



COMMON APPLICATION FORM

(Continuous Offer of units at Applicable NAV)

1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay
Reclamation, Churchgate, Mumbai - 400020 | www.QuantumAMC.com

Application No: QMFP

1. INTERMEDIARY INFORMATION

Name & ARN Code	Sub - Broker Code	EUIN	RIA Code	E-Code / RM Code

"I/We, have invested in the scheme(s) of Quantum Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of Quantum Mutual Fund, to the above mentioned SEBI Registered Investment Adviser."

☐ EUIN Declaration

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)

Folio No. Name of First Applicant

3.	*PAN/PEKRN	Date of Birth (Mandatory)	CKYC Details (KIN Number, if any)
1 st Applicant/Minor		D D M M Y Y Y Y	
2 nd Applicant		D D M M Y Y Y Y	
3 rd Applicant		D D M M Y Y Y Y	
Guardian		D D M M Y Y Y Y	

4. *APPLICANT INFORMATION (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. ☐ Other Please Specify

Gender ☐ Male ☐ Female ☐ Transgender

Proof of DOB (Incase of Minor) ☐ Birth Certificate ☐ School leaving Certificate ☐ Passport ☐ Other

Guardian/Authorised Person - (In case of Minor)/Authorised Person (In case of non individual applicant)

Relationship with Minor ☐ Father ☐ Mother ☐ Legal Guardian Note: If Guardian is a Legal Guardian, please submit duly notarised copy of court order along with application.

Relationship Proof (With specified Guardian) ☐ Birth Certificate ☐ Passport ☐ Other

If the sole/first applicant is differently abled; then please tick the preferred mode of communication: ☐ Email & SMS ☐ Voice ☐ Both

LEI code valid up to

Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for non-Individual investors.

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 Pin code

Contact Details of Sole/First Applicant Mobile No. Email ID

This Email ID belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian

This Mobile No. belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian

Tel No - STD Code Res. Off. Fax

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: QMFP

Quantum Mutual Fund - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.com

Date Received from: Mr./Ms./M/s

An application for purchase units of

along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)

Please scan this code, and fill in your details. Our representative will get in touch with you.



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 the 2nd Applicant Mr./Ms./M/s. _____

Mobile No. _____ Email ID _____

This Email ID belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianThis Mobile No. belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianName of the 3rd Applicant Mr./Ms./M/s. _____

Mobile No. _____ Email ID _____

This Email ID belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianThis Mobile No. belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian**5. Tax Status (Applicable for First/Sole Applicant)**
☐ Resident Individual ☐ FII ☐ NRI-NRO ☐ HUF ☐ Society ☐ Company ☐ Body Corporate ☐ Club/Society ☐ PIO
☐ Minor ☐ Government Body ☐ Trust ☐ NRI-NRE ☐ Bank & FI ☐ Proprietorship Firm ☐ Partnership Firm ☐ QFI
☐ Provident Fund ☐ NRI minor with guardian ☐ Others _____
Additional KYC Details

Occupation	Professional	Agriculturist	Housewife	Retired	Government Service/ Public Sector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Gross Annual Income Details	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	Net-worth in Rs.	Date
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	DD/MM/YYYY
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	DD/MM/YYYY
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	DD/MM/YYYY
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD/MM/YYYY

PEP Details	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Non-Individual Investors (Please ✓)Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: ☐ Yes ☐ No (if No, Mandatory to provide the UBO declaration)☐ Yes ☐ No Foreign Exchange/Money Charger Services ☐ Yes ☐ No Gaming/Gambling/Lottery/Casino Services ☐ Yes ☐ No Money Lending/Pawning**6. POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2 (f) & 7)**

POA Name Mr./Ms. _____

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

ACKNOWLEDGEMENT SLIP (To be continued)**Application No: QMFP**Quantum Mutual Fund - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.com**INVESTMENT DETAILS/ Payment Details (Please ✓) Choice of Scheme/Option/Facility**

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option /Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DDNo./UTR No. (Incase of NEFT/RTGS)	Bank & Branch
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	
2.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment)#IDCW frequency _____		DD/MM/YYYY	
3.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		DD/MM/YYYY	

*Applicable for Quantum Liquid Fund & Quantum Dynamic Bond Fund.

7. *BANK ACCOUNT DETAILS (Refer Instruction No. 10)A/c Type [please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNRBank Name IFSC MICR Code Account No Branch City Pin Code

*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/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/ Payment Details (Please ✓) Choice of Scheme/Option/Facility

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DDNo./ UTR No. (Incise of NEFT/RTGS)	Bank Branch, Account Type & Account Number
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency -----		DD/MM/YYYY	
2.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency -----		DD/MM/YYYY	
3.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency -----		DD/MM/YYYY	

#Applicable only Quantum Liquid Fund and Quantum Dynamic Bond Fund.
Applicable to minor (incise payment done other than the minor account)

Payment/ bank account holder name _____ relationship with minor ☐ Father ☐ Mother ☐ Legal Guardian
Note: (1) Relationship proof with minor required (2) If payment done by Legal Guardian, please submit duly notarized copy of court order along with application.

9. FATCA and CRS DETAILS For Individuals (Including Sole Proprietor) (Mandatory) The Below information is required for all applicants/guardian

Category	1st Applicant	2nd Applicant	3rd Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship/Nationality			
Is your Tax Residency/Country of Birth/Citizenship/ Nationality other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 holder should mandatorily fill Annexure I for complete details.

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

10. *NOMINATION DETAILS

	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee(s) (as in PAN card/KYC records)			
Date of Birth			
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)			
Guardian's relationship with minor	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
Share of Nominee Allocation % (Total to be 100%)			
Mobile / Telephone no. of Nominee(s) / Guardian in case of minnor			
Email Id of Nominee(s) / Guardian in case of minnor			

OR I do not wish to Nominate

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

11. DEMAT ACCOUNT DETAILS

(Please ✓) (Please refer Instruction no. 13)

☐ NSDL ☐ CDSLI 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: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy**12. PHYSICAL COPY**☐ Opt In to receive the physical copy of Annual Report/Statement of Account (SOA)**13 NPO DECLARATION (Mandatory for Trust and Society)**☐ I/We hereby confirm that above stated entity / organization is falling under "Non-profit organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).☐ Enclosed relevant documentary proof evidencing the above definition.

I/We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

☐ I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.**Declaration and Signature(s)**

I/We read and understood the contents of the Scheme Information Document and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to 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(s) 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(s) 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 hereby give my consent to receive various Communications, emails, SMS, alerts and notifications statutory or otherwise including of products of Quantum Mutual Fund and also to receive call from Quantum AMC related to products and transactions in Quantum Mutual Fund even though my mobile number is registered under the National Do Not Call Registry (NDNC). Please read our complete private policy here <https://www.quantumamc.com/privacy-policy>.

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. Please (i) (Including amount of Additional Purchase Transaction made in future)

Signature(s)

Date

Place _____

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