



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

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

India's 1<sup>st</sup> Direct to Investor Mutual Fund

Application No: **QMFP**

## 1 INTERMEDIARY INFORMATION

Name & ARN Code <b>ARN - 30156</b>	Sub-Broker Code	EUIN	RIA Code	E- Code / RM code
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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. (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 \* PAN/PEKRN (Refer Instruction no. 4A) please attach certified PAN copy AADHAAR Number KYC Details (KIN Number)

1st Applicant /Minor			
2nd Applicant			
3rd Applicant			
Guardian			
POA Holder			

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

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

**Name of Sole/ 1st Applicant**  Mr.  Ms.  M/s.  Others                      Please Specify \_\_\_\_\_

**Date of Birth/ Date of Incorporation** DDMMYYYY **Proof of Date of Birth (In case of Minor)**  Birth Certificate  School Leaving Certificate  Passport  Others                      Please Specify \_\_\_\_\_

**Guardian / Authorised Person -** (in case of Minor)/Authorised 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:  Email & SMS  Voice  Both

**Address:** Mailing Address of Sole/First Applicant (P.O. 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** Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

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)  Indian  Overseas

City \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

Note: The address provided by you above will be replicated with the address as per KYC record

**Name of 2nd Applicant**  Mr.  Ms.  M/s. \_\_\_\_\_

Date of Birth DDMMYYYY Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

**Name of 3rd Applicant**  Mr.  Ms.  M/s. \_\_\_\_\_

Date of Birth DDMMYYYY Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

## 5 \* KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company / Body	<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> HUF	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> FI / FII / FPI	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Bank	<input type="checkbox"/> AOP	<input type="checkbox"/> FI / FII / FPI		Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Others ( Please Specify )				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Gross Annual Income Range (in Rs.)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac-1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR Network in Rs.</b> (Mandatory for Non Individual) (not older than 1 year)	<u>as on</u>	<u>as on</u>	<u>as on</u>	<u>as on</u>	Whole-time Directors / Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 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

**7 \* BANK ACCOUNT DETAILS** (Refer Instruction No. 10)

A/c Type [Please ✓]  SB  Current  NRO  NRE  FCNR  
 Bank Name \_\_\_\_\_ IFSC \_\_\_\_\_ MICR Code \_\_\_\_\_  
 Account No \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_ Pin code \_\_\_\_\_

Preferred mode of payment Electronic Credit. RTGS/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)

Scheme \_\_\_\_\_  
 Plan  Direct  Regular  
 Option \_\_\_\_\_  
 Dividend Transfer to Scheme (Available only if invested scheme has Monthly Dividend Payout Option) \_\_\_\_\_

**9 \* PAYMENT DETAILS** (Refer Instruction No. 11)

Mode of Payment  Cheque  RTGS/NEFT  IMPS  Transfer Letter / Direct Credit (DC)  DD  
 Cheque No./ RTGS/NEFT/IMPS/DC / DD Ref. No. \_\_\_\_\_ Date   
 Gross Amt (₹) \_\_\_\_\_ DD Charges (₹) \_\_\_\_\_ Net Amt (₹) \_\_\_\_\_  
 Bank/Branch & City \_\_\_\_\_  
 Account Type  SB  Current  NRO  NRE  FCNR

**10 \* FATCA and CRS Details for Individuals (Including Sole Proprietor) (Mandatory)**

The below information is required for all applicants/guardian

Category	1 <sup>st</sup> Applicant / Guardian	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship / Nationality			

Is your Tax Residency / Country of Birth / Citizenship / Nationality other than India?  Yes  No (Please ✓)

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	1 <sup>st</sup> Applicant / Guardian	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Country of Citizenship / Nationality			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

**11 \* NOMINATION DETAILS** (Refer instruction no. 12)

I do not wish to Nominate

	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee
Name (as in PAN card/KYC records)			
PAN			
Date of Birth	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)			
Allocation % (Total to be 100%)			

**12 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  BENEFICIARY Account No. (NSDL Only) \_\_\_\_\_

CDSL \_\_\_\_\_

Enclose for Demat Option:  Client Master List  Transaction / Holding Statement  DIS Copy

