



COMMON APPLICATION FORM (Continuous Offer of units at Applicable NAV)

Quantum Long Term Equity Fund
(An Open-ended Equity Scheme)
Quantum Liquid Fund
(An Open ended Liquid Scheme)
Quantum Tax Saving Fund
(An Open ended Equity Linked Savings Scheme)

Quantum Equity Fund of Funds
(An Open-ended Equity Fund of Funds Scheme)
Quantum Gold Savings Fund
(An Open-ended Fund of Fund Scheme)
Quantum Multi Asset Fund
(An Open Ended Fund of Funds Scheme)

Quantum Dynamic Bond Fund
(An Open-ended Debt Scheme with
Defined Credit Exposure and Dynamic
Maturity Profile)

and only
India's 1st Direct to Investor
Mutual Fund

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

Application No:

INTERMEDIARY INFORMATION			FOR OFFICE USE ONLY
Name & ARN Code	ARN-280217	Sub-Broker Code	E- Code
		EUIN	

Please refer instruction No. 5 for EUIN. Please read the instructions carefully, before filling up the application. Kindly use this form if you are making a one time investment. For SIP investments please use the separate SIP Form. Investors should consult their financial advisers if in doubt whether the product is suitable for them.
(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) (Refer Instruction No. 3)

Folio No.	Name of First Applicant	* PAN (Refer Instruction No.4A) Please attach certified PAN copy	* Know Your Customer (KYC) (Refer Instruction No. 4B)	AADHAAR Number
1st Applicant /Guardian		Yes	(Please submit Proof)	
2nd Applicant		Yes	(Please submit Proof)	
3rd Applicant		Yes	(Please submit Proof)	
POA Holder		Yes	(Please submit Proof)	

4 * APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS)

Name of Sole/ 1st Applicant	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/> Others	Please Specify	Date of Birth/ Date of Incorporation
			DDMMYYYY
Proof of Date of Birth (In case of Minor)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	Please Specify	
Mobile No.		Email ID	
Parent/ Guardian Name of 1st Applicant - (in case of Minor)/Contact person (in case of non individual applicant)			Relationship with Minor/ Designation
If the sole / first applicant is differently abled; then please tick the preferred mode of communication: <input type="checkbox"/> Email & SMS <input type="checkbox"/> Voice <input type="checkbox"/> Both			
Name of 2nd Applicant	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		Date of Birth
			DDMMYYYY
Mobile No.		Email ID	
Name of 3rd Applicant	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		Date of Birth
			DDMMYYYY
Mobile No.		Email ID	
Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s) (Default option in case of more than one applicant)		
1 st Holder	Legal Status Please (✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Minor <input type="checkbox"/> FII <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> NRI/PIO Repatriation Basis <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> Body Corporate <input type="checkbox"/> Company <input type="checkbox"/> Others Please Specify		
Occupation Please (✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Retired <input type="checkbox"/> Others Please Specify		
Income Please (✓)	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lacs <input type="checkbox"/> 5 to 15 Lacs <input type="checkbox"/> 15 to 25 Lacs <input type="checkbox"/> 25 Lacs & above <input type="checkbox"/> Individuals (optional) <input type="checkbox"/> Non-Individuals (mandatory) <input type="checkbox"/> Network as on date is ₹		
2 nd Holder	Legal Status Please (✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <input type="checkbox"/> NRI/PIO Repatriation Basis		
Occupation Please (✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Retired <input type="checkbox"/> Others Please Specify		
Income Please (✓)	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lacs <input type="checkbox"/> 5 to 15 Lacs <input type="checkbox"/> 15 to 25 Lacs <input type="checkbox"/> 25 Lacs & above <input type="checkbox"/> Individuals (optional) <input type="checkbox"/> Network as on date is ₹		
3 rd Holder	Legal Status Please (✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <input type="checkbox"/> NRI/PIO Repatriation Basis		
Occupation Please (✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Retired <input type="checkbox"/> Others Please Specify		
Income Please (✓)	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lacs <input type="checkbox"/> 5 to 15 Lacs <input type="checkbox"/> 15 to 25 Lacs <input type="checkbox"/> 25 Lacs & above <input type="checkbox"/> Individuals (optional) <input type="checkbox"/> Network as on date is ₹		

Address: Mailing Address of Sole/First Applicant (PO. 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 Address

City	State	Country	INDIA	Pin code
Contact Details of Sole/ First Applicant				
Tel No - STD Code	Res.	Off.	Fax	
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) <input type="checkbox"/> Indian <input type="checkbox"/> Overseas	
City	Country	Zip code		

5 POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2(f) & 7)

POA Name Mr./Ms.	
Address	
City	Pin code

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

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: **QMFP**

Quantum Mutual Fund-505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

Please scan this code, and fill in your details. Our representative will get in touch with you.



