

COMMON APPLICATION FORM

(Continuous Offer of units at Applicable NAV)

Quantum Mutual Fund - 1st floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay
Reclamation, Churchgate, Mumbai - 400 020 | www.QuantumAMC.com

Check Your KYC Status



1. Distributor Information					
Name & ARN Code	Sub - Broker ARN	Sub - Broker Code	Employee Unique	E-Code/RM Code	RIA Code/EOP Code
ARN -	ARN -	Internal Code	E Identification No. (EJIN)		

*RIA/Declaration: "I/We, have invested in the scheme(s) of Quantum Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Quantum Mutual Fund, to the above mentioned SEBI Registered Investment Adviser."

EJIN Declaration: I/We hereby confirm that the EJIN 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)	
Folio No.	Name of 1 st Applicant

3.	*PAN/PEKRN	Date of Birth (Mandatory)	CKYC Details (KIN Number, if any)
1 st Applicant/Minor		D D M M Y Y Y Y	
2 nd Applicant		D D M M Y Y Y Y	
3 rd Applicant		D D M M Y Y Y Y	
Guardian/POA		D D M M Y Y Y Y	

4. *Applicant Information (To Be Filled In Block Letters)

MODE OF HOLDING (Please tick SINGLE JOINT ANY ONE OR SURVIVOR(S) (Default option)

NAME OF SOLE/ 1ST APPLICANT Mr. Ms. M/s.

GENDER Male Female Others

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

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR Father Mother Legal Guardian Note: If Guardian is a Legal Guardian, please submit duly notarised copy of court order along with application.

RELATIONSHIP PROOF (With specified Guardian) Birth Certificate Passport Other _____

PROOF OF DOB (In case of Minor) Birth Certificate School leaving Certificate Passport Other _____

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

LEI code valid up to D D M M Y Y Y Y

Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for non-Individual investors.

ADDRESS: 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

<input type="text"/>
<input type="text"/>

CITY STATE COUNTRY PIN CODE

Contact Details of Sole/1st Applicant Mobile No. Email ID

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

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

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

<input type="text"/>	CITY <input type="text"/>	COUNTRY <input type="text"/>	ZIP CODE <input type="text"/>
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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.

Mobile No. Email ID

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

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

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

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

An application for purchase units of Scheme of Quantum Mutual Fund

Date D D M M Y Y Y Y

Scheme and cheque details overleaf. Cheques are subject to realisation.

Collection Center's Stamp &
Receipt Date and Time

NAME OF THE 3RD APPLICANT | Mr. Ms. M/s

Mobile No. | **Email ID** |

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

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

5. 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 guardian Others _____

Additional KYC Details

Occupation	Professional	Agriculturist	Housewife	Retired	Government Service/ Public Sector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Gross Annual Income Details	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	Net-worth in Rs.	Date
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	D D M M Y Y Y Y
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	D D M M Y Y Y Y
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D D M M Y Y Y Y

PEP Details	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

NPO DECLARATION (Mandatory for Trust and Society) - For NPO declaration kindly visit our website

6. Power Of Attorney (POA)

POA Name | Mr./Ms.

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

7. *Bank Account Details

A/c Type [please ✓] SB Current NRO NRE FCNR

Bank Name | Branch |

Account No | IFSC | MICR Code | 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

Scheme Name	Plan	Option	Sub Option	Amount
Quantum				
Quantum				
Quantum				
Mode of Payment	<input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Cash			Total
Date	Amount	Drawn on Bank & Branch	NEFT/RTGS/Cheque No.	Bank Account No. (NEFT/RTGS/Cheque)
D D M M Y Y Y Y				

In case of multiple Schemes, mention "Quantum Mutual Fund - Collection Account" on the payment instrument.

Applicable to minor (incase 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.

ACKNOWLEDGEMENT SLIP (To be continued)

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Investment Details / Payment Details

Scheme Name	Plan	Option/ Sub Option	Cheque No.	Amount
Quantum				
Quantum				
Quantum				
			Total	

9. FATCA And CRS Details For Individuals (Including Sole Proprietor) (Mandatory) The Below information is required for all applicants/guardian			
	Place/City of Birth	Country of Birth	Country of Citizenship/Nationality
1st Applicant/Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify
2nd Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify
3rd Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify
POA Holder			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others Please specify

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? Yes NO (Please tick ✓)

If "YES" please fill for ALL countries (other than Indian in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries)

	Country of Tax Residency#	Tax Identification Number or Functional Equivalent	Identification Type* (TIN or other please specify)	If TIN is not applicable Please tick (✓) the reason [as defined below]
1st Applicant/Guardian				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2nd Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3rd Applicant				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
POA Holder				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

*To also include USA, where the individual is a citizen/ green card holder of USA. *In case Tax Identification Number is Not available, kindly provide its functional equivalent.

> Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.

> Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected]

> Reason C → Others – Please specify the reasons _____

10. *Nomination Details	1 st Nominee	2 nd Nominee	3 rd Nominee
Name of the Nominee(s)* (as in PAN card/KYC records)			
Date of Birth			
Relationship with Investor*	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Spouse Other _____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Spouse Other _____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Spouse Other _____
POI Document/Number*	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Driving Licence _____ <input type="checkbox"/> AADHAR (last 4) _____ <input type="checkbox"/> Passport _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Driving Licence _____ <input type="checkbox"/> AADHAR (last 4) _____ <input type="checkbox"/> Passport _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Driving Licence _____ <input type="checkbox"/> AADHAR (last 4) _____ <input type="checkbox"/> Passport _____
Address*			
Guardian Name (in case Nominee is a Minor)			
Share of Nominee Allocation % (Total to be 100%)*			
Mobile / Telephone no. of Nominee(s) / Guardian in case of minor*			
Email Id of Nominee(s) / Guardian in case of minor*			

*Mandatory to provide in case of nomination

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows;

(please tick, as appropriate) Name of nominee(s) Nomination: Yes/No. **OR** I do not wish to Nominate

I hereby confirm that I do not wish to appoint any nominee(s) to my demat account/ mutual fund folio at this point of time.

I understand that – (i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise. (ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s). (iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework. I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

11. Demat Account Details (Please ✓)	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	Enclose: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy
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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 A/c No. (NSDL Only) CDSL

12. Physical Copy	<input type="checkbox"/> Opt In to receive the physical copy of Annual Report/Statement of Account (SOA)
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Declaration and Signature(s): I/We read and understood the contents of the Scheme Information Document and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to Quantum Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents.

I hereby give my consent to receive various Communications, emails, SMS, alerts and notifications statutory or otherwise including of products of Quantum Mutual Fund and also to receive call from Quantum AMC related to products and transactions in Quantum Mutual Fund even though my mobile number is registered under the National Do Not Call Registry (NDNC). Please read our complete private policy here <https://www.quantumamc.com/privacy-policy>.

Applicable to NRI only: I/We confirm that I am / we are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (ü) (Including amount of Additional Purchase Transaction made in future)

Signature(s)



Date



Place

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