

### **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 INFORM	MATION					
Name & ARN Code	Sub - Broker Code		EUIN	RIA Code	E-Co	de / RM Code
ARN-307640		E58453				
	e(s) of Quantum Mutual Fund under Direc Plan of all schemes of Quantum Mutual Fu				actions data feed/portfolio h	oldings/NAV etc. in respect of
	confirm that the EUIN box has been i					
	manager/sales person of the above manager/sales person of the distribut					
2. EXISTING UNIT HOLDER	INFORMATION (Please note that	Applicant	details & mode of h	olding will be as per ex	kisting Folio Number)	
Folio No.	Name of First	Applicant				
3.	*PAN/PEKRN		Date of Birth (Mar	ndatory)	CKYC Details (KIN N	umber, if any)
1st Applicant/Minor			D D M M	Y Y Y Y		
2 <sup>nd</sup> Applicant			D D M M	Y Y Y Y		
3 <sup>rd</sup> Applicant			D D M M	Y Y Y Y		
Guardian			D D M M	Y Y Y Y		
4. *APPLICANT INFORMA	<b>ITION</b> (TO BE FILLED IN BLOCK I	LETTERS)				
Mode of Holding	☐ Single ☐ Joint ☐ A	Any one o	r survivor(s) (Defau	ult option in case of mo	ore than one applican	†)
Name of Sole/ 1st Applicar		-				
Gender	☐ Male ☐ Female ☐ Tr					
Proof of DOB (Incase of Min		9		Passport Other		
Guardian/Authorised Pers	on - (In case of Minor)/Authorised F					
Relationship with Minor	☐ Father ☐ Mother ☐	Legal G	uardian Note: If Guardia	an is a Legal Gaurdian, please su	ubmit duly notorised copy of co	urt order along with application.
Relationship Proof (With spe	ecified Guardian) 🔲 Birth Certif	ficate	Passport Othe	er		
If the sole/first applicant i	is differently abled; then please	e tick the	prefered mode of	communication: \( \subseteq \text{Em}	ail & SMS	ce 🗆 Both
LEI code				ralid up to DDM	M V V V V	
	-la			'	lual inventors	
3	nber is Mandatory for transactions  st Applicant (P.O Box alone may not be sufficient)					vestor must provide Indian Address
	,					
-						
City	State		Coun	try	Pin code	
Contact Details of Sole/First A	pplicant Mobile No.			Email ID		
This Email ID belongs to (Mand This Mobile No. belongs to (Man		_	ependent Children ependent Children	Dependent Siblings Dependent Siblings	Dependent Parents  Dependent Parents	_
Tel No - STD Code	Res		Off		Fax	
	T SLIP (To be filled in by t Floor, Apeejay House, 3 Dinsha		-	clamation, Churchgate,		ication No: QMFP ww.QuantumAMC.com
	Date D D M M Y Y	YYR	Received from: Mr./N	/ls./M/s		
Please scan this code, and fill in your details.	An application for purchase	units of				
Our representative will get in touch with you.	along with cheque / DD as o					
	3			•		
3000000000 300000000						
	Collection Center's Stamp 8	& Receipt	Date and Time			
max.a.						
	Please note: All purchases ar	e subject	to realization of ch	eques (please refer S	cheme Information Do	cument)



