



COMMON APPLICATION FORM (Continuous Offer of units at Applicable NAV)

Quantum Long Term Equity Fund
(An Open-ended Equity Scheme)
Quantum Liquid Fund
(An Open ended Liquid Scheme)
Quantum Tax Saving Fund
(An Open ended Equity Linked Savings Scheme)

Quantum Equity Fund of Funds
(An Open-ended Equity Fund of Funds Scheme)
Quantum Gold Savings Fund
(An Open-ended Fund of Fund Scheme)
Quantum Multi Asset Fund
(An Open Ended Fund of Funds Scheme)

Quantum Dynamic Bond Fund
(An Open-ended Debt Scheme with Defined Credit Exposure and Dynamic Maturity Profile)

and only
India's 1st Direct to Investor Mutual Fund

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

Application No: QMFP

1 INTERMEDIARY INFORMATION			FOR OFFICE USE ONLY
Name & ARN Code	Sub-Broker Code	EUIN	E- Code

Please refer instruction No. 5 for EUIN. Please read the instructions carefully, before filling up the application. Kindly use this form if you are making a one time investment. For SIP investments please use the separate SIP Form. Investors should consult their financial advisers if in doubt whether the product is suitable for them.
(All sections to be filled in English and in BLOCK LETTERS). **Fields marked with (*) are mandatory.**

2 EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number) (Refer Instruction No. 3)

Folio No. _____ Name of First Applicant _____

3	* PAN (Refer Instruction No.4A) Please attach certified PAN copy	* Know Your Customer (KYC) (Refer Instruction No. 4B)	AADHAAR Number
1st Applicant /Guardian	<input type="checkbox"/>	Yes <input type="checkbox"/> (Please submit Proof)	
2nd Applicant	<input type="checkbox"/>	Yes <input type="checkbox"/> (Please submit Proof)	
3rd Applicant	<input type="checkbox"/>	Yes <input type="checkbox"/> (Please submit Proof)	
POA Holder	<input type="checkbox"/>	Yes <input type="checkbox"/> (Please submit Proof)	

4 * APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS)

Name of Sole/ 1st Applicant Mr. Ms. M/s. Others _____ Please Specify _____ Date of Birth/ Date of Incorporation _____
 D D M M Y Y Y Y

Proof of Date of Birth (In case of Minor) Birth Certificate School Leaving Certificate Passport Others _____ Please Specify _____

Mobile No. _____ Email ID _____

Parent/ Guardian Name of 1st Applicant - (in case of Minor)/Contact person (in case of non individual applicant) _____ Relationship with Minor/ Designation _____

If the sole / first applicant is differently abled; then please tick the preferred mode of communication: Email & SMS Voice Both

Name of 2nd Applicant Mr. Ms. M/s. _____ Date of Birth _____
 D D M M Y Y Y Y

Mobile No. _____ Email ID _____

Name of 3rd Applicant Mr. Ms. M/s. _____ Date of Birth _____
 D D M M Y Y Y Y

Mobile No. _____ Email ID _____

Mode of Holding Single Joint Any one or survivor(s) (Default option in case of more than one applicant)

1st Holder
 Legal Status Please (✓) Resident Individual Minor FII Society/Club AOP/BOI LLP HUF NRI/PIO Repatriation Basis
 NRI/PIO Non-Repatriation Basis Partnership Firm Trust Bank Body Corporate Company Others Please Specify _____

Occupation Please (✓) Private Sector Service Public Sector / Gov. Service Business Professional Agriculturist House Wife Student
 Politically Exposed Person Related to Politically Exposed Person Forex Dealer Retired Others Please Specify _____

Income Please (✓) Upto 1 Lac 1 to 5 Lacs 5 to 15 Lacs 15 to 25 Lacs 25 Lacs & above Individuals (optional) _____
 Non-Individuals (mandatory) _____ Network as on date is ₹ _____

2nd Holder
 Legal Status Please (✓) Resident Individual NRI/PIO Non-Repatriation Basis NRI/PIO Repatriation Basis

Occupation Please (✓) Private Sector Service Public Sector / Gov. Service Business Professional Agriculturist House Wife Student
 Politically Exposed Person Related to Politically Exposed Person Forex Dealer Retired Others Please Specify _____

Income Please (✓) Upto 1 Lac 1 to 5 Lacs 5 to 15 Lacs 15 to 25 Lacs 25 Lacs & above Individuals (optional) _____
 Network as on date is ₹ _____