Date DDMMYYYY Received from: Mr. / Ms. / M/s _____
an application for allotment Scheme _____
vide Cheque No./ RTGS / NEFT / IMPS Reference No. _____ Dated ____/____/____
Amount (₹) _____
Drawn on Bank and Branch _____
Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)

Collection Center's Stamp
&
Receipt Date and Time

6 ★BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type [please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Account No					
Bank Name					
Branch					
Branch Address					
City					Pin code
IFSC					MICR Code

Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically.

★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 with current entries not older than 3 months or a Certified Bank Passbook with current entries not older than 3 months or a Bank Letter/Certificate duly signed by Bank Branch Manager/Authorized Personnel.

QUANTUM MUTUAL FUND PAN XXXXXXXX	OR BEARER
11 DIGIT IFSC Code	9 DIGIT MICR Code
IFSC QTMF7654321	"4153812" 265291538 123456 23

7 ★INVESTMENT DETAILS (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 1)

Scheme		
Option		Facility

8 ★PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter / Direct Credit (DC)	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> IMPS
RTGS/NEFT/IMPS/DC Ref. No. & Date					Date D D M M Y Y Y Y
Cheque No. & Date:					Date D D M M Y Y Y Y
Gross Amt (₹)	DD Charges (₹)		Net Amt (₹)		
Bank /Branch & City					
Account Type	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR

9 ★NOMINATION DETAILS (If you wish to nominate more than one nominee please fill up separate form for nomination) (Refer instruction no. 12)

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/ Trustee Company.

Name of Nominee			Date of Birth of Nominee	D D M M Y Y Y Y	
Address			PAN No. of Nominee		
Pin Code	City	State	Relationship With Applicant	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Name of Guardian/Parent (If Nominee is minor)			Relationship With Nominee (If Nominee is minor)	<input type="checkbox"/> Spouse	Others
Address of Guardian			PAN No. of Guardian/Parent	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Proof of Date of Birth*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	
Proof of Relationship*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	
					I do not wish to Nominate <input type="checkbox"/>
					Please Specify
					Please Specify

10 DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 13) ☐ NSDL ☐ CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants only)

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 Account No. (NSDL Only)
CDSL		
Enclose for Demat Option:	<input type="checkbox"/> Client Master List	<input type="checkbox"/> Transaction / Holding Statement
	<input type="checkbox"/> DIS Copy	

11 SOURCE OF INFORMATION How did you come to know about Quantum Mutual Fund? ☐ Advertisement ☐ Friend/Relative ☐ Sales Team ☐ IFA / Intermediary

Name & ARN Code of Intermediary	Others
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Investor Awareness: Please ✓ to acknowledge that you have been explained the following aspects of investing by Quantum Mutual Fund and / or its representative(s) / intermediary(s) and hereby confirm having understood the same before investing with Quantum Mutual Fund.

- Name of the Invested Scheme(s): _____
- ☐ I/We have asked, and have been explained and understood to my/our satisfaction all the features of the scheme(s) from the scheme related Documents (KIM/SID/SAI) that I/We have chosen to invest in and have understood all the Terms and Conditions of the scheme(s).
 - ☐ I/We confirm that I/We have reviewed and understood the Expense Ratio, Tax Implication, Cut-off time for subscription / redemption / Switch, Turnaround time for processing of transactions, Exit Load which will be calculated on First in First Out (FIFO) basis, product label and riskometer of the scheme(s).
 - ☐ I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We have also understood from the product label and Riskometer of the Scheme(s). I / We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s).
 - ☐ I/We am/are aware of my own risk appetite, my/our time horizon for investment, my/our objective for investment and the investment objective, performance of the Scheme(s) and performance of the Benchmark of the scheme(s) and it is appropriate for me / us to undertake investment in the scheme(s). I/we confirm that the scheme(s) in which I/we am/are investing is appropriate for me / us keeping in mind the investment objective and risk of the scheme(s).
 - ☐ I/We am/are also aware of the Charter of Investor Rights, Privacy Policy Grievance Redressal and Dispute Resolution Policy and procedure at Quantum Mutual Fund and am/are aware of whom to contact in case of any discrepancies.
 - ☐ I/We hereby declare that I/We have understood the nature of questions in the Application Form and the importance of disclosing all the material information required. I/We declare the facts disclosed in the application and the acknowledgement forms are true and correct to the best of my/our knowledge.
 - ☐ I / We hereby authorize you to verify / confirm details and documents submitted by me / us independently from my Banker and / or any source and / or through the independent third party appointed by you. In case, if any of the information / documents provided is found to be incorrect, you have the right to reject my application.