Overseas Add	ress (mandatory for	NRI/FII applicant). App	olications from inve	stors residing in l	JSA or Canada shall	not be accepte	ed Ad	dress for corres	pondence (for NR	I Applicants)	India	an Overseas
											Zip code	
	ss provided by y											
Name of the 2	Applicant	Mr./Ms./r										
	longs to (Mandato	,	Self S <sub>F</sub>	oouse	Dependent C	hildren	Deper	ndent Siblin	gs 🔲 De	pendent Pai		Guardian Guardian
Name of the 3	Brd Applicant	Mr./Ms./N	И/s									
Mobile No.  This Email ID bel	longs to (Mandator	ry Please √):	Self S <sub>F</sub>	oouse	Dependent C		_	ndent Siblin	_	pendent Pa	rents	Guardian
	elongs to (Mandat			oouse	Dependent C	hildren	Deper	ndent Siblin	gs 📙 De	pendent Pa	rents	Guardian
Resident	Individual [	FIIs	NRI-NRO Trust	NRI-NRE	Society Bank & F	I P	roprietor	ship Firm	Partn		m 🔲 C	
Additional K	YC Details											
Occupation	Professional	Agriculturist	Housewife	Retired	Government Public So		Busines	Forex Dealer	Student	Private Service		Others
1st Applicant												
2 <sup>nd</sup> Applicant												]
3 <sup>rd</sup> Applicant												]
Guardian												]
Gross Annual I	ncome Details	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-	-1 Crore	>1 Crore	Net-wor	th in Rs.		Date
1st Applicant									(Net wort	h should	DD	/MM/YYYY
2 <sup>nd</sup> Applican	t								not be	older	DD	/MM/YYYY
3 <sup>rd</sup> Applicant	t								than 1	year)	DD	/MM/YYYY
Guardian											DD	/MM/YYYY
PEP Details						1st Ap	plicant	2 <sup>nd</sup> Ap	plicant	3 <sup>rd</sup> Appl	icant	Guardian
	olitically Expose					1	□ No	Yes		Yes		Yes No
Are you relat	ted to a Politic	ally Exposed	Person (PEP	)		Yes	No	Yes	No	Yes	No	Yes No
	vidual Investo								46			
												UBO declaration) <b>Lending/Pawning</b>
	F ATTORNEY (F											
POA Name Mr	./Ms											
If investment i	s being made	by a Constitu	itional Attor	ney, please	submit nota	arised cop	oy of POA	Д				
~					>	<b>(</b>						
	EDGEMENT : ual Fund - 1st Fl	•		-	iha Road, Bad	ckbay Red	clamation	, Churchga	ate, Mumba			ion No: QMFP uantumAMC.com
INVESTMENT	DETAILS/ Pay	ment Details	(Please √) C	hoice of Scl	heme/Option	/Facility						
Separate cheque	/ demand draft mu	ust be issued for e	ach investment,	drawn in favou	ur of respective s	cheme name	e. Please writ	te appropriat	e scheme name	e as well as th	e Plan / Opt	ion /Sub Option.
Sr.	Scheme Nan	ne.	Plan		Option			ount			nent Details	5
No.	Scheme Hall		· IGIT				Inves	ted (₹)		No./UTR No NEFT/RTGS)		ank & Branch
1.			☐ Direct ☐ Regular	□ IDCW (Re #IDCW frequ	iency				DD/MI	M/YYYY		
2			Direct		IDCW (Payout)							
2.			Regular	frequency _	investment)#IDC	CW 			DD/MI	M/YYYY		

7. *B	ANK ACCOUNT DETAILS (R	efer Instruction	on No. 10)						
A/c Ty	ype [please √] ☐ SB	Curren	nt NR	RO NRE [	FCNR				
Bank I						IFSC		MIC	CR Code
Δςςοι	int No			Branch		City		_	n Code
	atory - Please attach either a (	Cancelled Che	acue with fi		and account i		the face of t		
	passbook with current entries i								
	NVESTMENT DETAILS/ Payn ate cheque / demand draft must be						ite scheme nam	e as well as t	he Plan / Option /Sub Option.
Sr. No.	Scheme Name		Plan	Optio	n	Amount Invested (₹)	Cheque/ UTR No. (I NEFT/F	ncase of	Bank Branch, Account Type & Account Number
1.	.		Direct Regular	Growth DDC DDCW (Reinvestall DCW frequency	stment)		DD/MM		
2.			Direct Regular	Growth DDCW (Reinves	stment)		DD/MM.	/YYYY	
3.			Direct Regular	Growth IDC	stment)		DD/MM.	/YYYY	
Applio Payme	icable only Quantum Liquid cable to minor (incase paym ent/ bank account holder na (1) Relationship proof with m	nent done of	ther than t	he minor account	)	·			_
9. FA	TCA and CRS DETAILS For	Individuals (	(Including	Sole Proprietor) (	Mandatory)	The Below inforamtion	is required fo	or all applic	ants/guardian
Cate	gory			1st Applicant		2nd Applica	ant		3rd Applicant
	/City of Birth								
	try of Birth try of Citizenship/Nationality								
ls you	ur Tax Residency/Country of Bir	th/Citizenship	hip/ Yes No			Yes	No		☐ Yes ☐ No
	, Please indicate all countri atorily fill Annexure I for co			esident for tax pu	urpose and	the associated Tax	ID number	below. In	case of POA holder should
Cate	gory		1st Applic	cant		2nd Applicant			3rd Applicant
Coun	try of Citizenship/Nationality								
	ayer Reference ID No. 1								
	try of Tax Residency 2								
	ayer Reference ID No.2								
	NOMINATION DETAILS		1 <sup>st</sup> N	Nominee		2 <sup>nd</sup> Nominee			3 <sup>rd</sup> Nominee
	e of the Nominee(s) PAN card/KYC records)								
	of Birth								
Relat	tionship with Investor								
Addı	ress								
Guar	rdian Name (in case Nominee is a	Minor)							
Guar	dian's relationship with mir	nor Fat	her Mot	her 🗌 Legal Guard	ian Fathe	er 🗌 Mother 🔲 Lega	l Guardian	☐ Father [	☐ Mother ☐ Legal Guardian
Share	of Nominee Allocation % (Total to be	100%)							
	le / Telephone no. of Nominee dian in case of minnor	(s) /							
	l Id of Nominee(s) / Guardia of minnor	n in							
OR I c	do not wish to Nominate								
1/									

