



COMMON APPLICATION FORM

(Continuous Offer of units at Applicable NAV)

1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020 www.QuantumAMC.com

Application No: QMFP

1. INTERMEDIARY INFORMATION

Name & ARN Code	Sub - Broker Code	EUIN	RIA Code	E-Code / RM Code
ARN-1678		E 087722		

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (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

3.	*PAN/PEKRN (Refer Instruction no. 4A) please attach certified PAN copy	CKYC Details (KIN Number)
1 st Applicant /Minor		
2 nd Applicant		
3 rd Applicant		
Guardian/POA		

4. *APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS)

Mode of Holding Single Joint Any one or survivor(s) (Default option in case of more than one applicant)

Name of Sole/ 1st Applicant Mr. Ms. M/s. Other Please Specify

Gender Male Female Transgender Other Please Specify

Date of Birth/Date of Incorporate (Mandatory) Proof of DOB (Incase of Minor) Birth Certificate School leaving Certificate Passport Other

Guardian/Authorised Person - (In case of Minor)/Authorised Person (In case of non individual applicant)

Relationship with Minor Father Mother Legal Guardian

Note: If Guardian is a Legal Gaurdian, please submit duly notorised copy of court order along with application.

If the sole/first applicant is differently abled; then please tick the prepered mode of communication: Email & SMS Voice Both

Relationship Proof (With specified Guardian) Birth Certificate Passport Other

LEI code valid up to

Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for non-Individual investors. Refer instruction no. 16)

Address: Mailing Address of Sole/First Applicant (PO 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 - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.com



Date Received from: Mr./Ms./M/s

An application for purchase units of

along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)



City State Country Pin code

Contact Details of Sole/First Applicant Mobile No. Email ID

This Email ID belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

This Mobile No. belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

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

Note: The address provided by you above will be replicated with the address as per KYC record

Name of the 2nd Applicant Mr./Ms./M/s.

DOB Mobile No. Email ID

(Mandatory)

Gender Male Female Transgender

This Email ID belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

This Mobile No. belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Name of the 3rd Applicant Mr./Ms./M/s.

DOB Mobile No. Email ID

(Mandatory)

Gender Male Female Transgender

This Email ID belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

This Mobile No. belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

5. *KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory. Please ✓ / Specify. The application is liable to get rejected if details not filled.)

Tax Status (Applicable for First/Sole Applicant)

- Resident Individual Fils NRI-NRO HUF Society Company Body Corporate Club/Society PIO
- Minor Government Body Trust NRI-NRE Bank & FI Proprietorship Firm Partnership Firm QFI
- Provident Fund NRI minor with gaurdian Others _____

1st Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____
2nd Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____
3rd Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____
Guardian / POA	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____

ACKNOWLEDGEMENT SLIP (To be continued) **Application No: QMFP**

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INVESTMENT DETAILS/ Payment Details (Please ✓) Choice of Scheme/Option/Facility

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option /Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DDNo./UTR No. (Incase of NEFT/RTGS)	Bank & Branch
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	
2.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	
3.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	

Gross Annual Income Range (in ₹) (Mandatory)

1st Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (not older than 1 year)
2nd Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (not older than 1 year)
3rd Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (not older than 1 year)
Guardian / POA	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (not older than 1 year)

For Individuals Investors (Please ✓)	1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
I am Politically Exposed Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am Related to Politically Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Non-Individual Investors (Please ✓)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes No (if No, Mandatory to provide the UBO declaration)

Yes No Foreign Exchange/Money Charger Services Yes No Gaming/Gambling/Lottery/Casino Services Yes No Money Lending/Pawning

6. POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2 (f) & 7)

POA Name Mr./Ms.

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

Bank Name IFSC MICR Code

Account No Branch City Pin Code

*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/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/ Payment Details (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 1, 2)

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option /Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DDNo./ UTR No. (Incase of NEFT/RTGS)	Bank Branch, Account Type & Account Number
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	
2.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	
3.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	

*Applicable only Quantum Liquid Fund and Quantum Dynamic Bond Fund.

Applicable to minor (in case payment done other than the minor account)

Payment/ bank account holder name _____ relationship with minor Father Mother Legal Guardian

Note: (1) Relationship proof with minor required (2) If payment done by Legal Guardian, please submit duly notarized copy of court order along with application.

9. FATCA and CRS DETAILS For Individuals (Mandatory) (Non-Individuals are required to submit separate FATCA & CRS information (for non-individuals/Legal entity) and UBO Declaration Form available at www.QuantumAMC.com)

	Sole/First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant / <input type="checkbox"/> POA		
Place & Country of Birth									
	Country [#]	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country [#]	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country [#]	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)

*Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & Its Identification type e.g: TIN etc

10. *NOMINATION DETAILS (Refer instruction no. 12)

	1 st Nominee	2 nd Nominee	3 rd Nominee
Name (as in PAN card/KYC records)			
PAN			
Date of Birth			
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)			
Guardian's relationship with minor	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
Type of Guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian
Allocation % (Total to be 100%)			

OR I do not wish to Nominate

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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

NSDL CDSL

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 BENEFICIARY Account No. (NSDL Only)

CDSL

Enclose: Client Master List Transaction/Holding Statement DIS Copy

12. 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 _____

13. PHYSICAL COPY OF ANNUAL REPORT

Opt In to receive the physical copy of Annual Report

14 NPO DECLARATION (Mandatory for Trust and Society)

Yes, We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If yes, please quote Registration No. of Darpan portal of Niti Aayog

Or No, If not, please register immediately and confirm with the above information. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

Signature(s)

Date

Place _____

Sole/1st Applicant/Guardian/Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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