Illy left blank by me/us as this is or advice by the employee / or or otwithstanding the advice ationship manager/sales person dvisory fees on this transaction.	le Applicant / Guardian	Second Applicant	Third Applic	cant	PoA Holder					
Name F I R S	Т	MI	D D L E		L	A S T					
Scheme	Pla	n	Option	Fo	lio No.						
ADDITIONAL PURCHASE REQUEST											
I / We would like to purchase Units of the above mentioned Scheme for ₹ (in figures)											
₹ (in words)			Cheque / DD No.								
Dated D M M Y Drawn on Bank Branch											
Account Type 🗌 Current 🗌 Savings	NRO NRE Othe	rs	Specify								
REDEMPTION REQUEST (Subject to Lock-in Perio		SWITCH REQUEST (Subject to Lock-in Period, if any)									
I / We would like to redeem from the above ment	I/ We woul	I/ We would like to switch All Clear Units Units									
All Clear Units OR Units	OR ₹ (in f	OR ₹ (in figures) from the above mentioned Scheme to									
₹ (in words)		Scheme	Scheme Option								
The ARN holder has disclosed to me / us all the commi Scheme is being recommended to me / us. Where the unit holder has not ticked one of the options		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0		Ũ					

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SIGNATURE				
SIGN	First Unit Holder	Second Unit Holder	Third Unit Holder	