COMMON APPLICATION FORM

(Continuous Offer of units at Applicable NAV)

Check Your KYC Status

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

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	Identication No. (EUIN) 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."

☐ **EUIN Declaration:** 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. Application for (Please ✓ any one) ☐ Lumpsum ☐ Lumpsum with SIP/STP/SWP* ☐ SIP without cheque* ☐ Zero Balance Folio*

*For registration of **SIP, STP and SWP** a separate duly completed and signed request form must be submitted for each facility.
*Zero-balance folios are permitted for **Institutional Investors**, subject to the applicable regulatory guidelines

3. Existing Unit Holder Information (Please note that Applicant details & mode of holding will be as per existing Folio Number)

Folio No. | Name of 1st Applicant

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

5. *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 Gaurdian, please submit duly notorised 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 prefered 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

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

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.

Mobile No. | **Email ID**

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

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

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 ☐ FIIs ☐ 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 _____

Additional KYC Details

Occupation	Professional	Agriculturist	Housewife	Retired	Government Service/Public Sector	Business	Forex Dealer	Student	Private Sector Service	Others
1st Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
2nd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
3rd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____

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
1st Applicant	☐	☐	☐	☐	☐	☐	(Net worth should	D D M M Y Y Y Y
2nd Applicant	☐	☐	☐	☐	☐	☐	not be older	D D M M Y Y Y Y
3rd Applicant	☐	☐	☐	☐	☐	☐	than 1 year)	D D M M Y Y Y Y
Guardian	☐	☐	☐	☐	☐	☐		D D M M Y Y Y Y

PEP Details	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you related to a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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

7. Power Of Attorney (POA)

POA Name Mr./Ms.

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

8. *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.

9. *Investment Details / Payment Details

Scheme Name	Plan	Option	Sub Option	Amount
Quantum				
Quantum				
Quantum				
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)
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	

10. FATCA And CRS Details For Individuals (Including Sole Proprietor) (Mandatory) The Below inforamtion is required for all applicants/guardian			
	Place/City of Birth	**Country of Birth**	**Country of Citizenship/Nationality**
1st Applicant/Guardian			☐ Indian ☐ U.S. ☐ Others Please specify
2nd Applicant			☐ Indian ☐ U.S. ☐ Others Please specify
3rd Applicant			☐ Indian ☐ U.S. ☐ Others Please specify
POA Holder			☐ Indian ☐ U.S. ☐ 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 Indentification Number or Functional Equivalent**	**Indentification Type* (TIN or other please specify)**	**If TIN is not applicable** Please tick (✓) the reason [as defined below]
1st Applicant/Guardian				Reason ☐ A ☐ B ☐ C
2nd Applicant				Reason ☐ A ☐ B ☐ C
3rd Applicant				Reason ☐ A ☐ B ☐ C
POA Holder				Reason ☐ A ☐ B ☐ 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 required the TIN to be collected]

➤ Reason C ➔ Others – Please specify the reasons _____

11. *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*	☐ Father ☐ Mother ☐ Sister ☐ Daughter ☐ Brother ☐ Husband ☐ Wife ☐ Son ☐ Spouse Other _____	☐ Father ☐ Mother ☐ Sister ☐ Daughter ☐ Brother ☐ Husband ☐ Wife ☐ Son ☐ Spouse Other _____	☐ Father ☐ Mother ☐ Sister ☐ Daughter ☐ Brother ☐ Husband ☐ Wife ☐ Son ☐ Spouse Other _____
POI Document/Number*	☐ PAN _____ ☐ Driving Licence _____ ☐ AADHAR (last 4) _____ ☐ Passport _____	☐ PAN _____ ☐ Driving Licence _____ ☐ AADHAR (last 4) _____ ☐ Passport _____	☐ PAN _____ ☐ Driving Licence _____ ☐ AADHAR (last 4) _____ ☐ 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 minnor*			
Email Id of Nominee(s) / Guardian in case of minnor*			

*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.

12. Demat Account Details (Please ✓)	☐ NSDL ☐ CDSL	Enclose: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy

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 | I N | Beneficiary A/c No. (NSDL Only) | | CDSL | |

13. Physical Copy	☐ Opt In to receive the physical copy of Annual Report/Statement of Account (SOA)

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 Place _____

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