



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

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

- (BROWN)** Quantum Long Term Equity Fund (High risk) (An Open-ended Equity Scheme)
- (BLUE)** Quantum Liquid Fund (Low risk) (An Open ended Liquid Scheme)
- (BROWN)** Quantum Tax Saving Fund (High risk) (An Open ended Equity Linked Savings Scheme)

- (BROWN)** Quantum Equity Fund of Funds (High risk) (An Open-ended Equity Fund of Funds Scheme)
- (BROWN)** Quantum Gold Savings Fund (High risk) (An Open-ended Fund of Fund Scheme)
- (YELLOW)** Quantum Multi Asset Fund (Medium risk) (An Open Ended Fund of Funds Scheme)

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

Application No: **QMFP**

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

3 * MANDATORY	PAN (Refer Instruction No.4A) Please attach certified PAN copy	Know Your Customer (KYC) (Refer Instruction No. 4B)
1st Applicant /Guardian		Yes <input type="checkbox"/> (Please submit Proof)
2nd Applicant		Yes <input type="checkbox"/> (Please submit Proof)
3rd Applicant		Yes <input type="checkbox"/> (Please submit Proof)
POA Holder		Yes <input type="checkbox"/> (Please submit Proof)

4 * APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS) (All Applicable Fields marked with # are compulsory)

Name of Sole/ 1st Applicant Mr. Ms. M/s. Others _____ Please Specify _____ Date of Birth/ Date of Incorporation DD MM YYYY YY

Proof of Date of Birth (In case of Minor) Birth Certificate School Leaving Certificate Passport 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 _____

Name of 2nd Applicant Mr. Ms. M/s. _____ Date of Birth DD MM YYYY YY

Mobile No. _____ Email ID _____

Name of 3rd Applicant Mr. Ms. M/s. _____ Date of Birth DD MM YYYY YY

Mobile No. _____ Email ID _____

Mode of Holding Single Joint Any one or survivor(s) (Default option in case of more than one applicant)

Legal Status Please (✓) Resident Individual Minor FII Society/Club AOP/BOI LLP HUF NRI/PIO Repatriation Basis NRI/PIO Non-Repatriation Basis Partnership Firm Trust Bank Body Corporate Company Others _____ Please Specify _____

Occupation Please (✓) Private Sector Service Public Sector / Gov. Service Business Professional Agriculturist House Wife Student Politically Exposed Person Forex Dealer Retired Others _____ Please Specify _____

Annual Income Please (✓) Upto 1 Lac 1 to 5 Lacs 5 to 15 Lacs 15 to 25 Lacs 25 Lacs & above Non-Individuals (optional) Individuals (optional) Network as on date is ₹ _____ Non-Individuals (mandatory) Network as on date is ₹ _____

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). This address will be replaced with the address as per your KYC records on validation of your KYC data. Applications from investors residing in USA or Canada shall not be accepted

Address for correspondence (for NRI applicants)
Indian _____ Overseas _____

City _____ Country _____ Zip code _____

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

POA Name Mr./Ms. _____

Address _____ City _____ Pin code _____

6 GO GREEN : Electronic Communication / Transactions (Refer Instruction No.8 & 9)

I/ We have read and understood the terms and conditions of Electronic Communication / Transactions, available in the common application form for transactions, etc for using the Quantum Mutual Fund website or any electronic / other medium (Facility) and agree to be bound and governed by the same on availing / using any Facility. I / We authorize Quantum Mutual Fund, Quantum AMC to issue Personal Identification Number (PIN) / Telephone PIN (TPIN) on my mailing address, registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above.

I / We would like to receive various communications / updates / alerts / notifications from Quantum Mutual Fund, Quantum AMC etc on my registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above.

Account Statement Other Statutory Information

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



Date DD MM YYYY YY 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

7 *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 Code				MICR Code	

AC/PAYEE	QUANTUM MUTUAL FUND PAN XXXXXXXX		OR BEARER
PAY			
RUPEES			₹
11 DIGIT IFSC Code	IFSC QTMF7654321		
9 DIGIT MICR Code	"4153872" 265291538 123456" 23		

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.

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

<input type="checkbox"/> Quantum Long Term Equity Fund	<input type="checkbox"/> Quantum Tax Saving Fund	<input type="checkbox"/> Quantum Liquid Fund
<input type="checkbox"/> Quantum Equity Fund of Funds	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Daily Dividend Reinvestment Option
<input type="checkbox"/> Dividend Option	<input type="checkbox"/> Monthly Dividend Payout Option	<input type="checkbox"/> Dividend Transfer to Scheme -
<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Reinvestment Facility	<input type="checkbox"/> Dividend Payout Facility
		(Available only for Monthly Dividend Payout Option)
<input type="checkbox"/> Quantum Gold Savings Fund - Growth Option		<input type="checkbox"/> Quantum Multi Asset Fund - Growth Option

9 PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> IMPS
RTGS/NEFT/IMPS 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

10 * 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	
City			State	Relationship With Applicant	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Others
Pin Code				Relationship With Nominee (If Nominee is minor)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Name of Guardian/Parent (If Nominee is minor)				PAN No. of Guardian/Parent	
Address of Guardian				I do not wish to Nominate <input type="checkbox"/>	
Proof of Date of Birth*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	Others <input type="checkbox"/> Please Specify	
Proof of Relationship*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	Others <input type="checkbox"/> Please Specify	

11 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: Client Master List Transaction / Holding Statement DIS Copy

12 DOCUMENT ENCLOSED (Please ✓) Total No. of docs. Resolution/ Authorisation to invest List of authorised signatories with specimen signatures

Memorandum & Articles of Association Trust Deed Declaration of Beneficial Ownership Bye-laws Partnership Deed Overseas Auditor Certificate Notarised POA Copy of PAN Card KYC Compliance PIO Card Foreign Inward Remittance Certificate Trigger Form Minor related documents Proof of Address

13 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

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 to my/our satisfaction all the features of the scheme(s) that I/We have chosen to invest in and have understood all the Terms and Conditions of the said scheme(s).
- I/We confirm that I/We have fully understood the Expense Ratios and Exit Loads pertaining to the scheme(s) and that exit loads will be calculated as per First in First out (FIFO) basis.
- I/We confirm that I/We have fully understood Transaction norms such as cut off time for subscription / redemption/switch, Turnaround Times for processing of transactions etc.
- I/We am/are aware of the Tax implications of my/our Investment pertaining to the schemes of Quantum Mutual Fund.
- I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We recognize, and I / We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s). I/We also recognize the product label (color code), denoting the risk for the said 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 of the scheme(s) and the fit between the two at the time of undertaking the investment(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 Grievance Redressal and Dispute Resolution policies 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.


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

 **EMAIL**
CustomerCare@QuantumAMC.com

 **SMS**
<Quantum> to 9243 22 3863