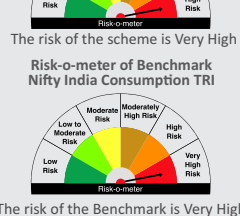


consumption theme)  
This product is suitable for investors who are seeking\*

- Capital appreciation over long term
- Investing in equity & equity related securities of companies engaged in consumption and consumption related sector.

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



## New Fund Offer / On Going Application Form Motilal Oswal Consumption Fund

(An open-ended equity scheme following consumption theme)

New Fund Offer Price: ₹ 10/- Per Unit

NFO Opens on: October 1, 2025 NFO Closes on: October 15, 2025 Please read the Scheme Information Document / Key Information Memorandum of the Scheme and instructions carefully.

Distributor ARN / RIA#	Distributor Name	Sub-Distributor ARN	Internal Sub-Broker/ Employee Code	EUIN
		ARN-		

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

**Investors applying under Direct Plan must mention "Direct" in ARN Column**

**Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.**

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

### TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

(Refer Instruction 12 on page 5) In case the subscription amount is ₹10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Transaction Charges for per subscription ₹ 10,000 and above

- Existing Investor - ₹100  
 New Investor - ₹150

### 1 EXISTING INVESTOR'S DETAILS (Please fill your Folio No., Name, Section 1,7,10 &12)

Folio No.  Name

### 2 FIRST APPLICANT'S DETAILS (Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com.)

Mr.  Ms.  M/s

Name

Father's Name

PAN /PEKRN\*\*  CIN

KIN (KYC identification number)

Date of Birth / Incorporation  Place of Birth / Incorporation  Country of Birth / Incorporation  Nationality  Indian  US  Others (Please Specify)

City of Incorporation

**For Investments "On behalf of Minor" (Refer Instruction 1d)**  Birth Certificate  School Certificate  Passport  Others  Specify

Guardian's Relationship  Father  Mother  Court Appointed With Minor

KIN of Guardian/ PoA (KYC identification number)

Name of the Guardian (In case of minor) / Contact person for non individuals / PoA holder name  Guardian / PoA PAN

Tax Residence Address (for KYC Address)  Residential  Registered office  Business  Residential or Business

Correspondence Address

City  State  Pin Code

Overseas address  Mandatory incase of NRI's

Mandatory incase of NRI's

Email ID

Email ID & Mobile No. are essential to enable us to communicate better with you

\*\* Please mention PAN/PEKRN(PAN Exempted KYC Reference Number) as it is mandatory Mobile  Tel.

### 3 KYC Details (Mandatory)

Tax Status  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Listed Company  Society  AOP/BOI  Trust H Liquidator

Artificial Juridical Person  Resident Individual  Proprietor  Minor  FII/ FPI  NRI  PIO  Limited Liability Partnership  Trust

Body Corporate  NGO  FI  Govt. Body  Bank  Defence Establishments  NPO  Others  Specify

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Others  Specify

INDIVIDUALS	NON-INDIVIDUALS
Gross Annual Income OR Net-worth* in ₹ <input type="text"/>	networth as on <input type="text"/>
*Not older than one year	(Networth is mandatory for Non-individuals)
Any other information <input type="text"/>	Any other information <input type="text"/>

#### Is the entity involved in any of the following:

- 1 Foreign Exchange/ Money Changer  Yes  No
- 2 Gaming / Gambling / Lottery (casinos, betting syndicates)  Yes  No
- 3 Money Lending/ Pawning  Yes  No

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

### ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.

From <input type="text"/>				Stamp & Signature
Cheque no.	Date	Amount	Scheme	
			Motilal Oswal Consumption Fund	

Name  F I R S T  M I D D L E  L A S T

Father's Name  F I R S T  M I D D L E  L A S T

PAN /PEKRN\*\*  Email ID  Mobile

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number)

Date of Birth  D D M M Y Y Y Y Place of Birth  Country of Birth  Nationality  Indian  US  Others (Please Specify)

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Others Specify

Gross Annual Income OR Net-worth\* in ₹  <1L  1-5L  5-10L  10-25L  25L-1CR  >1CR  
 networth as on  D D M M Y Y Y Y  
 Any other information

**Politically Exposed Person (PEP) Status**  
 I am PEP  I am Related to PEP  Not Applicable

**THIRD APPLICANT'S DETAILS**  Mr.  Ms.  M/s

Name  F I R S T  M I D D L E  L A S T

Father's Name  F I R S T  M I D D L E  L A S T

PAN /PEKRN\*\*  Email ID  Mobile

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number)