3rd Holder
 Legal Status Please (✓) Resident Individual NRI/PIO Non-Repatriation Basis NRI/PIO Repatriation Basis

Occupation Please (✓) Private Sector Service Public Sector / Gov. Service Business Professional Agriculturist House Wife Student
 Politically Exposed Person Related to Politically Exposed Person Forex Dealer Retired Others Please Specify _____

Income Please (✓) Upto 1 Lac 1 to 5 Lacs 5 to 15 Lacs 15 to 25 Lacs 25 Lacs & above Individuals (optional) _____
 Network as on date is ₹ _____

Address: Mailing Address of Sole/First Applicant (PO. Box alone may not be sufficient) This address will be replaced with the address as per your KYC records on validation of your KYC data.
 Overseas Investor must provide Indian Address

City _____ State _____ Country **I N D I A** Pin code _____

Contact Details of Sole/ First Applicant

Tel No - STD Code _____ Res. _____ Off. _____ Fax _____

Overseas Address (mandatory for NRI/FII applicant). Address for correspondence (for NRI applicants)
 Applications from investors residing in USA or Canada shall not be accepted Indian Overseas

City _____ Country _____ Zip code _____

5 POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2(f) & 7)

POA Name Mr./Ms. _____

Address _____ City _____ Pin code _____

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: QMFP

Quantum Mutual Fund-505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

Please scan this code, and fill in your details. Our representative will get in touch with you.



Date **D D M M Y Y Y Y** Received from: Mr. / Ms. / M/s _____

an application for allotment Scheme _____

vide Cheque No./ RTGS / NEFT / IMPS Reference No. _____ Dated ____/____/____

Amount (₹) _____

Drawn on Bank and Branch _____

Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)

Collection Center's Stamp & Receipt Date and Time

6 *BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type [please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	
Account No						
Bank Name						
Branch						
Branch Address						
City				Pin code		
IFSC				MICR Code		

NC PAYEE PAY QUANTUM MUTUAL FUND PAN XXXXXXXX OR BEARER RUPEES <input type="text"/> ₹ 11 DIGIT IFSC Code IFSC QTMF7654321 9 DIGIT MICR Code "4153812" 265291538 123456" 23

Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically.

*Mandatory – Please attach either a Cancelled Cheque with first applicant name and account number pre-printed on the face of the cheque or a Bank Statement with current entries not older than 3 months or a Certified Bank Passbook with current entries not older than 3 months or a Bank Letter/Certificate duly signed by Bank Branch Manager/Authorized Personnel.

7 *INVESTMENT DETAILS (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 1)

Scheme		
Option		Facility

8 *PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter / Direct Credit (DC)	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> IMPS
RTGS/NEFT/IMPS/DC Ref. No. & Date				Date	D D M M Y Y Y Y
Cheque No. & Date:				Date	D D M M Y Y Y Y
Gross Amt (₹)	DD Charges (₹)	Net Amt (₹)			
Bank /Branch & City					
Account Type	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR

9 *NOMINATION DETAILS (If you wish to nominate more than one nominee please fill up separate form for nomination) (Refer instruction no. 12)

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/ Trustee Company.

Name of Nominee				Date of Birth of Nominee	D D M M Y Y Y Y
Address				PAN No. of Nominee	
Pin Code	City	State		Relationship With Applicant	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse Others
Name of Guardian/Parent (If Nominee is minor)				Relationship With Nominee (If Nominee is minor)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Address of Guardian				PAN No. of Guardian/Parent	
Proof of Date of Birth*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	<input type="checkbox"/> I do not wish to Nominate Please Specify Please Specify
Proof of Relationship*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	

10 DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 13) NSDL CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants only)

I would like to be allotted units in DEMAT mode. Yes No (Please ✓) (Non - ticking of this box would result in allotment of units in physical form). Please ensure that the name of the investor in the application form matches with the account held with the depository participant.

NSDL	I N	BENEFICIARY Account No. (NSDL Only)
CDSL		
Enclose for Demat Option:	<input type="checkbox"/> Client Master List	<input type="checkbox"/> Transaction / Holding Statement
	<input type="checkbox"/> DIS Copy	

11 SOURCE OF INFORMATION How did you come to know about Quantum Mutual Fund? Advertisement Friend/Relative Sales Team IFA / Intermediary

Name & ARN Code of Intermediary	Others
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Investor Awareness: Please ✓ to acknowledge that you have been explained the following aspects of investing by Quantum Mutual Fund and / or its representative(s) / intermediary(s) and hereby confirm having understood the same before investing with Quantum Mutual Fund.

