



**QUANTUM  
MUTUAL FUND**

Folio No.: \_\_\_\_\_ Scheme: \_\_\_\_\_ Option/Facility: \_\_\_\_\_

First Unit Holder Name: _____	Advisor Name : _____
Second Unit Holder Name: _____	Advisor Code : _____
Third Unit Holder Name: _____	Sub Advisor Code : _____
Mode of Holding: _____	EUIIN No. : _____
Status: _____	RIA Code : _____
	E-Code / RM Code : _____

**ADDITIONAL PURCHASE REQUEST**  **REDEMPTION REQUEST**

Investment Amount(Rs.) _____ Cheque No. _____ Dated. ____/____/____ Drawn on Bank _____ Branch & City _____	I/We would like to redeem from the above mentioned Scheme/Option <input type="checkbox"/> All Units OR <input type="checkbox"/> No. Of Units _____ Amount (Rs.) (in figure) _____ Amount / units (in words) _____ <input type="checkbox"/> Redemption Proceeds should not be Credited to my Default Bank A/C but be Credited to A/C No.: _____ with _____ Bank which is already registered with Quantum Mutual Fund.
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**SWITCH REQUEST**

I/We would like to switch  All Units OR  No. Of Units \_\_\_\_\_ OR Amount(Rs.) (in figure) \_\_\_\_\_  
Amount / Units (in words) \_\_\_\_\_ from the above mentioned Scheme  
to Scheme \_\_\_\_\_ Option \_\_\_\_\_

**Change Mobile No.** Old Mobile No.: \_\_\_\_\_ New Mobile No.: \_\_\_\_\_  
This Mobile No. belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

**Change Email ID** Old Email ID: \_\_\_\_\_ New Email ID: \_\_\_\_\_  
This Email ID belongs to (Mandatory Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian

I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/Key Information Memorandum of the Scheme and Addenda issued till date. I/We have neither received nor been induced by any rebate or gifts, directly in making this transaction. I/We hereby apply to the Trustee of Quantum Mutual Fund for allotment of Unit(s) of the scheme(s) of Quantum Mutual Fund and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s) **(To be signed by all Unit Holders if mode of holding is Joint)**.

"In case if there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency".

SIGNATURE(S) \_\_\_\_\_ First Account Holder \_\_\_\_\_ Second Account Holder \_\_\_\_\_ Third Account Holder \_\_\_\_\_  
Date \_\_\_\_\_ Place \_\_\_\_\_

Toll Free No.: 1800-22-3863/1800-209-3863 Email ID: CustomerCare@QuantumAMC.com (For Queries/NCT\*)  
Transact@QuantumAMC.com (For CT\*)

Quantum Asset Management Company Private Limited | 6th Floor, Hoechst House, Nariman Point, Mumbai - 400021

\*CT - Commercial Transaction \*NCT - Non-Commercial Transaction  
\*\*I hereby give consent to receive communication via email, SMS, alerts, notifications or voice calls from Quantum Mutual Fund, even though my mobile number is registered under the National Do Not Call Registry (NDNC). This includes all statutory, product, transaction related & other communication. Please refer to our [privacy policy](#) here for complete details.