TO COMPLETE THE FORM, PLEASE SIGN IN THE APPROPRIATE BOX AT THE BOTTOM OF THE FOLLOWING PAGE.

Contact Us



WEBSITE

www.QuantumMF.com



TOLL FREE HELPLINE

1800 22 3863 / 1800 209 3863



Missed Call Facility

022-61073807



EMAIL

CustomerCare@QuantumAMC.com



SMS

<Quantum> to 9243 22 3863

DECLARATION: I/We have read and understood the terms & contents of the Scheme Information Document(s) of the respective scheme(s) and Statement of Additional Information and Addenda of Quantum Mutual Fund thereto. I/We hereby apply to the Trustee of Quantum Mutual Fund for purchase/allotment of 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 authorized to invest the amount & that the amount invested by me/us in the above mentioned scheme is derived through legitimate sources and legally belong to me/us and not of any third party 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 in India or of the country where I/we for the time being reside 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 and Quantum 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/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Quantum Asset Management Ltd., Investment Manager to the Quantum Mutual Fund has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We hereby authorize Quantum Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Quantum Mutual Fund's bank(s) or to any authority / agency, statutory or otherwise. I/We authorize this Fund to reject the application, revert the units credited/redeem units created at applicable NAV (less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that Quantum AMC reserves the right to call for such other additional information/ documents as required to comply with KYC norms. I/ We understand that and further authorize Quantum AMC, Quantum Mutual Fund to source my data / documents / information specimen signature from third party / KRA and Quantum Mutual Fund, Quantum AMC has the right to use the same / specimen signature for validation to process any future transactions that are submitted by me / us; besides Quantum Mutual Fund / Quantum AMC can further insist on seeking verification of my signature by my / our default bank. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars above are correct. I/We further agree not to hold Quantum Mutual Fund liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/We hereby undertake to promptly inform Quantum Mutual Fund of any changes to the information provided hereinabove and agree and accept that Quantum Mutual Fund, their authorized agents and representatives are not liable or responsible for any loss, costs, damages arising out of any actions undertaken or activities performed by them on the basis of information provided by me/us as also due to not intimating/delay in intimating such changes. I/We hereby authorize Quantum Mutual Fund to disclose, share, remit in any form, mode or manner, directly to them or indirectly through any entity, the information provided by me to any Regulatory Authority(ies); including Financial Intelligence Unit, India (FIU-IND) and/or any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies; including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I/We hereby authorize Quantum AMC to verify/validate with my/our Bankers or with any entity/source, the bank account details provided by me/us in the initial /additional subscription as well as any subsequent multiple bank mandate registrations submitted by me/us while investing in Schemes of Quantum Mutual Fund. FATCA/ Foreign tax laws: I/We understand that Tax Regulations relevant under Foreign Account Tax Compliance Act Provisions (commonly known as FATCA) contained in the US Hire Act 2010, require Quantum Mutual Fund to collect information about each investor's tax residency. I/We authorize Quantum Mutual Fund to share information on my/our account with relevant tax authorities, if I/We provide a valid self-certification / information on US Tax Identification Number etc under the relevant FATCA/Foreign Tax Laws to Quantum Mutual Fund. In case no information on US Tax Identification Number etc is provided by me / us, it will be deemed that I/We are not a US citizen or resident and Quantum Mutual Fund under certain circumstances may be obliged to share information on my / our account with relevant tax authorities. I/We have read the contents of the SAI, SID, KIM which is for informational purposes only and does not have any regard to my /our specific investment objectives, financial situation or my / our particular needs. I/We have understood that the past performance of any fund or manager/ sub-manager of the fund are not necessarily indicative of future performance. Opinions and any other contents which are provided by Quantum Mutual Fund are for personal use and informational purposes only and are subject to change without notice. I/We hereby confirm that nothing contained in the SAI, SID, KIM or website constitutes investment, legal, tax or other advice nor is it to be relied on while making an investment or other decision. I/We hereby confirm that descriptions or questions answered by me/us in the questionnaire which is used to understand my profile are fair, clear and not misleading. I/We also confirm that all investments made by me either on my own and / or on the advice of the relationship manager are after evaluating my/our investment objective and analyzing my/our risk profile and have been explained all the features of the scheme(s) to my/our satisfaction. I/We have understood the nature and risk of the products selected for my/our investments based on my investment objective/s and financial situation as provided by me/us. I/We hereby confirm that purchase of units of any particular scheme either independently and / or if and whenever a recommendation is given to me/us to purchase a particular scheme, it is based upon a reasonable assessment i.e. whether the structure and risk reward profile of the scheme is consistent with my experience, knowledge, investment objectives, risk appetite, time horizon for investment and capacity for absorbing loss. I/We hereby confirm that I have independently understood either on my own and / or through the AMC's relationship manager (if any) assigned to me/us who has disclosed all material information about the business, fund's history, the terms and conditions on which advisory services are offered (if any), affiliations with other intermediaries, any actual or potential conflicts of interest arising from any connection to or association with any issue of products/ securities, including any material information or facts that might compromise its objectivity or independence in carrying out of investment advisory services, key features of the products or securities, particularly, performance track record, transaction norms such as cut off time for subscription / redemption, TAT for redemption, activation of SIP/STP/SWP, NAV applicability, the expense ratio of the scheme(s), the exit load structure of each scheme as well as the exit load that will be charged and calculated on FIFO basis and such other information as is necessary so as to take a decision on investing and the services that will be provided in future. I/We am aware about the product label warnings, disclaimers in documents, advertising materials relating to an investment product which is/are recommended to me/us and Tax implications of my/our investment pertaining to all schemes of Quantum Mutual Fund as explained to me/us by my relationship manager. I / We also confirm that the Scheme in which I / we have invested is appropriate for me / us keeping in mind my investment objective and my risk appetite and the investment objective and inherent risk of the Scheme. I / We also confirm that I / We have not been paid any incentive or have not been promised any assured returns while investing in the scheme(s). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. "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." I/We hereby declare that I have understood the nature of questions in the KIM / application form and the importance of disclosing all the material information required and the facts disclosed in the application and the details provided by me/us in the Investor Awareness section are true and correct. I / We hereby agree and authorize Quantum AMC / Mutual Fund to provide my / our Personal / Investment(s) details to intermediaries by ways of feeds or such other means / medium for my / our investment that are routed / executed by me / us through the intermediaries. I/We am also aware of the Grievance Redressal and Dispute Resolution policies and procedures at Quantum Mutual Fund and am aware of whom to contact in case of any discrepancies in understanding or otherwise.

