	(An Open-	n Long Term Equity Fund ended Equity Scheme)	COMMON	COMMON APPLICATION			
		<b>n Liquid Fund</b> ended Liquid Scheme)			and only India's 1" Direct to Investor Mutual Fund		
Q	JANTUM Quantur (An Open	n Tax Saving Fund ended Equity Linked Savings Scheme)		ORM	Ladia's 1" Direct Fund		
MU		n Equity Fund of Funds ended Equity Fund of Funds Scheme)	Offer of unit	s at Applicable NAV	ana Mu		
505,		ariman Point, Mumbai - 400021. w	ww.QuantumAMC.com	Application No:			
1		STRIBUTOR INFORMATIO		FOR OFFICE U	SE ONLY		
	Name & ARN Code	Sub-Broker Code	E- Code Registr	rar/Bank Serial No. Date of	Receipt Time of Receipt		
	ARN-167174		E326136				
	Please read the instruction	ns carefully, before filling up	the application (all columns ma (All sections to be filled in Englis)	rked* are mandatory). Use this f	orm If you are making a one time		
2				olding will be as per existing Folio Nun			
	Folio No.						
	Name of First Applican	· · · · · · · · · · · · · · · · · · ·					
3	Mandatory *	PAN (Refer Instruction No.	3A) Please attach certified PAN		KYC) (Refer Instruction No. 3B)		
	1st Applicant /Guardian				(Please submit Proof)		
	2nd Applicant				(Please submit Proof)		
	3rd Applicant				(Please submit Proof)		
	POA Holder				(Please submit Proof)		
4	Applicant INFORMAT Name of Sole/ 1st Applie		. 4) (TO BE FILLED IN BLOCK M/s. Others	•	e of Birth/ Date of Incorporation		
		///////////////////////////////////////					
	Mobile No.	Email ID					
	Parent/ Guardian Name	of 1st Applicant - (in case of	Minor)/Contact person (in case	e ot non individual applicant) Kelc	tionship with Minor/ Designation		
	Name of 2nd Applicant	Mr. Ms.	M/s.		Date of Birth		
					D D M M Y Y Y Y		
	Mobile No. Name of 3rd Applicant	Email ID	M/s.		Date of Birth		
		Mr. Ms.	<i>M</i> /5.				
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7	BANK ACCOUNT DET	AILS* (Refer Instru	ction <u>No. 8 and li</u>	st o <u>f bank</u>	s with D	irect <u>Credit F</u>	acility)				
	A/c Type [please √]	SB Current									
	Account No			FCN		PAY	QUANTUM MUTUAL FL	IND PAN XXXXXX	XX OR BEARER		
	Bank Name										
	Branch					RUP		₹			
	Branch Address City			Pin			(11 DIGIT IFSC Code) 9 E	DIGIT MICR Code			
	IFSC Code		MICR Code		<u>├</u>		IFSC QTMF7654321	7			
	Preferred mode of payment	us transfer t									
	your bank account quicker, *Mandatory – Please attach c	,	self certified copy of blan	ık cheaue / se	lf certified F	Bank Statement / fi	1940) 1940)	And and a second se	number and first		
	*Mandatory – Please attach o unit holder name on the face the time of investment b. Sub	of the cheque/Bank Pass I sequent change in the inve	Book/ Bank Statement) is estor's Bank Mandate	required as a	n incremen	tal additional doci	ument in case of: a. Registra	tion of the investor's	Bank Mandate at		
8	INVESTMENT DETAIL		noice of Scheme/C	Option/Fa	cility (I	Refer Instruct	ion No. 9)				
ſ	Quantum Long Term	Equity Fund	antum Tax Saving Fur	nd							
	······						Quantum Liquid F				
╞	Growth Dividend Reinvestment			[							
					Growth Option		Daily Dividend Reinvestment Option		Monthly Dividend Payout Option		
	Option Facility		Dividend Payout F	acility	3 90	Ke		Tayoon	rayour Opnon		
	DAVMENT DETAILS		10)								
Г <b>У</b> Г	PAYMENT DETAILS (R			Class							
	Mode of Payment Cheque No.Date:	RTGS/NEFT	Transfer Letter	Cheq	Je	DD	Date D D M	MYYYY			
	Gross Amt (₹)										
	DD Charges (₹)										
	Net Amt (₹)										
	Bank /Branch & City			NIDE	FOUR						
	Account Type	SB Curre	Same Same	NRE	FCNR	C11	. f f		1.11		
10	NOMINATION DETAI										
	payments and settleme							i/ we also Under	siuriu triat all		
	Name of Nominee				,		Birth (if nominee is mi	nor) D D M M	ΛΥΥΥΥ		
	Address										
	Charles		Cit	у				Pin Code			
	State Name of Guardian/Pa	Irent				Relat	ionship With				
	(If Nominee is minor)					nomi	· · · · · · · · · · · · · · · · · · ·				
	Address of Guardian										
			Cit					Pin Code			
11	DEMAT ACCOUNT D	• •	•			NSDL CI			<u>,</u>		
	I would like to be allotte Please ensure that the r								n).		