11. DEMAT ACCOUNT DETAILS (Please <li>(Please refer Instruction no. 13)</li>	□NSDL	CDSL
I would like to be allotted units in DEMAT mode.	res □ 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 app	olication form matches with the accou	int held with the depository participant.
NSDL   N	BENEFICIARY Account No. (NSDL Only	y)
CDSL		
Enclose: Client Master List Transaction/Hold	ding Statement DIS Copy	
12. PHYSICAL COPY	Opt In to receive the physical copy	y of Annual Report/Statement of Account (SOA)
13 NPO DECLARATION (Mandatory for Trust and Society	·)	
	51 (43 of 1961), and is registered as a trust o	IPO] which has been constituted for religious or charitable purposes or a society under the Societies Registration Act, 1860 (21 of 1860) or if 2013).
$\square$ Enclosed relevant documentary proof evidencing the above $\alpha$	definition.	
I/We further confirm that we have registered with DARPAN Porta	al of NITI Aayog as NPO and registration de	tails are as follows:
Registration Number of DARPAN portal		
If not, please register immediately and confirm with the above in your entity on the said portal and/or report to the relevant auti		an portal registration details, MF/AMC/RTA will be required to register
$\square$ I/We hereby confirm that the above stated entity / organization	on is <b>NOT</b> falling under Non-profit organizat	tion as defined above or in PMLA Act/Rules thereof.
Declaration and Signature(s)		
on who cannot invest, "Prevention of Money Laundering" and " and agree to abide by the terms and conditions, rules and reg invested by me/us in the above mentioned Scheme(s) is derive regulations or any statute or legislation or any other applicable I	"Know Your Customer", I/We hereby apply to julations of the Scheme. I/We further declar and through legitimate sources and is not he aws or notifications, directions issued by the titutional documents to invest in the units of	offormation and subsequent amendments thereto including the section to Quantum Mutual fund for units of the Scheme as indicated above re, I am / we are authorised to invest the amount & that the amount eld or designed for the purpose of contravention of any acts, rules, regovernmental or statutory authority from time to time. It is expressly f the Scheme(s) and the AMC/Trustee/Fund would not be responsible ents.
	nsactions in Quantum Mutual Fund even tho	or otherwise including of products of Quantum Mutual Fund and also ough my mobile number is registered under the National Do Not Call y.
**		y confirm that the funds for subscription have been remitted from abroad
through approved banking channels from funds in my/our Non-Resider  Signature(s)	Date D M M	ease (ü) (Including amount of Additional Purchase Transaction made in future)    Y
Sole/1st Applicant/Guardian/Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory