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin but not a person residing in Canada or a United States within the meaning of Regulation(s) under the United States Securities Act of 1933, as amended from time to time or of any country not compliant under the FATF Agreements 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. (Including amount of Additional Purchase Transaction made in future). I/We authorize this fund to reject the application, revert the units credited/redeem units created at applicable NAV (less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, in case I/we have not provided details of me/us being resident of Canada or USA or any country not compliant under the FATF Agreements either at the time of investment or subsequently.

Date

Place _____

Signature(s)

Sole/1st Applicant/Guardian / Authorised Signatory	POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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ONE TIME MANDATE FORM

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021.

www.QuantumMF.com

UMRN

DDMMYYYY

Tick ☒Create: ☐
Modify: ☐
Cancel: ☐

Sponsor Bank Code

(Office use only)

Utility Code

(Office use only)

I/We hereby authorize

QUANTUM MUTUAL FUND

to debit (Tick ☒)

SB/ CA/ CC/ SB-NRE / SB-NRO/ Other

From Bank A/C Number:

With (Name of Destination Bank with Branch)

IFSC Code:

MICR Code:

an amount of Rupees

(in words)

₹

FREQUENCY: ☒ Mthly ☒ Qtrly ☒ H-yrly ☒ Yrly ☒ As & when presentedDEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Folio No.

Phone No.