- Name of the Invested Scheme(s): _____
- I/We have asked, and have been explained and understood to my/our satisfaction all the features of the scheme(s) from the scheme related Documents (KIM/SID/SAI) that I/We have chosen to invest in and have understood all the Terms and Conditions of the scheme(s).
 - I/We confirm that I/We have reviewed and understood the Expense Ratio, Tax Implication, Cut-off time for subscription / redemption / Switch, Turnaround time for processing of transactions, Exit Load which will be calculated on First in First Out (FIFO) basis, product label and riskometer of the scheme(s).
 - I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We have also understood from the product label and Riskometer of the Scheme(s). I/We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s).
 - I/We am/are aware of my own risk appetite, my/our time horizon for investment, my/our objective for investment and the investment objective, performance of the Scheme(s) and performance of the Benchmark of the scheme(s) and it is appropriate for me / us to undertake investment in the scheme(s). I/we confirm that the scheme(s) in which I/we am/are investing is appropriate for me / us keeping in mind the investment objective and risk of the scheme(s).
 - I/We am/are also aware of the Charter of Investor Rights, Privacy Policy Grievance Redressal and Dispute Resolution Policy and procedure at Quantum Mutual Fund and am/are aware of whom to contact in case of any discrepancies.
 - I/We hereby declare that I/We have understood the nature of questions in the Application Form and the importance of disclosing all the material information required. I/We declare the facts disclosed in the application and the acknowledgement forms are true and correct to the best of my/our knowledge.
 - I/We hereby authorize you to verify / confirm details and documents submitted by me / us independently from my Banker and / or any source and / or through the independent third party appointed by you. In case, if any of the information / documents provided is found to be incorrect, you have the right to reject my application.

TO COMPLETE THE FORM, PLEASE SIGN IN THE APPROPRIATE BOX AT THE BOTTOM OF THE FOLLOWING PAGE.