# APPLICATION FORM FOR REGISTRATION OF SYSTEMATIC INVESTMENT PLAN (SIP)

Name 8	ARN Co	ode	9	Sub - Bı	roker Code		EUIN		RIA Co	de	E-Code / RM Co	ode
	ARN-307640				E584535							
									ent to share/provide the istered Investment Adv		a feed/portfolio holdings/NAV et	.c. in respect of
EUIN Declaration	relatio	nship m	anager/	sales pe	rson of the a	bove distributor/	sub broker or no	otwiths	standing the advice of	of in-appropriate	ny interaction or advice by the eness, if any, provided by the S). Fields marked with (*) are r	e employee/
1. INVESTO	R AND IN	VESTM	IENT D	ETAILS	Please √ wl	nerever applica	able.					
Sole/First Inv	estor Na	ime									(as appearing	g in ID proof)
PAN No.						Folio No. (For	Existing Inves	tor)				
							heme/Option/F of respective schem			iate scheme name	as well as the Plan / Option /Suk	o Option.
Sr. No.	Sch	eme Nar	ne		Plan	Oį	ption	А	mount Invested (₹)	Frequenc	cy Details (Select any one fre	equency)
1.					□ Direct □ Regular	Growth IDCW (Reinv				Daily Weekly Fortnightly	(Any week - More to the control of t	onday to Friday) ernative Week)
2.					☐ Direct ☐ Regular	Growth IDCW (Reinv				☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	/(Any Day - Mor	
3.					☐ Direct ☐ Regular	· ·	restment)			☐ Daily☐ Weekly☐ Fortnightly☐ Monthly☐	(Any Day - Mor	
		tum Li	quid Fu	und & C	Quantum Dy	namic Bond F	Fund.					
3. Payment	Details	Calaas	ne Nam			Cheque	Cheque /		Bank Name		Account Numbe	
No.		SCHEI	ne Nam	е		Amount (₹)	DDNo.		Dalik Nallie		Account Numbe	r
1.												
2.												
3.												
4. SIP PERIO	OD											
rom M M	Y	ΥΥ	То	М	МУУ	YY	<b>R</b> No. of install	ment	s			
5. DECLARA	ATION											
I/We hereby, o Clearing House Fund/Quantum to the terms a Mutual Fund sl Ltd/representa	declare the e (NACH)/ n Asset Ma and condit nall be ma ative of Qu	at the p Auto De nageme ions me de from lantum	articular bit. If the ent Com entioned my/ou Asset M	rs given ne transa pany Pvt I overlea r bank a anageme	above are control above are control is dela Ltd respons f. This is to account registent Company	orrect and exproyed or not effectible. I/We will also norm that I/We ered with Quan Pvt Ltd carrying	ess my willingne ted at all for rea so inform Quantu have registered tum Mutual Fund g this Form to de	ss to ssons me Muth I for A I. I/We bit my	make payments refe of incomplete or inc tual Fund about any tuto Debit Facility ar authorize Quantum bank account as po	erred above thr correct informat changes in my nd that my pay Mutual Fund/C er instructions	ough participation in Nation; ion I/We would not hold Ou- bank account I/We have read ment towards my investmen buantum Asset Management given above.	al Automated antum Mutual d and agreed t in Quantum Company Pvt
	First Accou	ınt Hold	ers Sigr	nature		Secon	d Account Holde	ers Sig	nature	Thir	d Account Holders Signature	
<b>&gt;</b>							<b>&gt;</b>					
				•		<b>n by the in</b> inshaw Vachha	-	ay Re	clamation, Church	igate, Mumba	Application N i - 400020. www.Quantur	
Date D	M M	Y	YY	Rec	eived from:	Mr./Ms./M/s _						
An SIP appli overleaf. Ch	cation fo eques /	r purcl Drafts a	nase of are sub	f units i oject to	n realisation					along	with cheque / DD as det	ailed
Collection	Center's	Stamp	& Rec	eipt Da	te and Time	9						
n!												



### SYSTEMATIC INVESTMENT FORM

**TERMS & CONDITIONS** 

#### Systematic Investment Plan (SIP)

This mandate registration form will be submitted through National Automated Clearing House (NACH).

- This SIP facility is offered to investors having bank accounts in select banks mentioned in the link http://www.npci.org.in/. The banks in the list may be modified /updated /changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation.
- Investor/Unitholder(s) should submit original Cancelled Cheque (or a copy) along with mandate form with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted.
- The Unitholder(s) cheque/bank account details are subject to third party verification.
- SiP is offered on daily, weekly, fortnight, monthly and quarterly frequency.

