



# COMMON APPLICATION FORM

(Continuous Offer of units at Applicable NAV)

6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021  
www.QuantumAMC.com

Application No: **QMFP**

## 1. INTERMEDIARY INFORMATION

Name & ARN Code	Sub - Broker Code	EUIN	RIA Code	E-Code / RM Code
ARN-118251				

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	CKYC Details (KIN Number)
1 <sup>st</sup> Applicant /Minor		
2 <sup>nd</sup> Applicant		
3 <sup>rd</sup> 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/ 1<sup>st</sup> Applicant  Mr.  Ms.  M/s.  Other  Please Specify

Date of Birth/Date of Incorporate            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 Gaurdian, please submit duly notarised copy of court order along with application.

Type of Guardian  Natural Guardian  Court Appointed guardian

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

Relationship Proof (With specified Guardian)  Birth Certificate  Passport  Other

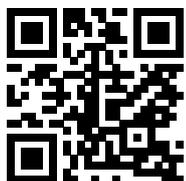
Address: Mailing Address of Sole/First Applicant (P.O Box alone may not be sufficient) This address will be replaced with the address as per your KYC records on validation of your KYC data. Overseas Investor must provide Indian Address

## ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: **QMFP**

Quantum Mutual Fund - 6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumMF.com

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



Date           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

Collection Center's Stamp & Receipt Date and Time

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





**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 IFSC/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/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. 2)

Scheme

Plan  Direct  Regular

Option

Transfer of Income Distribution to Scheme  
(Available only if invested scheme has Payout of Monthly IDCW Option/ Facility)

**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)

	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"/>	<input type="text"/>	<input type="text"/>
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a 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

Type of Guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian
Allocation % (Total to be 100%)			

**OR**

I do not wish to Nominate

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place \_\_\_\_\_

Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory
--	--	--

## 12. DEMAT ACCOUNT DETAILS

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

NSDL  CDSL

(On unit conversion into dematerialized form, switch will not be allowed for redemption of units in NSDL demat folios, please apply through Stock Exchange / Depository Participant (DP) 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 

I	N	
---	---	--

 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 to SMILE Facility (For Indian Citizens Only\*):  10% OR  Investor Advised

Contribution to SMILE Facility (For Other Citizens\*):  Investor Advised

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

\*Note: Resident/Non Resident Indian holding foreign citizenship can opt for SMILE Facility on any date through Investor Advised Option. However, contribution to NGOs can be done either on the investors getting their Indian Citizenship or on receipt of FCRA approval by HYNGO Foundation which is currently in the process for approval with the Ministry of Home Affairs.

## 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 \_\_\_\_\_

## 15. PHYSICAL COPY OF ANNUAL REPORT

Opt In to receive the physical copy of Annual Report

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

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

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

Enclosures:

- 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.
- Proof of KYC for all applicants, guardians for minors and POA.
- Non Individuals: UBO Declaration (if applicable) & FATCA form.

**Enclosures (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.

**Want To  
Have The Latest  
Information  
About Us?**

 **Website** : [www.QuantumAMC.com](http://www.QuantumAMC.com)

 **Email** : [CustomerCare@QuantumAMC.com](mailto:CustomerCare@QuantumAMC.com)

 **SMS** : <QUANTUM> to 9243-22-3863

 **Toll Free Helpline** : 1800-22-3863 /  
1800-209-3863

 **Missed Call Facility** : 022 6829 3807

**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 hereby opting for Transactions Through Electronic Mode shall agrees, acknowledges and accepts the terms and conditions for Transactions Through Electronic Mode as stated in the Offer Documents and on the AMC Website. 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 income distribution/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 SMILE Facility:** I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/Key Information Memorandum of the Scheme, addenda issued till date, terms and conditions of the SMILE Facility and abide by that. I / We hereby authorize the Trustee of Quantum AMC / Quantum Mutual Fund for redemption of units/amount as per the terms and conditions of SMILE Facility and transfer / donate such redemption amount to the HYNGO Foundation Bank Account who, in turn, will transfer / donate such redemption amount to respective Non- Governmental Organizations (NGOs) as selected in the form. Quantum AMC / Quantum Mutual Fund shall not be held responsible or liable in any manner whatsoever for making such donations on my/our behalf to HYNGO Foundation and then in turn by HYNGO Foundation to the respective NGOs.

Applicable for Non – Individual Investors: We are the entity formed and registered in India and does not receive foreign contribution / we are the entity formed and registered in India, receiving foreign contribution but the investments in the SMILE Facility is using Local Funds and not from the organization's FCRA Bank Account.

Signature(s)		Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Place _____
Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory	POA Signatory	