Contact Us

WEBSITE
www.QuantumMF.com

TOLL FREE HELPLINE
1800 22 3863 / 1800 209 3863

Missed Call Facility
022-61073807

EMAIL
CustomerCare@QuantumAMC.com

SMS
<Quantum> to 9243 22 3863

DECLARATION: I/We have read and understood the terms & contents of the Scheme Information Document(s) of the respective scheme(s) and Statement of Additional Information and Addenda of Quantum Mutual Fund thereto. I/We hereby apply to the Trustee of Quantum Mutual Fund for purchase/allotment of units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorized to invest the amount & that the amount invested by me/us in the above mentioned scheme is derived through legitimate sources and legally belong to me/us and not of any third party and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority in India or of the country where I/we for the time being reside from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the scheme and Quantum AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Quantum Asset Management Ltd., Investment Manager to the Quantum Mutual Fund has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making these investments. I/We hereby authorize Quantum Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Quantum Mutual Fund's bank(s) or to any authority / agency, statutory or otherwise. I/We authorize this Fund to reject the application, revert the units credited/redeem units created at applicable NAV(less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that Quantum AMC reserves the right to call for such other additional information/ documents as required to comply with KYC norms. I/ We understand that and further authorize Quantum AMC, Quantum Mutual Fund to source my data / documents / information specimen signature from third party / KRA and Quantum Mutual Fund, Quantum AMC has the right to use the same / specimen signature for validation to process any future transactions that are submitted by me / us; besides Quantum Mutual Fund / Quantum AMC can further insist on seeking verification of my signature by my / our default bank. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars above are correct. I/We further agree not to hold Quantum Mutual Fund liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/We hereby undertake to promptly inform Quantum Mutual Fund of any changes to the information provided hereinabove and agree and accept that Quantum Mutual Fund, their authorized agents and representatives are not liable or responsible for any loss, costs, damages arising out of any actions undertaken or activities performed by them on the basis of information provided by me/us as also due to not intimating/delay in intimating such changes. I/We hereby authorize Quantum Mutual Fund to disclose, share, remit in any form, mode or manner, directly to them or indirectly through any entity, the information provided by me to any Regulatory Authority(ies); including Financial Intelligence Unit, India (FIU-IND) and/or any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies; including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I/We hereby authorize Quantum AMC to verify/validate with my/our Bankers or with any entity/source, the bank account details provided by me/us in the initial /additional subscription as well as any subsequent multiple bank mandate registrations submitted by me/us while investing in Schemes of Quantum Mutual Fund. FATCA/ Foreign tax laws: I/We understand that Tax Regulations relevant under Foreign Account Tax Compliance Act Provisions (commonly known as FATCA) contained in the US Hire Act 2010, require Quantum Mutual Fund to collect information about each investor's tax residency. I/We authorize Quantum Mutual Fund to share information on my/our account with relevant tax authorities, if I/We provide a valid self-certification / information on US Tax Identification Number etc under the relevant FATCA/Foreign Tax Laws to Quantum Mutual Fund. In case no information on US Tax Identification Number etc is provided by me / us, it will be deemed that I/We are not a US citizen or resident and Quantum Mutual Fund under certain circumstances may be obliged to share information on my / our account with relevant tax authorities. I/We have read the contents of the SAI, SID, KIM which is for informational purposes only and does not have any regard to my /our specific investment objectives, financial situation or my / our particular needs. I/We have understood that the past performance of any fund or manager/ sub-manager of the fund are not necessarily indicative of future performance. Opinions and any other contents which are provided by Quantum Mutual Fund are for personal use and informational purposes only and are subject to change without notice. I/We hereby confirm that nothing contained in the SAI, SID, KIM or website constitutes investment, legal, tax or other advice nor is it to be relied on while making an investment or other decision. I/We hereby confirm that descriptions or questions answered by me/us in the questionnaire which is used to understand my profile are fair, clear and not misleading. I/We also confirm that all investments made by me either on my own and / or on the advice of the relationship manager are after evaluating my/our investment objective and analyzing my/our risk profile and have been explained all the features of the scheme(s) to my/our satisfaction. I/We have understood the nature and risk of the products selected for my/our investments based on my investment objective/s and financial situation as provided by me/us. I/We hereby confirm that purchase of units of any particular scheme either independently and / or if and whenever a recommendation is given to me/us to purchase a particular scheme, it is based upon a reasonable assessment i.e. whether the structure and risk reward profile of the scheme is consistent with my experience, knowledge, investment objectives, risk appetite, time horizon for investment and capacity for absorbing loss. I/We hereby confirm that I have independently understood either on my own and / or through the AMC's relationship manager (if any) assigned to me/us who has disclosed all material information about the business, fund's history, the terms and conditions on which advisory services are offered (if any), affiliations with other intermediaries, any actual or potential conflicts of interest arising from any connection to or association with any issue of products/ securities, including any material information or facts that might compromise its objectivity or independence in carrying out of investment advisory services, key features of the products or securities, particularly, performance track record, transaction norms such as cut off time for subscription / redemption, TAT for redemption, activation of SIP/STP/SWP, NAV applicability, the expense ratio of the scheme(s), the exit load structure of each scheme as well as the exit load that will be charged and calculated on FIFO basis and such other information as is necessary so as to take a decision on investing and the services that will be provided in future. I/We am aware about the product label warnings, disclaimers in documents, advertising materials relating to an investment product which is/are recommended to me/us and Tax implications of my/our investment pertaining to all schemes of Quantum Mutual Fund as explained to me/us by my relationship manager. I / We also confirm that the Scheme in which I / we have invested is appropriate for me / us keeping in mind my investment objective and my risk appetite and the investment objective and inherent risk of the Scheme. I / We also confirm that I / We have not been paid any incentive or have not been promised any assured returns while investing in the scheme(s). 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 Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. "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." I/We hereby declare that I have understood the nature of questions in the KIM / application form and the importance of disclosing all the material information required and the facts disclosed in the application and the details provided by me/us in the Investor Awareness section are true and correct. I / We hereby agree and authorize Quantum AMC / Mutual Fund to provide my / our Personal / Investment(s) details to intermediaries by ways of feeds or such other means / medium for my / our investment that are routed / executed by me / us through the intermediaries. I/We am also aware of the Grievance Redressal and Dispute Resolution policies and procedures at Quantum Mutual Fund and am aware of whom to contact in case of any discrepancies in understanding or otherwise.