  Investor/ Unit holders can opt to invest on any day in daily frequency any week in weekly and fortnight frequency (for fortnight alternative week transaction will be processed example If investor selected as Monday the SIP will be processed alternative Monday) and any day in monthly and quarterly frequency.
- case the end date is not specified, the SIP will be registered for 40 years
- Minimum installments and frequency wise minimum amount can be referred below table.

	Systematic Investment Plan (SIP)										
Frequency of SIP	Eligible dates for effect	Minimum amount per Instalment	Minimum term/duration applicable								
Daily	All Business days	₹100 and in multiple of ₹1 thereafter (for ELSS minimum ₹500 and multiple of ₹500)	30 Business days								
Weekly	Any day of the week	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500)	10 instalments								
Fortnightly	Any day of alternative Week	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500)	10 instalments								
Monthly	Any date (except 29, 30, 31st)	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500)	12 instalments								
Quarterly	Any date (Any date (except 29, 30, 31st)	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500)	12 instalments								

- In case the frequency is not specified / ambiguity, in the application/enrolment form, it will be deemed as an application for monthly frequency and will be processed accordingly. In case the SIP date is not specified or in case of ambiguity for monthly or quarterly frequency, the SIP transaction will be processed as of 10th of every month/first month of every quarter default day for weekly/ fortnight will be Tuesday.
- The units will be allotted to the investor at applicable NAV of the respective business day on which the investment is sought to be made as per the applicable cut-off timing subject to the funds available for utilization.

  The request for enrollment of SIP in the prescribed form should be received at any official point of acceptance / Investor service center at least 21 Calendar Days in advance
- before the execution / commencement date.
- The request for discontinuation of SIP in the prescribed form should be received at any official point of acceptance / Investor Service Center at least 10 Calendar days in advance before the execution / commencement date. SIP enrolment automatically terminated in below scenario:
- - a. Two for quarterly frequency and three for other than quarterly frequency consecutive payment instructions on submitted by Unit holder is not honored by banker. b. Upon receipt of intimation of death of the Unit holder/

  - c. As a result of a stop payment instruction issued by the investor/unitholder.
- d. Bank account closed by investor.

  Quantum Mutual Fund will not be liable for any transaction failures due to rejection by the investor's bank/branch.
- The investor agrees to abide by the terms and conditions of NACH facility of NPCI. Investor will not hold Quantum Mutual Fund and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance
- or after the specific date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration/Cancellation/Rejections. Investors are required to ensure adequate funds in their bank account on opted date. Quantum Mutual Fund will endeavor to debit the investor bank account on opted date, however if there is any delay all such transactions are debited subsequently. Quantum Mutual Fund/Sponsor Bank/NPCI are not liable for the bank charges, if any debited from investor's bank account by the destination bank, on account of payment through NACH.
- If any chosen day/date falls on a non-business day, the next business day/date will be considered as the transaction date.
- In case of investments in the name of a minor, no new transactions / standing instructions / STP / STP / SWP or cancellation of such requests will be allowed by the guardian from the date of minor attaining majority till instruction from the major is received by the AMC/Mutual Fund along with the prescribed documents for change of account 18. status from minor to major

#### Additional for MICRO Systematic Investment Plans (MICRO SIPs)

As per SEBI guidelines, Lumpsum and SIP investments in mutual funds upto Rs. 50,000 per year, per investor, per mutual fund shall be exempted from the requirement of PAN subject to other operational guidelines. Any investment, lumpsum or through Systematic Investment Plans (SIPs) by investors, where aggregate of investments/instalments in a rolling 12-month period, does not exceed Rs. 50,000/- per investor will be treated as Micro investments for the above purpose. Micro investments will be accepted subject to PAN exemption in KYC process. This exemption will be applicable oNLY to investments by individuals (not NRI & PIOs), Minors and Sole proprietary firms. HUPs and other categories will not be eligible for Micro Investments. The exemption is applicable to joint holders also. In case under MICRO SIP, the first SIP Instalment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will cease for future instalments. No refund to be made for the units already allotted. However, redemptions will be allowed based on the submission of normal prescribed Redemption Transaction Slip. Investors may submit any one of the PHOTO IDENTIFICATION documents (please refer paragraph titled PAN under the General instructions) along with KYC form and proof of address (self-attested). No separate address proof is required if Photo ID with address mentioned on it is submitted. The photo identification documents have to be current and valid and also to be either self -attested. All the applicants including second and third applicant (if any) is mandated to submit any of the above documents.

