



- **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)

COMMON APPLICATION FORM

Offer of units at Applicable NAV

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

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

Application No:

DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date of Receipt	Time of Receipt
ARN-167174		E038800			

Please read the instructions carefully, before filling up the application (all columns marked* are mandatory). Use this form If you are making a one time investment. For SIP investment use the separate SIP Form (All sections to be filled in English and in BLOCK LETTERS).

2 EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number) (Refer Instruction No. 2)

Folio No.

Name of First Applicant

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

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

Name of Sole/ 1st Applicant Mr. ☐ Ms. ☐ M/s. ☐ Others Please Specify Date of Birth/ Date of Incorporation

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

Mobile No. Email ID

Name of 3rd Applicant Mr. ☐ Ms. ☐ M/s. ☐ Date of Birth

Mobile No. Email ID

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

Occupation ☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ House Wife ☐ Student ☐ Defence ☐ Bureaucrat ☐ Forex Dealer ☐ Unlisted Company ☐ Body Corporate ☐ Listed Company ☐ Politically Exposed Person ☐ Private Sector Service ☐ Public Sector / Gov. Service ☐ Dealers in High Value Commodities (Traders in Precious Metals, Jewellery & Antique Dealers) Others Please Specify

Legal Status Please (✓) ☐ Resident Individual ☐ FII's ☐ Society/Club ☐ AOP/BOI ☐ NRI/PIO ☐ FOF ☐ Others Please Specify
☐ Partnership Firm ☐ HUF ☐ Minor ☐ Bank ☐ Trust ☐ Company/Body Corporate

Annual Income (Please ✓) ☐ Upto 5 Lacs ☐ 5 to 15 Lacs ☐ 15 to 25 Lacs ☐ 25 Lacs & above

Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) 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). Address for correspondence (for NRI applicants) ☐ Indian ☐ Overseas

Applications from investors residing in USA or Canada shall not be accepted

City Country Zip code

5 POWER OF ATTORNEY (POA) (Refer Instruction No. 5)

POA Name Mr./Ms.

Address

City Pin No.

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

6 GO GREEN : Electronic Communication / Transactions (Refer Instruction No.6 & 7)

I/ We have read and understood the Electronic Communication / Transactions : Terms & Conditions, available in the application form for transactions, etc using Quantum AMC 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 the Quantum Mutual Fund / Quantum AMC to issue Username; Personal Identification Number (PIN); etc on my registered email id / mobile number as stated in section 4 above.

I/ We would like to receive various communications / updates / alerts from Quantum Mutual Fund, Quantum AMC etc on my registered email id / mobile number as stated in section 4 above

I/ We wish to go green and do not wish to receive the following document in paper format (Please ✓) ☐ Account Statement ☐ Annual Report ☐ Other Statutory Information

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No:

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

Date

Received from: Mr. / Ms. / M/s an application for allotment

Scheme Option Facility

vide Cheque No Dated / / Amount (₹)

Drawn on Bank and Branch

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp &
Receipt Date and Time

7 | **BANK ACCOUNT DETAILS*** (Refer Instruction No. 8 and list of banks with Direct Credit Facility)

A/c Type [please ✓]	SB	Current	NRO	NRE	FCNR
Account No					
Bank Name					
Branch					
Branch Address					
City					Pin
IFSC Code				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 cancelled original cheque / self certified copy of blank cheque / self certified Bank Statement / first page of the Bank Pass book (bearing account number and first unit holder name on the face of the cheque/ Bank Pass Book/ Bank Statement) is required as an incremental additional document in case of: a. Registration of the investor's Bank Mandate at the time of investment b. Subsequent change in the investor's Bank Mandate.

PAYEE PAN XXXXXXXXX OR BEAREE

RUPEES _____ ₹ _____

11 DIGIT IFSC Code
IFSC QTMF7654321

9 DIGIT MICR Code
"4153872" 265291538 123456" 23

8	INVESTMENT DETAILS* (Please ✓)	Choice of Scheme/Option/Facility (Refer Instruction No. 9)
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<input type="checkbox"/> Quantum Long Term Equity Fund <input type="checkbox"/> Quantum Tax Saving Fund	
<input type="checkbox"/> Quantum Equity Fund of Funds	
<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Option
<input type="checkbox"/> Dividend Reinvestment Facility	<input type="checkbox"/> Dividend Payout Facility

Quantum Liquid Fund		
Growth Option	Daily Dividend Reinvestment Option	Monthly Dividend Payout Option

9 | PAYMENT DETAILS (Refer Instruction No. 10)

Mode of Payment	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD
Cheque No./Date:	Date <input type="text" value="DDMMYYYY"/>			
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. 11)

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 (if nominee is minor)										D	D	M	M	Y	Y	Y	Y												
Address																																							
										City																				Pin Code									
State																																							
Name of Guardian/Parent (If Nominee is minor)																				Relationship With nominee																			
Address of Guardian																																							
										City																				Pin Code									

11	DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 12)	NSDL	CDSL
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I would like to be allotted units in DEMAT mode. ☐ Yes ☐ No **(Please ✓)** (Non – ticking of this box would result in units' allotment in physical form).
Please ensure that the name of the investor in the application form matches with the account held with the depository participant.

DP ID No	I N	BENEFICIARY Account No
DP Name		

12 DOCUMENT ENCLOSED (Please ✓) Total number of documents : Resolution/ Authorisation to invest List of authorised signatories with specimen

☐ Signatures ☐ Memorandum & Articles of Association ☐ Trust Deed ☐ Bye-laws ☐ Partnership Deed ☐ Overseas Auditor Certificate ☐ Notarised POA
☐ Proof of Address ☐ Copy of PAN Card ☐ KYC Compliance ☐ PIO Card ☐ Foreign Inward Remittance Certificate ☐ Trigger Form

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

Distributor (Name & ARN Code)	Others
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DECLARATION AND SIGNATURE(S) : 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 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 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 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/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 authorise 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). I/We authorise this Fund to reject the application, revert the units credited/redeem units created at applicable NAV, 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 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 credit all the dividend payouts and redemption amount to my bank details given above. I/We hereby declare 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 to 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 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)

<input type="checkbox"/> Repatriation <input type="checkbox"/> Non Repatriation		Signature(s)	Date	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Place
Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory		2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory		

CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public.)

[illegible]