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin but not a person residing in Canada or a United States within the meaning of Regulation(s) under the United States Securities Act of 1933, as amended from time to time or of any country not compliant under the FATF Agreements and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. (Including amount of Additional Purchase Transaction made in future). I/We authorize this fund to reject the application, revert the units crediting/redeem units created at applicable NAV (less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, in case I/we have not provided details of me/us being resident of Canada or USA or any country not compliant under the FATF Agreements either at the time of investment or subsequently.

Date Place _____

Signature(s)

Sole/1st Applicant/Guardian / Authorised Signatory	POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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ONE TIME MANDATE FORM

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021.

www.QuantumMF.com

UMRN

Tick

Create:

Modify:

Cancel:

Sponsor Bank Code (Office use only) Utility Code (Office use only)

I/We hereby authorize **QUANTUM MUTUAL FUND** to debit (Tick) **SB/ CA/ CC/ SB-NRE / SB-NRO/ Other**

From Bank A/C Number:

With (Name of Destination Bank with Branch) IFSC Code: MICR Code:

an amount of Rupees (in words) ₹

FREQUENCY: Mthly Qlty H-yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Phone No.

Schemes **ALL SCHEMES OF QUANTUM MUTUAL FUND** Email ID

PERIOD

From

To

Or **Until Cancelled**

1 Signature Primary Account Holder 2 Signature of Account Holder 3 Signature of Account Holder

Name as in bank records Name as in bank records Name as in bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us



SYSTEMATIC INVESTMENT PLAN AUTO DEBIT MANDATE FORM

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

and only
India's 1st Direct to Investor
Mutual Fund

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

New Registration (New Investors to submit duly filled and signed Common Application Form) Change in Bank Account (for Existing Investor) Micro SIP Cancellation of SIP

INTERMEDIARY INFORMATION

(FOR OFFICE USE ONLY)

Name & ARN Code Sub-Broker Code EUIN E-Code

INVESTOR DETAILS

Folio/Application No. PAN No*.

Sole/First Investor Name:

INVESTMENT DETAILS (Please) Choice of Scheme/Option/Facility

Scheme	<input type="text"/>
Option	<input type="text"/>
Facility	<input type="text"/>

Frequency Details (Please)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="radio"/> 5th, 21st OR <input type="radio"/> 7th & 25th	<input type="radio"/> 5th OR <input type="radio"/> 21st	<input type="radio"/> 7th OR <input type="radio"/> 25th OR <input type="radio"/> 15th OR <input type="radio"/> 28th

No of Installments: SIP Start Date SIP End Date Cheque No.

Amount Per Installment: Amount (in words)

I/We hereby authorize Quantum Mutual Fund and their authorized service providers to debit my/our following bank account by ECS (Debit clearing/Auto Debit) for collection of SIP payments

Note: Please allow 30 business days for Auto Debit to register and start. * Only monthly and quarterly SIP frequencies are available for Quantum Liquid Fund.

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Quantum Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Quantum Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Quantum Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Quantum Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Quantum Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/We hereby authorize bank to debit my account for mandate verification charges, if any.

First Account Holders Signature
(As per bank records)

Second Account Holders Signature
(As per bank records)

Third Account Holders Signature
(As per bank records)



FATCA/ FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

and only
India's 1st Direct to Investor
Mutual Fund

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021.

www.QuantumMF.com

Part I: Applicant/Investor details:

Investor Name:			
Folio No.		PAN	

Part II: Declarations

(A) Particulars

Applicants	Country of incorporation/ constitution	Country of Tax residency	Taxpayer Identification Number
1.			
2.			
3.			

(B) Other information:

S No	Information	Additional Information to be provided
1	We are a financial institution [including an FFI] [Refer instructions a]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: <input type="checkbox"/> Applied for on DDMMYYYY <input type="checkbox"/> Not required to apply (please describe) _____ <input type="checkbox"/> Not obtained
2	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)
3	We are 'Related Entity' of a listed company [Refer instructions b]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company _____ Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)
4	We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the nature of business Please specify the category of Active NFFE _____ (Mention code – refer instructions)
5	We are an Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide: 1. Nature of business _____ 2. For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form.

I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.

