MOTILAL OSWAL Asset Management TRANSACTION SLIP												
Distributor ARN	ARN Internal Sub-Broker / Employee Code			e 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 notwithstanding the advice ationship manager/sales person dvisory fees on this transaction.	First / Sole Applicant	/ Guardian	Second Applicant	Third App	plicant	PoA Holder					
Name F I R S	Т		M I D	D L E		L	A S T					
Scheme		Plan		Option		Folio No.						
ADDITIONAL PURCHASE REQUEST												
I / We would like to purchase Units of the above mentioned Scheme for ₹ (in figures)												
₹ (in words)	(in words) Cheque / DD No.											
Dated D M M Y Prawn on Bank Branch												
Account Type Current Savings NRO NRE Others 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	ioned Scheme		I/ We would li	ke to switch	All Clear Units	Uni	ts					
All Clear Units OR Units		OR ₹ (in figures) from the above mentioned Scheme to										
₹ (in words)		Scheme Option										
The ARN holder has disclosed to me / us all the comm Scheme is being recommended to me / us. Where the unit holder has not ticked one of the options	×.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0					

SIGNATURE					
SIGN	First Unit Holder	Second Unit Holder		Third Unit Holder	