

## SYSTEMATIC INVESTMENT PLAN ECS/AUTO DEBIT MANDATE FORM E326136



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

| Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.  New Investor (also Attach new application form duly filled & signed)  Change in Bank Account (for Existing Investor)  |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
|--|---|--|--|---|--|---|--------------------------------------|---|------------------------------------|--|-------------------------------------|--|-----------------------------------|--|--------------------------------------|--|--|-----------------------------------|---|---------------------------------|---------------------------------------|--|-----------------------------------|------------------------------------|--|--|---|---------------------------------------|---|
| INVESTOR DETAILS   |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Folio/Application No.  Sole/First Investor Name:  *Please provide KYC Acknowledgement Letter if not sent before.   |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| INVESTMENT   | INVESTMENT DETAILS [Please (✓) the Scheme(s)] |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Quantum Long Term Equity Fund Quantum Tax Saving Fund Quantum Liquid Fund  |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
|  | Quantum Equity Fund of Funds Dividend Option  |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Growth Dividend Pointed Pointed  |   |  |  |   |  |   |                                      |   |                                    | Growth Dividend Dividend Dividend Trans              |                                     |  |                                   |  |                                      |  |  |                                   | nsfer                                       |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Option   Dividend Reinvestment   Dividend Payout Facility   Dividend Payout Facility   |   |  |  |   |  | ility   |                                      | Option Reinves<br>Facility              |                                    |  |                                     |  |                                   |  |                                      |  | Tr                                       | Transfer To                       |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Quantum Gold Savings Fund Growth Option  |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Frequency Details (Please ✓)   |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Da   | ily   |  |  | <u> </u>  | /eekly   |   |                                      |   | -                                  | ortnig<br>n, 21s                                     |                                     |  |                                   |  |                                      |  |  | Mon<br>DR                         | thly  | 7th                             |                                       |  | Ш                                 | Quarterly<br>OR                    |  |  | ① 15th                                    |                                       |   |
| All Busines  | s Day   | rs                                       |  |   | th, 21st<br>a weel   |   |                                      |   |                                    | OR<br>1 & 25   |                                     |  |                                   |  | 21st                                 |  |  | )R                                |   |                                 | 25                                    |  |                                   | OI                                 |  |  |   | 28th                                  |   |
| No of Instal   | lmen  | ts:                                      | П  |   | SIP  | Start D   | ate                                  | D C                                     |                                    |  | · · · · · · · ·                     | ΥΥ   |                                   | 14227                                    | IP En                                |  | te [                                     | D D                               | ΜΛ  | ΛΥ                              | Υ                                     | Υ                                      | Υ                                 |                                    |  |  | News                                      |                                       |   |
| 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 days for Auto Debit to register and start.  |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Only monthly   |   |  |  |   |  |   |                                      |   |                                    | ntum   | Liqu                                | Jid Fu   | nd.                               |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| BANK MANDA   | ATE D   | ETAIL                                    | S  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| 1st Account H  | older   | Nam                                      | ne as                                    | per Baı   | nk Reco  | rds   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| 2nd Account h  |   |  |  | •   |  | Ļ   |                                      |   | 4                                  |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    | _  |  |   |                                       |   |
| 3rd Account H  | lolde   | r Nan                                    | ne as                                    | per Ba  | nk Reco  | rds   |                                      |   | _                                  |  |                                     |  |                                   |  | _                                    |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   | -                                     |   |