Signature with relevant seal:

<div style="border: 1px solid black; height: 50px; margin: 0 auto;"></div> <p>Authorised Signatory</p>	<div style="border: 1px solid black; height: 50px; margin: 0 auto;"></div> <p>Authorised Signatory</p>	<div style="border: 1px solid black; height: 50px; margin: 0 auto;"></div> <p>Authorised Signatory</p>
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Date: DDMMYYYY

Place: _____



Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-individual Applicant/Investor)

and only
India's 1st Direct to Investor
Mutual Fund

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021.

www.QuantumMF.com

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name:			
Folio No,		PAN	

Part II: Applicable for Listed Company / its subsidiary company only

(i) I/ We hereby declare that -

<input type="checkbox"/>	Our company is a Listed Company listed on recognized stock exchange in India
<input type="checkbox"/>	Our company is a subsidiary of the Listed Company
<input type="checkbox"/>	Our company is controlled by a Listed Company

(ii) Details of Listed Company ^

Stock Exchange on which listed _____

^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

Part III: Non-individuals other than Listed Company / its subsidiary company

(i) Category [applicable category]:

<input type="checkbox"/>	Unlisted Company	<input type="checkbox"/>	Partnership Firm	<input type="checkbox"/>	Limited Liability Partnership Company
<input type="checkbox"/>	Unincorporated association / body of individuals / HUF	<input type="checkbox"/>	Public Charitable Trust	<input type="checkbox"/>	Religious Trust
<input type="checkbox"/>	Private Trust	<input type="checkbox"/>	Private Trust created by a Will	<input type="checkbox"/>	Others _____ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Name of UBO [Mandatory] Along with Designation / Position wherever applicable				
UBO Code [Refer instruction 3]				
PAN or any other valid ID proof for those where PAN is not available / applicable ¹				
KYC (Yes/No) ²				
Country of citizenship / Nationality				
Country of Tax Residency ³				
Taxpayer Identification Number ³				
Country of Birth				
Country of Permanent Address				
Percentage of Holding % ⁴				

1. If UBO is KYC compliant, KYC proof to be enclosed. If UBO is not KYC compliant then, (i) In case of individual Applicant attached PAN or if PAN is not available then attached any one of the Unique Identification Number (UID) / Aadhar / Passport / Voter ID / Driving License (ii) In case of Applicant other than Individual PAN. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

2. If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to KARVY / Fund.

3. Please indicate all countries in which you are resident for tax purposes and the associate Tax Identification Number.

4. In case of HUF, please mention N.A. and provide details/ attach copies of PAN of all major coparceners.

Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Authorised Signatory

Authorised Signatory

Authorised Signatory

Date:

Place: _____



Minor Attaining Majority - Request Form to change Status

To

Quantum Mutual Fund

Folio No.:	
Investor Name:	

Investment was made in the above Folio when I was a minor and the same was represented by _____ <Guardian Name>. As I have completed 18 years of age as on _____ <Date>, I hereby request to update ,my status as Individual and remove the Guardian Name. Please also update the following details in your records for the above referred Folio.

	Investor Particulars		Bank Particulars
PAN*		Bank Name*	
Email ID*		Branch	
D. O. B.		A/c Type	
Tax Status	<input type="checkbox"/> Residential	A/c Number*	
	<input type="checkbox"/> Non Residential (not a resident of USA and Canada)	Branch Address	
Mobile No.		Bank City	
Tel.No. - Res.		MICR Code (9 Digit)*	
Tel.No. - Office		IFSC Code (11 Digit)*	

* mandatory

Signature of First Holder (Major)	Guardian's Attestation	Bank Attestation
Name:	Registered Guardian's Name:	Branch Seal with name, designation and employee number

Documents attached:

- 1. KYC Confirmation Letter / KYC acknowledgment copy along with PAN Card copy.
- 2. Attach Any one of following:
 - Cancelled Cheque with Name & Account number printed on it.
 - Original Bank statement / Copy of the Bank Statement showing A/c holder Name and A/c No. duly attested by the relevant Bank Manager.
 - Copy of Pass book showing A/c holder Name and A/c No. duly attested by the relevant Bank Manager.
- 3. Multiple Nomination Form
- 4. FATCA Form

Please note:

(You may produce the originals of the documents mentioned above, along with the photocopies, at the counter, we shall verify them and return the originals to you, or photocopies can be submitted attested by the Banker Manager, (name, designation, employee code, and seal should be affixed, clearly on the copy).

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Quantum Mutual Fund-505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

We acknowledge the receipt of the request for change of status from minor to major from Mr. / Ms. / M/s. _____ in Folio No. _____ with Quantum Mutual Fund.

Date of receipt at _____

