



Partner Nomination Form (For Individuals / Sole Proprietors Only)

7th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumMF.com

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

1 Distributor Details

Name

ARN Code: EUIN No

Dear Sir / Madam,

I do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death.

2 Nominee's Details

Nominee's Name

Relationship with Nominee Mother Father Spouse Son Daughter Other _____

Date of Birth of Nominee (mandatory in case of minor)

Guardian's Name (If nominee is minor)

Nominee's / Guardian's (if Nominee is minor) Address

City State Country Pin code

Contact Details Mobile No. Email ID

Tel No - STD Code Res. Off. Fax

Signature of Nominee/ Guardian

I agree and accept that: (a) All payments and settlements made to nominee(s) and signature of nominee(s) acknowledging will constitute a full & valid discharge of the liability of the AMC/Mutual Fund/Trustees. (b) This nomination will stand cancelled in the event of the nominee(s) pre-deceasing me. (c) The nomination will be registered only when it is complete in all respects to the satisfaction of the AMC. (d) This nomination supercedes all previous nominations made by me in respect of the broker code indicated above.

Place: _____

Date: _____

Signature of Distributor

ACKNOWLEDGEMENT SLIP (To Be Filled By The Distributor)

Quantum Mutual Fund - 7th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumMF.com

Date Distributor Name : _____

ARN Code EUIN No AMC H.O./ Branch

Collection Center's Stamp
&
Receipt Date and Time