	DP ID No I N		EFICIARY Account No				ount held with the depository participant.				
	DP Name										
12	DOCUMENT ENCLOSED	) (Please ✓) Total numbe	er of documents	Re	esolution/	Authorisation to	invest List of author	ised signatories wi	th specimen		
	signatures 📃 Memorar						Overseas Auditor Ce	rtificate 📃 Notar	rised POA		
	Proof of Address	Copy of PAN Card	KYC Compliance	PIO Card	Forei	gn Inward Remit	tance Certificate Tri	gger Form			
13	SOURCE OF INFORM	ATION: How did you	come to know about	it Quantur	1 Mutual	Fund?	dvertisement Frie	nd/Relative	Sales Team		
	Distributor (Name & AR				Others						
	DECLARATION AND SIGNATUR	RE(S) : I/We have read and un	derstood the terms & contents	of the Scheme	Information I	Document(s) of the re	spective scheme(s) and Statemen	t of Additional Informati	on and Addenda of		
	Quantum Mutual Fund thereto. I/ I/We further declare, I am / we are	We hereby apply to the Trustee e authorised to invest the amou	of Quantum Mutual fund for int & that the amount invested	units of the sch by me/us in th	eme as indice e above men	ated above and agree tioned scheme is deriv	to abide by the terms and cond ved through legitimate sources a	itions , rules and regulat nd is not held or designe	ions of the Scheme. d for the purpose of		
	contravention of any acts, rules, re that I/We have the express author	egulations or any statute or legi rity from our constitutional docu	islation or any other applicabl uments to invest in the units o	e laws or notific f the scheme a	ations, directi nd the AMC/1	ons issued by the gov rustee/Fund would n	vernmental or statutory authority ot be responsible if the investmer	from time to time. It is e nt is ultra vires thereto ar	xpressly understood and the investment is		
	contrary to the relevant constitutio Manager to the Quantum Mutual	onal documents. I/We agree the Fund, has full right to refund th	at in case my/our investment the excess to me/us to bring my	in the Scheme i /our investmen	s equal to or t below 25%.	more than 25% of the I/We have not received	e corpus of the scheme, then Qu ed nor been induced by any reba	uantum Asset Managem te or gifts, directly or indi	ent Ltd., Investment rectly in making this		
	application, revert the units credite	se Quantum Mutual Fund, its Ir ed/redeem units created at app	ivestment Manager and its ag licable NAV, restrain me/us fr	jents to disclose om making any	details of my further inves	investment to my bar tment in any of the so	nk(s) / Quantum Mutual Fund's b themes of the fund, recover/debit	ank(s). I/We authorise th t my/our folios(s) with the	is Fund to reject the e 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 AMC reserves the right to call for such other additional information/documents as required to comply with KYC norms. I/We hereby, further agree that the Fund can directly aredit all the dividend payouts and redempting amount to my bank details given above. I/We hereby decare that the particulars above are correct. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.										
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 thro channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. (Including amount of Additional Purchase Transaction made in future)									approved banking		
	Repatriation No	on Repatriation		Signa	ture(s)	Date	DDMMYYYY	Place			
		•									
	Sole/1st Applicant/Guardian / J	Authorised Signatory / POA S	ignatory 21	nd Applicant /	Authorised S	ignatory	3rd Applic	ant / Authorised Signat	ory		
6	er og jærender (		- /	11		- /			, 		
≫	CHECKLIST ( Please submit the	e following documents with v	our application (where app	licable). All da	cuments sho	ould be original/true	copies certified by a Director/	Trustee /Company Sec	retary /Authorised		
	signatory / Notary Public.) Documents		s Investment through POA		FIIs PIO						
	Resolution/ Authorisation to List of authorised signatorie		Individual	~	~	~		× .	× · · · ·		
	Memorandum & Articles of A Trust Deed			~	· ·	· ·		· · · · · · · · · · · · · · · · · · ·			
	Bye-laws Partnership Deed				~	~					
	Overseas Auditor Certificate Notarised POA	e			-	• •			~		
	Proof of Address Copy of PAN Card								~ ~		
	KYC Compliance PIO Card		, , , , , , , , , , , , , , , , , , ,	~	Ť	~	×	~ ~	× ×		
	Foreign Inward Remittance Trigger Form (if applied)	Certificate,			~	~	×		~ ~		
			· · ·			*	•	· · ·	• •		