Systematic Investment Plan for Corporate Employees: In this case, the concerned employer is required to forward to the AMC the Scheme application cum SIP registration mandate form of the corporate employee who desires to invest in the Scheme. The application amount for the corporate employees would also be forwarded by the employer on specific request from the concerned employee. The concerned employee has to authorize the employer to deduct the application amount from his salary and remit the same to the Fund at regular intervals to ensure receipt of funds by the AMC on or before the next due date. This facility allows Unitholders to transfer specified fixed sums on periodic basis from one scheme to other schemes launched by the Mutual Fund from time to time by giving a single instruction. A Unitholder may effect a Systematic Transfer Plan (STP) by redeeming units of the transfer-in Scheme at the prevailing NAV of the transfer-in Scheme. To seamlessly facilitate STP between two Schemes of the Mutual Fund, the Unitholder must comply with the redemption requirements of the transferor scheme and subscription requirements of the transferse scheme.

Note: Name of Quantum India ESG Equity Fund has been changed to Quantum ESG Best In Class Strategy Fund effective from 1st February, 2024.



**Application No: QMFP** 

#### ACKNOWLEDGEMENT SLIP (To be continued)

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

	ate cheque / demand draft must be issued for each investmen				as well as the Plan / Option /Sub Option.
Sr. No.	Scheme Name	Cheque Amount (₹)	Cheque / DDNo.	Bank Name	Account Number

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

	ONE TIME MAND	ATE FORM		
UMRN:			Da	te: D D M M Y Y Y
Quantum Utility Code:	(Office use only)		Create	✓ Modify: × Cancel: ×
FOR THOUGHTFUL INVESTORS  Sponsor Bank Code:	(Office use only)	e authorize:	QUANTUM N	MUTUAL FUND
To debit (Tick ✓) SB/ CA/ CC/ SB-NRE	/ SB-NRO/ Other Bank A/C number	:		
With Bank:			IFSC/ MICR:	
	(in words)			
	Maximum Amount Frequency: 🗷			y 🗹 As & when presented
Reference 1:		Reference 2:		· <u> </u>
This is to confirm that the declaration has been	Maximum period of validity of this mandat	am authorizing the user e date by appropriately co e is 40 years only	ntity/corporate to debit mmunicating the cance	mu account. based on the instruction
Phone No.				
~	1Name as in bank record			
	ADDITIONAL TRANSACTION AND			
Folio No.	Scheme		<u>"</u>	Option/Facility
5 . U 2 U U N		A L : / DIA N		
First Unit Holder Name Second Unit Holder Name		Advisor / RIA Name		
Third Unit Holder Name		Sub Advisor Code		
Mode of Holding		EUIN No.		
Status		E-Code / RM Code		
nvestment Amount (Rs.)  Cheque No  Dated D M M Y Y Y Y  Drawn on Bank	I/We would like to redeem from the ab  OR Amount (Rs.) (in figure)  Redemption Proceeds should not be a	Amount/units (in w	ords)	dited to A/C No.:
	with	-	Ba	nk which is already registered
Branch & City	with	-	Bai	nk which is already registered
Sranch & CitySWITCH REQUEST	with	-		
SWITCH REQUEST  We would like to switch All Units C	with Quantum Mutual Fund.	OR	Amount (Rs.) (in figi	ure)
SWITCH REQUEST  We would like to switch All Units Commount / Units (in words)	with Quantum Mutual Fund.	OR froi	Amount (Rs.) (in fign	ure)oned Scheme
Switch Request  /We would like to switch  All Units Comount / Units (in words)	with Quantum Mutual Fund.	OR froi	Amount (Rs.) (in figo m the above mentication	ure) oned Scheme
Smanch & City	with Quantum Mutual Fund.	OR from Opt	Amount (Rs.) (in figo m the above mention tion w Mobile No.:	ure)
Switch Request  /We would like to switch All Units Commount / Units (in words)  O Scheme  Change Mobile No.  Change Email ID	with with Quantum Mutual Fund.  OR No. Of Units  Old Mobile No.:  See ✓): Self Spouse Dependent	OR froi Opt Ne Children Dependent	Amount (Rs.) (in fignment the above mention tion Mobile No.: Deep Deep Deep Deep Deep Deep Deep Dee	ure) ned Scheme  pendent Parents
Switch Request  /We would like to switch All Units Comount / Units (in words)  Change Mobile No.  Change Email ID  This Email ID belongs to (Mandatory Please)	with with Quantum Mutual Fund.  OR No. Of Units  Old Mobile No.:  See ✓): Self Spouse Dependent  Old Email No.:	OR froi	Amount (Rs.) (in figo m the above mentic tion w Mobile No.: dent Siblings	pendent Parents Guardian
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## SYSTEMATIC TRANSFER PLAN (STP) AND SYSTEMATIC WITHDRAWAL PLAN (SWP)

