

# 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. Intermediary Information

Name & ARN Code	Sub - Broker Code	Employee Unique Identification No. (EUIIN)	RIA Code/EOP Code	E-Code / RM Code
ARN -	ARN -	E		

\*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."

EUIIN Declaration: I/We hereby confirm that the EUIIN 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<sup>st</sup> Applicant

3.	*PAN/PEKRN	Date of Birth (Mandatory)	CKYC Details (KIN Number, if any)
1 <sup>st</sup> Applicant/Minor	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <sup>nd</sup> Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <sup>rd</sup> Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian/POA	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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/ 1<sup>ST</sup> 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 Gaurdian, please submit duly notarised copy of court order along with application.

RELATIONSHIP PROOF (With specified Guardian)  Birth Certificate  Passport  Other \_\_\_\_\_

PROOF OF DOB (Incase 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

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

CITY  STATE  COUNTRY  PIN CODE

Contact Details of Sole/1<sup>st</sup> 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

CITY  COUNTRY  ZIP CODE

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

NAME OF THE 2<sup>ND</sup> 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 - 1<sup>st</sup> 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

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

Collection Center's Stamp &  
Receipt Date and Time

**NAME OF THE 3<sup>RD</sup> 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

**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 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	<input type="text" value="DDMMYYYY"/>
2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	<input type="text" value="DDMMYYYY"/>
3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	<input type="text" value="DDMMYYYY"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text" value="DDMMYYYY"/>

PEP Details	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> 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**

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  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**

Sr. No.	Scheme Name	Plan	Option	Sub Option	Amount
1.					
2.					
3.					

**Mode of Payment**  RTGS/NEFT  Cheque  Fund Transfer  Cash **Total**

Date	Amount	Drawn on Bank & Branch	NEFT/RTGS/Cheque No.	Bank Account No. (NEFT/RTGS/Cheque)
<input type="text" value="DDMMYY"/>				

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**

Sr. No.	Scheme Name	Plan	Option/ Sub Option	Cheque No.	Amount
1.					
2.					
3.					
				<b>Total</b>	

**9. Fatca And Crs Details For Individuals (Including Sole Proprietor) (Mandatory)** The Below information is required for all applicants/guardian

Category	1st Applicant	2nd Applicant	3rd Applicant
Place/City of Birth			
Country of Birth	<input type="checkbox"/> INDIA /		
Country of Citizenship/Nationality	<input type="checkbox"/> INDIAN /		
Is your Tax Residency/Country of Birth/Citizenship/Nationality other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, Please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA holder should mandatorily fill Annexure I for complete details.

Category	1st Applicant	2nd Applicant	3rd Applicant
Country of Citizenship/Nationality			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No.2			

10. *Nomination Details	1st Nominee	2nd Nominee	3rd 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 / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment 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 / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

<b>11. Demat Account Details (Please ✓)</b>	<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   IN	Beneficiary A/c No. (NSDL Only)	CDSL
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<b>12. Physical Copy</b>	<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 

D	D	M	M	Y	Y	Y	Y
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Place \_\_\_\_\_

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