Schemes

ALL SCHEMES OF QUANTUM MUTUAL FUND

Email ID

PERIOD

From DDMMYYYY

To DDMMYYYY

Or ☒ Until Cancelled

1 Signature Primary Account Holder

2 Signature of Account Holder

3 Signature of Account Holder

Name as in bank records

Name as in bank records

Name as in bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us



SYSTEMATIC INVESTMENT PLAN AUTO DEBIT MANDATE FORM

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

and only
India's 1st Direct to Investor
Mutual Fund

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

☐ New Registration

(New Investors to submit duly filled and signed Common Application Form)

☐ Change in Bank Account

(for Existing Investor)

☐ Micro SIP☐ Cancellation of SIP

INTERMEDIARY INFORMATION

(FOR OFFICE USE ONLY)

Name & ARN Code

ARN-280217

Sub-Broker Code

EUIN

E- Code

INVESTOR DETAILS

Folio/Application No.

PAN No*.

Sole/First Investor Name:

INVESTMENT DETAILS (Please ☒) Choice of Scheme/Option/Facility

Scheme

Option

Facility

Frequency Details (Please ☒)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="radio"/> 5th, 21st OR <input type="radio"/> 7th & 25th	<input type="radio"/> 5th OR <input type="radio"/> 21st OR	<input type="radio"/> 7th OR <input type="radio"/> 25th OR <input type="radio"/> 15th OR <input type="radio"/> 28th

No of Installments:

SIP Start Date

DDMMYYYY

SIP End Date

DDMMYYYY

Cheque No.

Amount Per Installment:

Amount (in words)

I/We hereby authorize Quantum Mutual Fund and their authorized service providers to debit my/our following bank account by ECS (Debit clearing/Auto Debit) for collection of SIP payments

Note: Please allow 30 business days for Auto Debit to register and start. * Only monthly and quarterly SIP frequencies are available for Quantum Liquid Fund.

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Quantum Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Quantum Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Quantum Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions are delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Quantum Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Quantum Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/we hereby authorize bank to debit my account for mandate verification charges, if any.

First Account Holders Signature
(As per bank records)Second Account Holders Signature
(As per bank records)Third Account Holders Signature
(As per bank records)

Declaration

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the utility/service provider/participating Banks/Mutual Fund responsible. I/We have read the T&C and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I/we hereby authorize the fund to utilize this form for transactions through Email / SMS / Fax/ Phone or any other electronic means.

Instructions to fill Mandate

All fields in the form are mandatory to be filled

1. Date in DD/MM/YYYY format.
2. Tick on box to select type of action to be initiated.
3. Tick on box to select type of account to be affected.
4. Customer's bank account number, left padded with zeroes. (Maximum length - 20 Alpha Numeric Characters)
5. Name of bank and branch.
6. IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)
7. Amount payable for service or maximum amount per transaction that needs to be processed, in words.
8. Amount in figures, similar to the amount mentioned in words as per point 7 above.
9. Tick on box to select frequency of transaction.
10. Validity of mandate with dates in DD/MM/YYYY format.
11. Names of customer/s and signatures as well as seal of company (where required).
(Maximum length of Name - 40 Alpha Numeric Characters)
12. Undertaking by customer.
13. 10 digit mobile number of customer. Mail ID of customer.
14. You can Tick on 'Until Cancelled' incase you do not wish to mention the 'To Date'.