| Bank Name Branch Addres  | cc  |  |  |   |  |   |                                      |   | -                                  |  |                                     |  |                                   |  | -                                    |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   | -                                     |   |
| Branch Address   | 33  |  |  |   |  |   | City                                 | V                                       | +                                  |  | -                                   |  |                                   |  | -                                    | -                                      |  |                                   |   |                                 |                                       |  | Pi                                | in                                 | -  |  | -   |                                       | -   |
| Bank Account   | Туре  |  | Savii                                    | ngs   | Curre  | ent   |                                      | RO                                      |                                    | NRI  | E                                   |  | FCN                               | ۱R                                       |                                      |  | İ  | li                                | l   | NIC PAYES                       | OLIAN:                                | TUM                                    |                                   | l.                                 | IND P  | AN YYY   | XXXX                                      | l<br>(                                |   |
| Bank Account   | Bank Account No.                              |  |  |   |  |   |                                      |   |                                    | EARER  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| MICR Code M A N D A T O R Y (This is a 9 digit number next to the cheque no.   |   |  |  |   |  | .)  |                                      | 9 DIGIT MICR Code                       |                                    |  |                                     |  |                                   |  | _                                    |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Mandatory enclosure: Blank Cancelled Cheque / Copy of the cheque of above account (Please ✓)   |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Please provide the A<br>I/We wish to inform<br>debit to my/our ab  | MICR C<br>you thove me                        | Code of<br>hat I/W<br>ention             | the ba<br>/e have<br>ed ban              | nk branc<br>register<br>k accour                              | h from wh<br>ed with G<br>it. For this                             | nere the<br>Quantum<br>s purpos                             | ECS is<br>Mutu<br>se I/W             | to be<br>val Fu<br>e aut                | effect<br>nd th                    | ted. MI<br>rough<br>e their                          | their<br>Servi                      | Authorice Pro                                    | startii<br>orizec<br>ovide        | ng or e<br>I Servi<br>r(s) an            | ending<br>ice Provid the i           | with "<br>vider(s<br>epres             | 000"<br>and entat                        | are n<br>l repr<br>ive to         | ot val<br>esent<br>raise                    | id for<br>ative                 | r ECS<br>for r<br>oit on              | ny/c<br>my/                            | our po                            | iymen<br>aboye                     | it to C                                      | Quanti<br>tionec   | ım Mı<br>I acco                           | utual l                               | Fund by   |
| remittance of the pr<br>particulars given ab   | ove ar  | s to Qu<br>re corre                      | ict äúq<br>Santnu<br>Santou              | n Mutual<br>complet   | such requ<br>Fund. I/W<br>e. If the tr                             | ests reci<br>le under<br>ansactio                           | take t<br>ins is c                   | o kee<br>delaye                         | o suff<br>d or                     | icient f   | norize<br>funds<br>ected            | ea ser<br>in the<br>at all t                     | fund<br>for re                    | ling ac                                  | count<br>of inco                     | on the<br>omple                        | date<br>te or i                          | of ex<br>inçori                   | ecution                                     | on of<br>of                     | stan<br>atior                         | ding                                   | instr<br>Ve w                     | uction<br>puld n                   | I/W<br>.ot ho                                | nount<br>e here<br>Id Qua  | requ<br>by de<br>nytyn                    | clare<br>Mutu                         | that the  |
