



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

(BROWN) High risk (An Open-ended Equity Scheme)
(BLUE) Low risk Quantum Liquid Fund (An Open ended Liquid Scheme)
(BROWN) Quantum Tax Saving Fund (An Open ended Equity Linked Savings Scheme)

(BROWN) High risk Quantum (An Open-ended Equity Fund of Funds Scheme)
(BROWN) High risk Quantum Gold Savings Fund (An Open-ended Fund of Fund Scheme)
(YELLOW) Quantum Multi Asset Fund (Medium risk (An Open Ended Fund of Funds Scheme))

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

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

Application No:

INTERMEDIARY INFORMATION			FOR OFFICE USE ONLY
Name & ARN Code	Sub-Broker Code	EUIIN	E- Code
132061		E352389	

Please refer instruction No. 5 for EUIIN.

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

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

4 * APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS) (All Applicable Fields marked with # are compulsory)

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

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)

Legal Status Please (i) ☐ 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 (i) ☐ Private Sector Service ☐ Public Sector / Gov. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ House Wife ☐ Student
☐ Politically Exposed Person ☐ Forex Dealer ☐ Retired ☐ Others Please Specify

Annual Income Please (i) ☐ 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

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

 City State Country INDIA Pin code

Contact Details of Sole/ First Applicant
Tel No - STD Code Res. Off. Fax

Overseas Address (mandatory for NRI/FII applicant). This address will be replaced with the address as per your KYC records on validation of your KYC data. Applications from investors residing in USA or Canada shall not be accepted Address for correspondence (for NRI applicants)
 Indian Overseas

 City Country Zip code

5 POWER OF ATTORNEY (POA) (Refer Instruction Nos2(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

6 GO GREEN : Electronic Communication / Transactions (Refer Instruction No. 8 & 9)

I/ We have read and understood the terms and conditions of Electronic Communication / Transactions, available in the common application form for transactions, etc for using the Quantum Mutual Fund web ☐ I/ We authorize Quantum Mutual Fund, Quantum AMC to issue Personal Identification Number (PIN) / Telephone PIN (TPIN) on my mailing address, registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above ☐ I/ We would like to receive various communications / updates / alerts / notifications from Quantum Mutual Fund, Quantum AMC et c on my registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above. ☐ Account Statement ☐ Other Statutory Information

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: **QMFP**
Mutual Fund-505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

Quantum

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

7 **★BANK ACCOUNT DETAILS** (Refer Instruction No. 10)

A/c Type [please fill]	<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 Code					MICR Code

Preferred mode of payment Electronic Credit. RTGS/NEFT 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.

QUANTUM MUTUAL FUND PAN XXXXXXXX OR BEARER

RUPEES

11 DIGIT IFSC Code: IFSC QTMF7654321

9 DIGIT MICR Code: #4153872 #265291538 #23456 #23

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

<input type="checkbox"/> Quantum Long Term Equity Fund	<input type="checkbox"/> Quantum Tax Saving Fund	<input type="checkbox"/> Quantum Liquid Fund
<input type="checkbox"/> Quantum Equity Fund of Funds	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Daily Dividend Reinvestment Option
<input type="checkbox"/> Dividend Option	<input type="checkbox"/> Monthly Dividend Payout Option	<input type="checkbox"/> Dividend Transfer to Scheme - (Available only for Monthly Dividend Payout Option)
<input type="checkbox"/> Dividend Reinvestment Facility	<input type="checkbox"/> Dividend Payout Facility	<input type="checkbox"/> Quantum Gold Savings Fund - Growth Option
		<input type="checkbox"/> Quantum Multi Asset Fund - Growth Option

9 **PAYMENT DETAILS** (Refer Instruction No.11)

Mode of Payment	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> IMPS
RTGS/NEFT/IMPS 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
State		<input type="checkbox"/> Spouse <input type="checkbox"/> Others
Pin Code	Relationship With Nominee (If Nominee is minor)	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Name of Guardian/Parent (If Nominee is minor)		<input type="checkbox"/> Legal Guardian
Address of Guardian	PAN No. of Guardian/Parent	
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	<input type="checkbox"/> I do not wish to Nominate

11 **DEMAT ACCOUNT DETAILS** (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 tick) (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	<input type="checkbox"/> I	<input type="checkbox"/> N	BENEFICIARY Account No. (NSDL Only)
CDSL			
Endorse for Demat Option:	<input type="checkbox"/> Client Master List	<input type="checkbox"/> Transaction / Holding Statement	<input type="checkbox"/> DIS Copy

12 **DOCUMENT ENCLOSED** (Please)

Total No. of docs.	<input type="checkbox"/> Resolution/ Authorisation to invest	<input type="checkbox"/> List of authorised signatories with specimen signatures
<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Declaration of Beneficial Ownership
<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> KYC Compliance	<input type="checkbox"/> PIO Card
<input type="checkbox"/> Foreign Inward Remittance Certificate	<input type="checkbox"/> Trigger Form	<input type="checkbox"/> Minor related documents
<input type="checkbox"/> Proof of Address		

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				

Investor Awareness: Please 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 to my/our satisfaction all the features of the scheme(s) that I/We have chosen to invest in and have understood all the Terms and Conditions of the said scheme(s).
- ☐ I/We confirm that I/We have fully understood the Expense Ratios and Exit Loads pertaining to the scheme(s) and that exit loads will be calculated as per First in First out (FIFO) basis.
- ☐ I/We confirm that I/We have fully understood Transaction norms such as cut off time for subscription / redemption/switch, Turn around Times for processing of transactions etc.
- ☐ I/We am/are aware of the Tax implications of my/our Investment pertaining to the schemes of Quantum Mutual Fund.
- ☐ I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We recognize, and I / We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s). I/We also recognize the product label (color code), denoting the risk for the said 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 of the scheme(s) and the fit between the two at the time of undertaking the investment(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 Grievance Redressal and Dispute Resolution policies 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.

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

EMAIL

CustomerCare@QuantumAMC.com

SMS

<Quantum> to 9243 22 3863