SIP AUTO DEBIT MANDATE FORM

TERMS & CONDITIONS

1. Complete Common Application form and SIP Mandate Form along with the first cheque should be submitted to the AMC / Karvy Collection Centers.
 2. New investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for (Debit Clearing). Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/ branch for which is to be registered.
 3. First SIP cheque and subsequent SIP installments should be of the same amount.
 4. Employee Unique Identification Number (EUIIN) - Investor investing through Intermediary shall mandatorily mention the EUIIN on the application form, irrespective whether he/she has been advised by Sales person/ Employee/ Relationship manager of the Intermediary or not. However, in case of any exception cases, where there is no interaction by Sales person / Employee / Relationship manager of the intermediary with respect to the investment / transaction, the EUIIN box may be left blank. If left blank, AMC will seek the following declaration separately from the investor, "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." It is mandatory to obtain EUIIN for every Sales person / Employee / Relationship manager of the Intermediary for dealing (irrespective whether transactions are in the nature of execution or advisory) in mutual fund products.
 5. Instructions will take a minimum of 30 business days for registration with the bank and hence the first auto debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in Scheme Information Document (SID)
 6. The cities mentioned above may be modified/ updated/ changed/ removed at any time in future at the discretion of the AMC without assigning any reasons or prior notice. If any city, bank/branch is removed, SIP instructions for investors in such cities, bank/branch will be discontinued without prior notice.
 7. The SIP Enrollment will be discontinued in cases where Two consecutive SIP installments are not honored or the bank account is closed and no request for change in bank account has been submitted.
 8. Request for cancellation should be submitted 15 business days prior to the next SIP date.
 9. Request for change in bank mandate to be submitted atleast 30 business days before the due date of next SIP installment.
 10. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned Scheme Information Document (SID). The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
 11. Investors will not hold Quantum AMC, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date or if 2-3 consecutive SIP installments are debited by your bank in a day due to the local holidays or any other reason.
 12. Quantum AMC reserves the right to reject any application without assigning any reason thereof.
 13. Please refer SID for minimum SIP investment amount under each schemes.
 14. Please refer the Key Information Memorandum (KIM) and SID of the respective scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective scheme before investing.
 15. If an investor does not mention SIP Frequency and/or SIP date in the application form or multiple SIP frequency/dates are mentioned in the SIP Mandate or the details are unclear in the SIP form, the default SIP frequency shall be treated as monthly and the default SIP date will be considered as 5th. In case of fortnightly SIP frequency, default date will be considered as 5th and 21st of the month.
If an investor does not mention SIP start date or the SIP start date is unclear in the SIP form, the SIP date will by default start from the next subsequent month after meeting the minimum registration requirement of 30 working days.
If an investor does not mention SIP end date or the SIP end date is unclear in the SIP form, the tenure of SIP will be treated as perpetual (subject to bank's acceptance) till instruction to the contrary is received from the investor.
In case the investor does not provide both the start date as well as end date, then the SIP installment would be the minimum number of installments of the respective scheme as mentioned in the respective Scheme Information Document (SID).
"Perpetual SIP" will be the default option incase end date for enrolment period is not provided. In case an investor, who has opted for Perpetual SIP, subsequently intends to discontinue the same, a written communication thereof will be required to be furnished.
 16. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
 17. To avail of SIP in separate schemes/options via Direct Debit, an investor will have to fill a separate form for each scheme/ options. A single form cannot be used for different schemes simultaneously.
 18. For modification/change in SIP amount, New SIP Auto debit mandate form with revised SIP amount alongwith letter to discontinue the existing SIP amount to be submitted 30 business days prior to the Installment date.
 19. If an investor gives a request for change in bank mandate of the same amount as that of the existing SIP amount in the same folio, the existing SIP will be discontinued and only the new SIP containing new bank details will be considered. But if an investor gives a request for change in bank mandate with different SIP amount both the new SIP as well as the existing SIP would continue.
 20. In case of investments in the name of a minor, no new transactions / standing instructions / SIP / STP / SWP or cancellation of such requests will be allowed by the guardian from the date of minor attaining majority till instruction from the major is received by the AMC/Mutual Fund along with the prescribed documents for change of account status from minor to major.
 21. The allotment of units in case of SIP in Quantum Liquid Fund will be based on realization and utilization of funds only.
 22. In case an investor gives full/partial redemption request in a folio where there is an on-going SIP, then redemption will be processed only for the units towards which the amount has been realized.
 23. In case of weekly and fortnightly frequencies there are restrictions on the dates to be selected due to operational constraints
- Additional instructions for Micro Systematic Investment Plan (MSIP)**
1. Micro SIP (Systematic Investment Plan) upto ₹ 50,000 per year per investor shall be exempted from the requirement of PAN.
 2. In case of Micro SIP also KYC is mandatory w.e.f. 1st January, 2012.
 3. In lieu of PAN card copy Investor (including joint holders) to provide the self attested valid Photo ID Proof. Please refer Point 6 below.
 4. All Micro SIPs where aggregate of installments in a financial year i.e. April to March /rolling period 1 year does not exceed ₹ 50,000.
 5. This exemption will be applicable only investments by individuals (including NRIs but not PIOs), Minors and Sole proprietary firms. HUFs and other categories will not be eligible for Micro SIPs. The exemption is applicable to joint holders also.
 6. While making additional/subsequent Micro SIP investment, investor can quote the existing folio number where a Micro SIP has been registered and therefore need not resubmit the supporting documents again.
 7. Photo identification documents to be submitted in case of Micro SIP Voter Identity Card, Driving License, Government / Defense identification card, Passport, Photo Ration Card, Photo Debit Card (Credit card will not be accepted), Employee ID cards issued by companies registered with Registrar of Companies, Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks, Senior Citizen / Freedom Fighter ID card issued by Government, Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI, Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL), Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO.
 8. Proof of address copy. It is clarified that where photo identification documents contain the address of the investor, a separate proof of address is not required.