



ONE TIME MANDATE FORM

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



UMRN: Date:

Utility Code: (Office use only) Create: ☒ Modify: ☒ Cancel: ☒

Sponsor Bank Code: (Office use only) I/We authorize: QUANTUM MUTUAL FUND

To debit (Tick ☒) SB/ CA/ CC/ SB-NRE / SB-NRO/ Other Bank A/C number:

With Bank: IFSC/ MICR:

an amount of Rupees (in words) ₹

Debit Type: ☒ Fixed Amount ☒ Maximum Amount Frequency: ☒ Mthly ☒ Qtly ☒ H-yrly ☒ Yrly ☒ As & when presented

Reference 1: Reference 2:

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity / corporate or the bank where I have authorized the debit.

From Maximum period of validity of this mandate is 40 years only

To

Phone No.

Signature of 1st Account Holder Signature of 2nd Account Holder Signature of 3rd Account Holder
1 Name as in bank records 2 Name as in bank records 3 Name as in bank records

Instructions to fill Mandate

All fields in the form are mandatory to be filled

1. Date in DD/MM/YYYY format.
2. Tick on box to select type of action to be initiated.
3. Tick on box to select type of account to be affected.
4. Customer's bank account number, left padded with zeroes. (Maximum length - 20 Alpha Numeric Characters)
5. Name of bank and branch.
6. IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)
7. Amount payable for service or maximum amount per transaction that needs to be processed, in words.
8. Amount in figures, similar to the amount mentioned in words as per point 7 above.
9. Tick on box to select frequency of transaction.
10. Validity of mandate with dates in DD/MM/YYYY format.
11. Names of customer/s and signatures as well as seal of company (where required). (Maximum length of Name - 40 Alpha Numeric Characters)
12. Undertaking by customer.
13. 10 digit mobile number of customer. Mail ID of customer.
14. You can Tick on 'Until Cancelled' incase you do not wish to mention the 'To Date'.



SYSTEMATIC INVESTMENT PLAN AUTO DEBIT MANDATE FORM

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Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

(New Investors to submit duly filled and signed Common Application Form)

Distributor ARN	Sub Distributor ARN	Internal sub Code	RIA Code	EUIN	Date, Time & Stamp

"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."

<input type="checkbox"/> 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.
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1. INVESTOR AND INVESTMENT DETAILS Please ✓ wherever applicable.

Sole/First Investor Name (as appearing in ID proof)

PAN No. Folio No. (For Existing Investor)

2. 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 (₹)	Frequency Details (Select any one frequency)
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 _____		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly _____ (Any week - Monday to Friday) <input type="checkbox"/> Fortnightly _____ (Any day of alternative Week) <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Quarterly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 _____		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly _____ (Any Day - Monday to Friday) <input type="checkbox"/> Fortnightly _____ (Any day of alternative Week) <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Quarterly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 _____		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly _____ (Any Day - Monday to Friday) <input type="checkbox"/> Fortnightly _____ (Any day of alternative Week) <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Quarterly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

3. Payment Details

Sr. No.	Scheme Name	Cheque Amount (₹)	Cheque / DDNo.	Bank Name	Account Number
1.					
2.					
3.					

4. SIP PERIOD

From To OR No. of installments _____

5. DECLARATION

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in National Automated Clearing House (NACH)/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I/We would not hold Quantum Mutual Fund/Quantum Asset Management Company Pvt. Ltd responsible. I/We will also inform Quantum Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. This is to inform that I/We have registered for Auto Debit Facility and that my payment towards my investment in Quantum Mutual Fund shall be made from my/our bank account registered with Quantum Mutual Fund. I/We authorize Quantum Mutual Fund/Quantum Asset Management Company Pvt Ltd/representative of Quantum Asset Management Company Pvt Ltd carrying this Form to debit my bank account as per instructions given above.

First Account Holders Signature	ededed	Third Account Holders Signature
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