Distributor	ARN Sub Distributor A	ARN Internal	sub Code/Sol ID	Employee Code	EUIN	Serial No./Date, Time & Stamp
ARN-30764		tum Mutual Fund u	nder Direct Plan I/We	hereby give my/our	E584535	ide the transactions data feed/portfolio
	etc. in respect of my/our investme	ents under Direct Pl	an of all schemes of Q	uantum Mutual Fund, t	o the above mentioned	SEBI Registered Investment Adviser:"
EUIN Declaration	relationship manager/sales per	son of the above d	istributor/sub broker of	r notwithstanding the a	advice of in-appropriate	ny interaction or advice by the employee/ ness, if any, provided by the employee/ IS). Fields marked with (*) are mandatory.
1. INVESTO	R AND INVESTMENT DETAILS (	(Please √ wherev	er applicable)			
iole/First In	vestor Name					(as appearing in ID proof)
AN No.		Folio	No. (For Existing Inv	vestor)		
2. SYSTEMA	ATIC TRANSFER PLAN (STP)					
ource Sche	me:		Plan: _		Ор	tion:
3. Target S	<b>cheme</b> (Please ✓) Choice of Sc	heme/Option/Fac	ility			
	ue / demand draft must be issued for e	ach investment, drawr	in favour of respective sci	heme name. Please write a	appropriate scheme name	as well as the Plan / Option /Sub Option.
Sr. No.	Target Scheme	Plan	Option	STP Amo		y Details (Select any one frequency)
		Direct	☐ Growth ☐ IDCW (Pa		☐ Daily ☐ Weekly ☐ Fortnightly	(Any Day - Monday to Friday)
		Regular	#IDCW frequency		☐ Monthly	
		□ Direct	☐ Growth ☐ IDCW (Pa		☐ Daily ☐ Weekly	(Any Day - Monday to Friday)
		Regular	#IDCW (Reinvestmen	,	☐ Fortnightly ☐ Monthly	(Any day of alternative Week)
			☐ Growth ☐ IDCW (Pa	vout)	□ Daily □ Weekly	
		☐ Direct ☐ Regular	□ IDCW (Reinvestmen	t)	Fortnightly	(Any Day - Monday to Friday) (Any day of alternative Week)
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4. STP PERI		itam bynamic bone	a rana.			
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S. SYSTEMA	ATIC WITHDRAWAL PLAN (SWI	P)				
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	<b>Details</b> (Please ✓)	■ Weekly	■ Fortnigl	T T		
				D D		From MMYY To MMYY OR
inount (t)	:	(Any Day - Monday to Fr	iday) (Any Day - Monday			No. installments
	nly Quantum Liquid Fund and Quar	ntum Dynamic Bond	d Fund.			
b. DECLAR		the Scheme Inform	ation Document(s)/Key	Information Memorano	lum(s) & Statement of A	Additional Information(s) of the Scheme(s
						clare that I am/we are not US Person(s).
F	First Account Holders Signature (As per bank records)		Second Account Ho (As per bank		Thire	l Account Holders Signature (As per bank records)
<			~			<b>&gt;</b>
	LEDGEMENT SLIP (To be utual Fund - 1st Floor, Apeejay			kbay Reclamation, C	hurchgate, Mumbai	Application No: QMFP - 400020. www.QuantumAMC.com
ate D D	M M Y Y Y Y Rece	eived from: Mr./M	s./M/s			
n application	on for STP/SWP under the Fo	lio No.				
Collection (	Center's Stamp & Receipt Dat	e and Time				