Date of Birth  D D M M Y Y Y Y Place of Birth  Country of Birth  Nationality  Indian  US  Others (Please Specify)

Occupation  Pvt. Sector Service  Public Sector  Gov. Service  Housewife  Defence  Professional  Retired  Business  Agriculture  Student  Forex Dealer  Others Specify

Gross Annual Income OR Net-worth\* in ₹  <1L  1-5L  5-10L  10-25L  25L-1CR  >1CR  
 networth as on  D D M M Y Y Y Y  
 Any other information

**Politically Exposed Person (PEP) Status**  
 I am PEP  I am Related to PEP  Not Applicable

\*\*Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is mandatory  
 (Mandatory, only if you require units in the demat form. Please fill in all details, else the application will be processed in physical mode).  
 Nomination provided in demat account shall be registered.

**5 DEMAT ACCOUNT DETAILS**

NSDL  CDSL Depository Participant (DP) Name

DP ID  Beneficiary A/c No.

Enclose for Demat option  Client Master List  Transaction/Holding Statement  DIS Copy

**6 EMAIL COMMUNICATION**

Email ID provided pertains to  Self  Spouse  Dependent Parents  Dependent Children  Dependent Siblings  Guardian

Mobile No. provided pertains to  Self  Spouse  Dependent Parents  Dependent Children  Dependent Siblings  Guardian

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email.  I hereby authorize MOAMC to send important information and regular updates to me.  I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

**7 INVESTMENT & PAYMENT DETAILS**

Payment Type (Please ✓)  Lumpsum  Zero Balance  SYSTEMATIC INVESTMENT PLAN\* / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2)

Scheme name	Plan	Option	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque/DD No./UTR No./ OTM No.(in case of NEFT/RTGS)
Motilal Oswal Consumption Fund	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment					

Drawn on Bank/Branch:  A/c no.

A/c Type (Please Tick):  Current  Savings  NRO  NRE  FCNR

**8 BANK DETAILS** (Mandatory) Redemption / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Motilal Oswal Mutual Fund has Direct Credit facility.

Bank Name

Bank A/c No.  Type  Current  Savings  NRO  NRE  FCNR  Others Specify

Branch Name  City  Pin

IFSC Code (11 digit)\*  MICR Code (9 digit)\*  \*Mentioned on your cheque leaf

I/We understand that the instructions to the bank for Direct Credit / NEFT will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / refund proceeds. In case the bank does not credit my / our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I/We would not hold Motilal Oswal Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by Direct Cash/NEFT.  
 If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) Please tick the box alongside   
 Cheques should be crossed "A/c Payee only" and drawn in favour of Motilal Oswal Consumption Fund

**9A Declaration for Individual**

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com. The below information is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant/Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes  No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries<sup>#</sup>

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick (✓) the reason A, B, & C (as defined below)
First Applicant/Guardian				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reason <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.

<sup>#</sup>Please attach additional sheets if necessary

**10 NOMINATION DETAILS** (Refer Instruction 10)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Mandatory Details							Additional Details ****	
Sr. No.	Name of Nominee	Share of Nominee (%)**	Relation ship	Postal Address Please tick ( ) Other Address (Please mention complete address in below box)	Mobile Number & E-mail (CAPITAL letters only)	Identity Type & Number ***	Nominee DOB	Guardian
1.				<input type="checkbox"/> Same As First Applicant	Mobile Number e-mail		DD MM YYYY	
2.				<input type="checkbox"/> Same As First Applicant	Mobile Number e-mail		DD MM YYYY	
3.				<input type="checkbox"/> Same As First Applicant	Mobile Number e-mail		DD MM YYYY	

\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4). However, in case of NRI / OCI / PIO, Passport number is acceptable. Copy of the document is not required.

\*\*\*\* to be furnished only in following conditions / circumstances:

▶ Date of Birth (DOB): please provide, only if the nominee is minor. ▶ Guardian: It is optional for you to provide, if the nominee is minor.

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows;

(please tick, as appropriate)  Name of nominee(s)  Nomination: Yes / No

FOR NOMINATION OPT-OUT:  I/We DO NOT wish to make a nomination (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

**11 DECLARATION/CONSENT AND SIGNATURE**

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate Sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the income tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme (s) & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event " Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only : I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/tax authorities

Declaration for Non-Individual: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Date: \_\_\_\_\_ Place: \_\_\_\_\_

1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

**No**

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.