



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**

INTERMEDIARY INFORMATION		E-Code / RM code	
Name & ARN Code	Sub-Broker Code	EUIN	RIA 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 <input type="checkbox"/> Direct <input type="checkbox"/> 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/PEIRN (Refer instruction no. 4A) please attach certified PAN copy		* Know Your Customer (KYC) (Refer instruction No. 4B)
1st Applicant / Minor		Yes <input type="checkbox"/> (Please submit Proof)	AADHAAR Number
2nd Applicant		Yes <input type="checkbox"/> (Please submit Proof)	
3rd Applicant		Yes <input type="checkbox"/> (Please submit Proof)	
Guardian		Yes <input type="checkbox"/> (Please submit Proof)	
POA Holder		Yes <input type="checkbox"/> (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		Date of Birth / Date of Incorporation	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/> Others		Please Specify	
Proof of Date of Birth (In case of Minor)		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
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:		<input type="checkbox"/> Email & SMS <input type="checkbox"/> Voice <input type="checkbox"/> Both	
Name of 2nd Applicant		Date of Birth	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		Please Specify	
Mobile No.		Email ID	
Name of 3rd Applicant		Date of Birth	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		Please Specify	
Mobile No.		Email ID	
Mode of Holding		<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s) (Default option in case of more than one applicant)	
1 st Holder		<input type="checkbox"/> Resident Individual <input type="checkbox"/> Minor <input type="checkbox"/> FII <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> NRI/PIO Repatriation Basis	
Legal Status Please (✓)		<input type="checkbox"/> NRI/PIO Non-Repatriation Basis <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> Body Corporate <input type="checkbox"/> Company <input type="checkbox"/> Others	
Occupation Please (✓)		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student	
Income Please (✓)		<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lacs <input type="checkbox"/> 5 to 15 Lacs <input type="checkbox"/> 15 to 25 Lacs <input type="checkbox"/> 25 Lacs & above	
Others		For Individuals (please tick (✓)): <input type="checkbox"/> I am Politically Exposed person (PEP) <input type="checkbox"/> I am Related to Political Exposed person (RPEP) <input type="checkbox"/> Not applicable	
		For Non-Individuals (please tick (✓)): <input type="checkbox"/> Foreign Exchange/Money Changer Services- <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Money Lending/Pawning- <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 nd Holder		<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <input type="checkbox"/> NRI/PIO Repatriation Basis	
Legal Status Please (✓)		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student	
Occupation Please (✓)		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student	
Income Please (✓)		<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lacs <input type="checkbox"/> 5 to 15 Lacs <input type="checkbox"/> 15 to 25 Lacs <input type="checkbox"/> 25 Lacs & above	
Others		For Individuals (please tick (✓)): <input type="checkbox"/> I am Politically Exposed person (PEP) <input type="checkbox"/> I am Related to Political Exposed person (RPEP) <input type="checkbox"/> Not applicable	
3 rd Holder		<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <input type="checkbox"/> NRI/PIO Repatriation Basis	
Legal Status Please (✓)		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student	
Occupation Please (✓)		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student	
Income Please (✓)		<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lacs <input type="checkbox"/> 5 to 15 Lacs <input type="checkbox"/> 15 to 25 Lacs <input type="checkbox"/> 25 Lacs & above	
Others		For Individuals (please tick (✓)): <input type="checkbox"/> I am Politically Exposed person (PEP) <input type="checkbox"/> I am Related to Political Exposed person (RPEP) <input type="checkbox"/> 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			

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 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) <input type="checkbox"/> Indian <input type="checkbox"/> 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 ✓]	<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				

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.

AT-PAYEE PAY	QUANTUM MUTUAL FUND PAN XXXXXXXX	OR BEARER
RUPEES		₹
11 DIGIT IFSC Code	9 DIGIT MICR Code	
IFSC QTMF7654321	265291538	123456 23

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	<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

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	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Pin Code	State	<input type="checkbox"/> Spouse <input type="checkbox"/> Others
Name of Guardian/Parent (If Nominee is minor)	Relationship With Nominee (If Nominee is minor)	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Address of Guardian	PAN No. of Guardian/Parent	<input type="checkbox"/> Legal Guardian
City	Pin Code	
Proof of Date of Birth*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate
Proof of Relationship*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate
	<input type="checkbox"/> Passport	<input type="checkbox"/> Others
	<input type="checkbox"/> Others	

11 DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 13)

I would like to be allotted units in DEMAT mode.	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please ✓)	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants only)
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	

12 SMILE Facility (Please refer Instruction no. 15)

Opt for SMILE Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contribution Percentage : <input type="checkbox"/> 5% OR <input type="checkbox"/> 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?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Sales Team	<input type="checkbox"/> 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