

COMMON MINOR ATTAINING MAJORITY - REQUEST FORM TO CHANGE STATUS

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

Check Your KYC Status



Folio No.

1. *INVESTOR DETAILS

Name of Sole/1st Applicant Mr. Ms. Other Please Specify

*PAN/PEKRN DOB Tax Status Resident Individual NRI

Contact Details 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

Tel No-STD Code Res. Off. Fax

2. Additional KYC Details (Occupation)

Professional Service Agriculturist Housewife Retired Government Service/Public Sector Business
 Forex Dealer Student Private Sector Service Others

3. Gross Annual Income Details

Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore OR Net-worth in Rs.

Date

4. PEP Details	1 st Applicant
Are you a Politically Exposed Person (PEP)	<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

5. Overseas Address (Mandate for NRI)

Address

City State Country Zipcode

6. *Bank Account Details

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

Bank Name IFSC MICR Code

Account No Branch City Pin Code

7. 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="text"/>	<input type="text"/>	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <small>Please specify</small>

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] Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
1st Applicant/Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>	

[#]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

8. *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	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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.

Signature of Applicant

9. Declaration and Signature of the Applicant

I have attached herewith all the relevant / required documents as indicated below.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep Quantum Mutual Fund/ its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize Quantum Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor/Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my/our bank account details. I/We also authorize the Mutual Fund & its AMC/RTA to provide/share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

My signature hereinbelow has been attested by the Guardian on record (or) Notary / JMFC (or) My banker

Place: _____

Signature of Applicant

Date: _____

Signature Attestation	
(To be attested by the Guardian (as registered in the folio of the applicant who has become a major) or a Notary or Judicial Magistrate First Class (JMFC)®)	
Name of the Guardian / Stamp of the Notary/JMFC	The above signature of the applicant duly attested by me
®Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure 1	

Documents attached

- Copy of PAN Card of applicant
 KYC Acknowledgment OR KYC form of applicant
 Cancelled cheque with applicant's name pre-printed OR Applicant's Bank Statement/Passbook
 Annexure-I – Bankers Attestation of Signature of the applicant

Please note: (You may produce the originals of the documents mentioned above, along with the photocopies, at the counter, we shall verify them and return the originals to you).

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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We acknowledge the receipt of the request for change of status from minor to major from Mr. / Ms. / M/s. _____

_____ in Folio No. _____ with Quantum Mutual Fund.

Date of receipt at _____

Collection Center's Stamp

Annexure - 1

Bank Attestation of Account Details & Account-holder's signature

{To be issued on the Bank's Letter Head OR
This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: DD / MM / YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____,

Name of the bank

_____ branch

having the following Bank Account:

Account number	
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> NRNR <input type="checkbox"/> Others (Pl. specify)	
9-Digit MICR No.	11-Digit IFSC

His/her address, as per our Bank records, is as follows:

City	PIN	State

Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
Signature of the bank official with Bank's Seal	
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

*Mandatory