**13 SMILE Facility** (Please refer Instruction no. 15)

Opt for SMILE Facility  Yes  No Contribution Percentage :  5% OR  10%

NGO Name	Distribution Share to each NGO (%)
NGO1 Name	
NGO2 Name	
TOTAL	100%

**14 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 \_\_\_\_\_

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

**Contact Us**

- WEBSITE : [www.QuantumMF.com](http://www.QuantumMF.com)
- EMAIL : [CustomerCare@QuantumAMC.com](mailto:CustomerCare@QuantumAMC.com)
- TOLL FREE HELPLINE : 1800 22 3863 / 1800 209 3863
- Missed Call Facility : 022-61073807
- SMS : <Quantum> to 9243 22 3863

**CHECK LIST: Please ensure the following:**

Application form is complete in all respects and signed by all Applicants.  
 Endosures:

- Supporting documents for bank account details furnished in the Form.
- For payment by Demand Draft - a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted.
- For Third Party payment - Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by KRA for the Payer.
- Proof of KYC for all applicants, guardians for minors and POA
- Non Individuals: UBO Declaration (if applicable) & FATCA form

**Endosures (if applicable)**

- Proof of relationship with minor
- Proof of identity & address
- Proof of DOB
- Multiple bank registration form
- Client Master list/DP statement
- SIP Form

**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) and addenda of Quantum Mutual Fund.
- 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.
- 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.

**DECLARATION:**

I/We have read and understood the terms & contents of the Scheme Information Document(s) and Key Information Memorandum(s) of the respective scheme(s) and Statement of Additional Information and Addenda thereto and I / we have taken the decisions of investing based on my / our investment objectives and risk appetite. I/We hereby apply to the Trustee of Quantum Mutual Fund for allotment of units of the scheme(s) as indicated above. I / we am / are authorized to invest the amount which 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, constitutional documents. I / We have not received nor have been induced by any rebate or gifts, directly or indirectly for making this investment(s). I / We authorise the AMC to source / disclose data / documents / information including specimen signature from third parties / intermediaries / KRA for verification / validation of my/our transactions. I / We authorize the AMC to verify and validate my / our registered bank accounts through its services provider including verification and validation by way of crediting a token amount to the registered bank account(s). I / We authorize the AMC to disclose, remit, share above information in any form or manner to its agents, service providers, SEBI registered intermediaries, Indian or foreign statutory / regulatory authorities. I / We authorize the AMC to refund the excess amount of investment in the scheme to bring my / our investment below 25% of corpus of the Scheme. I / We agree to receive the dividend payout / redemption amount to the bank details mentioned in the application form and / or to the bank account linked to AADHAAR. I / We am / are not prohibited from accessing capital markets under any order/ ruling / judgments etc. of any Regulations including those of SEBI. I / We hereby confirm that, I / we have not been offered / communicated any indicative portfolio and / or any indicative yield for this investment. 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 different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I / We acknowledge that the AMC / Trustees have the right to reject my / our application in accordance with the provisions of the offer documents. I / We shall be liable and responsible for any loss, claim suffered, directly or indirectly by the AMC / Fund / RTA arising out of any false, misleading, inaccurate, incomplete information furnished by me / us at the time of investing / redeeming the units and indemnify and at all time keep indemnified, save and harmless the AMC / Fund / Trustee and their officers, directors, employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered / paid by the AMC / Fund / Trustees.

**Applicable to NRI only:** I / We hereby confirm that I / we are Non Resident Indian(s) but not a person(s) residing in Canada or United State of America or not compliant FATF country or territory nor a "US Person" under US Securities Act, 1933 as amended from time to time and Candian persons and not residing in USA at the time of submitting the application. I / We hereby confirm that funds for investments have been remitted from abroad through normal banking channels or from funds in my / our Non Resident External / Ordinary Account / FCNR Account.

**Applicable to Investors who have provided Aadhaar Card Number:** I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA), KYC Registration Agency, Central KYC Registry (CKYC) for the purpose of updating the same in my/our folios or other KYC information available with such intermediaries.

Signature(s)

Date

Place \_\_\_\_\_

Sole/1st Applicant/Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory	POA Signatory
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