

A. Identity Details (please see guidelines overleaf)

[illegible]

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence																																																																																																			
City / Town / Village																																																												Country																				Postal Code																			
State																																																																																																			
2. Contact Details																																																																																																			
Tel. (Off.) (ISD) (STD)																														Tel. (Res.) (ISD) (STD)																																																																					
Mobile (ISD) (STD)																														Fax (ISD) (STD)																																																																					
E-Mail Id.																																																																																																			
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.																																																																																																			
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Bank Account Statement <input type="checkbox"/> Registered Lease / Sale Agreement of Office Premises																																																																																																			
<input type="checkbox"/> Any other proof of address document (as listed overleaf).(Please specify)																																																																																																			
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">d</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">d</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">/</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">m</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">m</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">/</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px;">y</div>																																																																																																			
4. Registered Address (If different from above)																																																																																																			
City / Town / Village																																																												Country																				Postal Code																			
State																																																																																																			
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C. Other Details (please see guidelines overleaf)

1. Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors
(Please use the Annexure to fill in the details)

2. Any other information:

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: _____

Date: _____

**NAME & SIGNATURE(S)
OF AUTHORISED
PERSON(S)**

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

- ☐ (Originals Verified) Self Certified Document copies received
- ☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

South Gujarat ARN: 54854

Name of Applicant _____ PAN of the Applicant _____

Sr. No.	PAN	Name	DIN (For Directors)/ Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Place for
Intermediary Logo



Name & Signature of the Authorised Signatory(ies) Date d | d | / m | m | / y | y | y | y |



FATCA/ FOREIGN TAX LAWS INFORMATION - NON INDIVIDUAL FORM

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

South Gujarat ARN: 54854

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

Category			
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 <input type="text" value="D D M M Y Y Y Y"/> <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:

Authorised Signatory	Authorised Signatory	Authorised Signatory
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Date:

Place: _____



Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-individual Applicant/Investor)

South Gujarat ARN: 54854

India's 1st Direct to Investor Mutual Fund

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

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

Part I: Applicant/Investor details:

Investor Name:	
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 / Beneficial Interest ⁴				

1. If UBO is KYC compliant, KYC proof needs to be enclosed. If UBO is not KYC compliant then, (i) In case of individual Applicant attach PAN or if PAN is not available then attach any one copy of the Unique Identification Number (UID) / Aadhar / Passport / Voter ID / Driving License.

(ii) In case if the Applicant is other than Individual - PAN of 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 mention the associated Tax Identification Number.

4. Please refer to the simple illustration of ascertaining of ultimate Beneficial ownership and attach valid documents like shareholding pattern self attested by authorised signatory .

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: DDMMYY

Place: _____