



**QUANTUM
MUTUAL FUND**

SGSSL - 54854

E026651

Folio No.: _____ Scheme: _____ Option/Facility: _____

First Unit Holder Name: _____	Advisor Name: _____
Second Unit Holder Name: _____	Advisor Code: _____
Third Unit Holder Name: _____	Sub Advisor Code: _____
Mode of Holding: _____	EUIN No. _____
Status: _____	

☐ **ADDITIONAL PURCHASE REQUEST**

Investment Amount(Rs.) _____
Cheque No. _____
Dated. ____/____/____
Drawn on Bank _____
Branch & City _____

☐ **REDEMPTION REQUEST**

I/We would like to redeem from the above mentioned Scheme/Option ☐ All Units OR
☐ No. Of Units _____ OR
Amount (Rs.) (in figure) _____
Amount / units (in words) _____
☐ Redemption Proceeds should not be Credited to my Default Bank A/C but be Credited to
A/C No.: _____ with _____ Bank
which is already registered with Quantum Mutual Fund.

☐ **SWITCH REQUEST**

I/We would like to switch ☐ All Units OR ☐ No. Of Units _____ OR Amount(Rs.) (in figure) _____
Amount / Units (in words) _____ from the above mentioned Scheme
to Scheme _____ Option _____

☐ **Change Mobile No.** Old Mobile No.: _____ New Mobile No.: _____

☐ **Change Email ID** Old Email ID: _____ New Email ID: _____

I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/Key Information Memorandum of the Scheme and Addenda issued till date. I/We have neither received nor been induced by any rebate or gifts, directly in making this transaction. I/We hereby apply to the Trustee of Quantum Mutual Fund for allotment of Unit(s) of the scheme(s) of Quantum Mutual Fund and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s) (To be signed by all Unit Holders if mode of holding is Joint).

SIGNATURE(S) _____ First Account Holder _____ Second Account Holder _____ Third Account Holder _____
Date _____ Place _____

Toll Free No.: 1800-22-3863/1800-209-3863

Email ID: CustomerCare@QuantumAMC.com

Toll Free Fax: 1800-22-3864