| the SIP will happer<br>Information (SAI) of  | on the  | e Provid<br>ne next<br>utual F           | workii<br>und. Tl                        | na repre<br>ng day a<br>ne above                              | nd allotm<br>mention   | respons<br>ent of u<br>ed bank                              | inits v<br>shall i                   | vill ho                                 | pper<br>liabl                      | as pe<br>e for, n                                    | r the<br>or be                      | Terms<br>in def                                  | acco<br>ault l                    | Cond<br>by rea                           | ditions<br>son of                    | listed<br>any fa                       | in Sc<br>ilure                           | hemor del                         | iness<br>e Info<br>ay in                    | rma<br>com                      | as pe<br>tion l<br>pletic             | Docu<br>on of                          | men<br>this s                     | t (SID<br>ervice                   | and<br>, whe                                 | State<br>ere suc   | ment<br>h fail                            | of Ad<br>ore or                       | ditional<br>delay is                                  |
| banks computer sys<br>this service by the a  | in part<br>stem, fo<br>bove-r                 | by any<br>orce m<br>mentio               | acts o<br>ajeure<br>ned bo               | event or<br>ink. I/We   | any other<br>shall not   | cause o<br>dispute  | of peril<br>or cho                   | , riot,<br>I whic<br>alleng             | strike<br>n is b<br>e any          | eyond i<br>y debit,                                  | ny, rev<br>the al<br>, raise        | volutic<br>bove n<br>ed und                      | on, fir<br>nenti<br>ler th        | re, floo<br>ioned<br>is mai              | banks<br>hanks<br>ndate,             | , war, I<br>reasor<br>on any           | iightn<br>iable<br>grou                  | ung, e<br>conti<br>und w          | ol an<br>hatso                              | d whoever                       | e, ch<br>ich h<br>r. I/W              | ange<br>as th<br>e sh                  | e of go<br>le effo<br>all no      | overn<br>ect of<br>t have          | ment<br>preve<br>any                         | nting<br>claim   | es, un<br>the pe<br>again                 | availa<br>erform<br>st the            | iance of<br>bank in                                   |
| Please provide the I/We wish to inform debit to my/our ab branch. I/We here to remittance of the praticulars given at or their authorized the SIP will happer Information (SAI) of caused in whole or banks computer systhis service by the a respect of the amount of their acting upon their acting upon their acting upon the substitution of the substitution of their acting upon their acting up | igainst<br>he inst<br>andate<br>NAV bo        | all clai<br>truction<br>signe<br>ased th | ims, ac<br>ns issu<br>d by th<br>e resal | ant to the<br>tions, su<br>ed by the<br>e author<br>e price a | e mandate<br>its, for any<br>e above r<br>ized signe<br>n agree to | e submit<br>/ loss, do<br>named c<br>atories/l<br>o abide k | amage<br>author<br>benefi<br>by tern | e, cosi<br>rized s<br>iciarie<br>ns, co | s, che<br>signa<br>s and<br>nditio | ve sna<br>arges o<br>tories/<br>I givino<br>ons, rul | and the<br>bene<br>g reas<br>les an | ep me i<br>ne exp<br>eficiar<br>sonab<br>nd regu | ense:<br>ies. T<br>le no<br>Jatic | s incui<br>This re<br>trice to<br>ons of | rred by<br>equest<br>such v<br>Schem | the bo<br>for de<br>withdr<br>e(s). I/ | rvice<br>ank a<br>bit m<br>awals<br>we h | nd au<br>nanda<br>s. I/W<br>ereby | der(s)<br>ithori<br>ite is<br>e her<br>auth | zed S<br>valid<br>e by<br>orize | repro<br>ervice<br>and<br>appl<br>ban | esen<br>e Pro<br>ma<br>y for<br>k to a | ovide<br>by be<br>the it<br>debit | r(s) ar<br>revok<br>espec<br>my ac | y and<br>nd rep<br>ed or<br>ctive of<br>coun | resent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>ore<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>oresent<br>ore | reraii<br>tative<br>ough<br>f Quo<br>anda | , by re<br>writte<br>intum<br>te veri | mnified<br>ason of<br>n letter<br>Mutual<br>ification |
| charges, if any.   |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  | ſ                                 |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| First Account Holders Signature Second Account Holders Signature Third Account Holders Signature  (As per bank records) (As per bank records)  (As per bank records)   |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| FOR BANK US  | E ON  | VLY (N                                   | Vot to                                   | be fille  | ed in by   | Invest  | or)                                  |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Certified that particulars furnished above are correct as per our records-   |   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Recorded on  |   |  |  |   |  |   |                                      |   |                                    |  | Re                                  | ecord  | ed b                              | ру                                       |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Mandate Ref.   | No.   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
| Bank Account   | No.   |  |  |   |  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      |  |  |                                   |   |                                 |                                       |  |                                   |                                    |  |  |   |                                       |   |
|  |   |  |  | (5)   | LL C:  |   |                                      |   |                                    |  |                                     |  |                                   |  |                                      | /c:                                    |  |                                   |   |                                 | 10"                                   |  |                                   |                                    |  |  |   |                                       |   |

