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)

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

Name & ARN Code	Sub-Broker Code	EUIN	RIA Code	E- Code / RM code
South Gujarat ARN: 54854				

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 Plan

☐ Direct ☐ Regular

3 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 _____

4a

	* PAN/PEKRN (Refer Instruction no. 4A) please attach certified PAN copy	* Know Your Customer (KYC) (Refer Instruction No. 4B)	AADHAAR Number
1st Applicant /Minor		Yes ☐ (Please submit Proof)	
2nd Applicant		Yes ☐ (Please submit Proof)	
3rd Applicant		Yes ☐ (Please submit Proof)	
Guardian		Yes ☐ (Please submit Proof)	
POA Holder		Yes ☐ (Please submit Proof)	

4b CKYC Details (KIN Number)

1st Applicant /Guardian _____ 2nd Applicant _____
3rd Applicant _____

5 * 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 preffered 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 ☐ 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) Networth as on date is ₹ _____
Non-Individuals (mandatory) Networth as on date is ₹ _____

Others: For Individuals [please tick (✓)]: ☐ I am Politically Exposed person (PEP) ☐ I am Related to Political Exposed person (RPEP) ☐ Not applicable
For Non-Individuals [please tick (✓)]: Foreign Exchange/Money Changer Services- ☐ Yes ☐ No Gaming/Gambline/Lottery/Casino Services ☐ Yes ☐ No Money Lending/Pawning- ☐ Yes ☐ No

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 ☐ 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) Networth as on date is ₹ _____

Others: For Individuals [please tick (✓)]: ☐ I am Politically Exposed person (PEP) ☐ I am Related to Political Exposed person (RPEP) ☐ Not applicable

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 ☐ 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) Networth as on date is ₹ _____

Others: For Individuals [please tick (✓)]: ☐ I am Politically Exposed person (PEP) ☐ I am Related to Political Exposed person (RPEP) ☐ Not applicable

Address: Mailing Address of Sole/First Applicant (P.O. 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

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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

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). Applications from investors residing in USA or Canada shall not be accepted

Address for correspondence (for NRI applicants) ☐ Indian ☐ Overseas

City | Country | Zip code

6 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

7 BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type [please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Account No

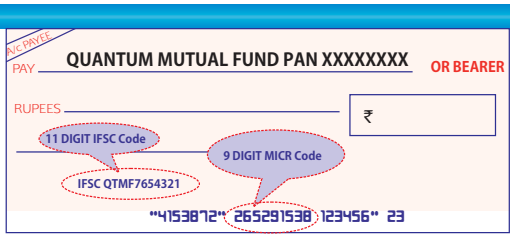
Bank Name

Branch

Branch Address

City | Pin code

IFSC | MICR Code



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.

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

Scheme

Option | Facility

Dividend Transfer to Scheme
(Available only if invested scheme has Monthly Dividend Payout Option)

9 * PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment ☐ RTGS/NEFT ☐ Transfer Letter / Direct Credit (DC) ☐ Cheque ☐ DD ☐ 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 ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

10 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

City | Relationship With Applicant ☐ Mother ☐ Father ☐ Spouse Others

Pin Code | State

Name of Guardian/Parent (If Nominee is minor) | Relationship With Nominee (If Nominee is minor) ☐ Mother ☐ Father ☐ Legal Guardian

Address of Guardian | PAN No. of Guardian/Parent

City | Pin Code | ☐ I do not wish to Nominate

Proof of Date of Birth* ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others Please Specify

Proof of Relationship* ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others Please Specify

11 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: ☐ Client Master List ☐ Transaction / Holding Statement ☐ DIS Copy

12 SMILE Facility (Please refer Instruction no. 15)

Opt for SMILE Facility ☐ Yes ☐ No Contribution Percentage : ☐ 5% OR ☐ 10%

NGO Details for SMILE Contribution

	NGO Name	Distribution Share to each NGO (%)
NGO1 Name		
NGO2 Name		
TOTAL		100%

13 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

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