



- 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:

1 DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date of Receipt	Time of Receipt
130842		E215826			

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

3 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)

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

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)

Application No:

Collection Center's Stamp &
Receipt Date and Time

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

PAY **QUANTUM MUTUAL FUND PAN XXXXXXXXX** **OR BEARER**

RUPEES _____ ₹ _____

11 DIGIT IFSC Code

9 DIGIT MICR Code

IFSC QTMF7654321

"4153872" 265291538 123456" 23

*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

8 INVESTMENT DETAILS* (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 9)

<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"/> Quantum Liquid Fund			
<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Option <input type="checkbox"/> Dividend Reinvestment Facility		<input type="checkbox"/> Growth Option	<input type="checkbox"/> Daily Dividend Reinvestment Option	<input type="checkbox"/> Monthly Dividend Payout Option
	<input type="checkbox"/> Dividend Payout Facility				

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.	<input type="text"/>
Date:	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gross Amt (₹)	<input type="text"/>
DD Charges (₹)	<input type="text"/>
Net Amt (₹)	<input type="text"/>
Bank /Branch & City	<input type="text"/>
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)

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

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

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

Others

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 style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>	Place _____
Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory		2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory		

[illegible]