## SIP ECS/AUTO DEBIT MANDATE FORM



## SIP/ECS Facility: Terms and Conditions

- Complete Application form and SIP ECS Mandate Form along with the first cheque should be submitted to the AMC / Karvy ISC's.
- 2. 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 ECS (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 ECS is to be registered.
- First SIP cheque and subsequent SIP installments via ECS should be of the same amount.
- 4. ECS 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)
- 5. ECS facility is offered only to

List of cities for Auto Debit facility via ECS

| Agra         | Gorakhpur  | Pondicherry |  |  |  |  |  |
|--------------|------------|-------------|--|--|--|--|--|
| Ahmedabad    | Gulbarga   | Pune        |  |  |  |  |  |
| Allahabad    | Guwahati   | Raichur     |  |  |  |  |  |
| Amritsar     | Gwalior    | Raipur      |  |  |  |  |  |
| Anand        | Hubli      | Rajkot      |  |  |  |  |  |
| Asansol      | Hyderabad  | Ranchi      |  |  |  |  |  |
| Aurangabad   | Indore     | Salem       |  |  |  |  |  |
| Bangalore    | Jabalpur   | Shimla      |  |  |  |  |  |
| Baroda       | Jaipur     | Shimoga     |  |  |  |  |  |
| Belgaum      | Jalandhar  | Sholapur    |  |  |  |  |  |
| Bhavnagar    | Jammu      | Siliguri    |  |  |  |  |  |
| Bhilwara     | Jamnagar   | Surat       |  |  |  |  |  |
| Bhopal       | Jamshedpur | Thirupur    |  |  |  |  |  |
| Bhubaneshwar | Jodhpur    | Tirunelveli |  |  |  |  |  |
| Bijapur      | Kakinada   | Tirupati    |  |  |  |  |  |
| Bikaner      | Kanpur     | Trichur     |  |  |  |  |  |
| Calicut      | Kolhapur   | Trichy      |  |  |  |  |  |
| Chandigarh   | Kolkata    | Trivandrum  |  |  |  |  |  |
| Chennai      | Kota       | Udaipur     |  |  |  |  |  |
| Cochin       | Lucknow    | Udipi       |  |  |  |  |  |
| Coimbatore   | Ludhiana   | Varanasi    |  |  |  |  |  |
| Cuttack      | Madurai    | Vijaywada   |  |  |  |  |  |
| Davangere    | Mandya     | Vizag       |  |  |  |  |  |
| Dehradun     | Mangalore  | Bardhaman   |  |  |  |  |  |
| Delhi        | Mumbai     | Dargeeling  |  |  |  |  |  |
| Dhanbad      | Mysore     | Goa         |  |  |  |  |  |
| Durgapur     | Nagpur     | Haldia      |  |  |  |  |  |
| Erode        | Nasik      | Tumkur      |  |  |  |  |  |
| Gadag        | Nellore    |             |  |  |  |  |  |
| Gangtok      | Patna      |             |  |  |  |  |  |

- 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 via ECS route will be discontinued without prior notice.
- The SIP Enrollment will be discontinued in cases where Two consecutive SIP installment 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 SIP date.

- Request for change in bank mandate to be submitted atleast 30 business days before the due date of next SIP installment.
- The bank account provided for ECS (Debit) should participate in local MICR Clearing.
- 11. MICR code starting and / or ending with 000 are not valid for ECS
- 12. The investor agrees to abide by the terms and conditions of ECS facility of the Reserve Bank of India (RBI) as applicable at the time of investment and as may be modified from time to time.
- 13. 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.
- 14. 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 due to the local holidays or any other reason.
- 15. Quantum AMC reserves the right to reject any application without assigning any reason thereof.
- 16. Please refer SID for minimum SIP investment amount under each schemes
- 17. 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/plan before investing.
- 18. If Investor has not provided the SIP frequency or period, then the default SIP frequency will be monthly & the default SIP date would be 5th of every month. The SIP installment would be the minimum number of installments of the respective scheme as mentioned in the respective Scheme Information Document (SID)
- Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
- 20. To avail of SIP in separate schemes/options via Direct Debit/ECS facility, an investor will have to fill a separate form for each scheme/ options. A single form cannot be used for different schemes simultaneously.
- 21. In case the SIP end date is not mentioned while submitting the application, the SIP mandate will be construed to be perpetual, till instruction to the contrary is received from the investor
- 22. 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.
- 23. SIP load structure as on date of first SIP instalment(in case of direct debit) cheque date would be applicable.

Mutual Fund investments are subject to market risks. Please read Statement of Additional Information (SAI) and respective Scheme Information Document (SID) carefully for detailed risk factors and other information before investing.