



# COMMON APPLICATION FORM (Continuous Offer of units at Applicable NAV)

**(BROWN)** Quantum Long Term Equity Fund  
High risk (An Open-ended Equity Scheme)  
**(BLUE)** Quantum Liquid Fund  
Low risk (An Open ended Liquid Scheme)  
**(BROWN)** Quantum Tax Saving Fund  
High risk (An Open ended Equity Linked Savings Scheme)

**(BROWN)** Quantum Equity Fund of Funds  
High risk (An Open-ended Equity Fund of Funds Scheme)  
**(BROWN)** Quantum Gold Savings Fund  
High risk (An Open-ended Fund of Fund Scheme)  
**(YELLOW)** Quantum Multi Asset Fund  
Medium risk (An Open Ended Fund of Funds Scheme)

and only  
India's 1<sup>st</sup> Direct to Investor  
Mutual Fund

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

Application No: \_\_\_\_\_

INTERMEDIARY INFORMATION			FOR OFFICE USE ONLY
Name & ARN Code	Sub-Broker Code	EUIN	E- Code
ARN-97821		E113814	

Please refer instruction No. 5 for EUIN.

Please read the instructions carefully, before filling up the application. Kindly use this form if you are making a one time investment. For SIP investments please use the separate SIP Form. Investors should consult their financial advisers if in doubt whether the product is suitable for them.  
(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 * MANDATORY		PAN (Refer Instruction No.4A) Please attach certified PAN copy	Know Your Customer (KYC) (Refer Instruction No. 4B)
1st Applicant /Guardian			Yes <input type="checkbox"/> (Please submit Proof)
2nd Applicant			Yes <input type="checkbox"/> (Please submit Proof)
3rd Applicant			Yes <input type="checkbox"/> (Please submit Proof)
POA Holder			Yes <input type="checkbox"/> (Please submit Proof)

## 4 \* APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS) (Fields marked with # are compulsory)

Name of Sole/ 1st Applicant ☐ Mr. ☐ Ms. ☐ M/s. ☐ Others \_\_\_\_\_ Please Specify \_\_\_\_\_ Date of Birth/ Date of Incorporation \_\_\_\_\_

Proof of Date of Birth (In case of Minor) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others \_\_\_\_\_ Please Specify \_\_\_\_\_

# 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)

Legal Status Please (✓) ☐ Resident Individual ☐ Resident Minor ☐ FII's ☐ Society/Club ☐ AOP/BOI ☐ FOF ☐ HUF

☐ NRI/PIO Repatriation Basis ☐ NRI/PIO Non-Repatriation Basis ☐ NRI/PIO Minor Repatriation Basis ☐ NRI/PIO Minor Non-Repatriation Basis

☐ Partnership Firm ☐ Trust ☐ Bank ☐ Company/Body Corporate ☐ Others \_\_\_\_\_ Please Specify \_\_\_\_\_

Occupation ☐ Private Sector Service ☐ Public Sector / Gov. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ House Wife ☐ Student ☐ Defence

☐ Unlisted Company ☐ Listed Company ☐ Politically Exposed Person ☐ Bureaucrat ☐ Forex Dealer ☐ Retired

☐ Dealers in High Value Commodities (Traders in Precious Metals, Jewellery & Antique Dealers) ☐ Others \_\_\_\_\_ Please Specify \_\_\_\_\_

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) 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 \_\_\_\_\_ I N D I A \_\_\_\_\_ Pin code \_\_\_\_\_

Contact Details of Sole/ First Applicant

Tel No - STD Code \_\_\_\_\_ Res. \_\_\_\_\_ Off. \_\_\_\_\_ Fax \_\_\_\_\_

Overseas Address (mandatory for NRI/FII applicant). This address will be replaced with the address as per your KYC records on validation of your KYC data. Applications from investors residing in USA or Canada shall not be accepted

Address for correspondence (for NRI applicants) ☐ Indian ☐ Overseas

City \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

## 5 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

## 6 GO GREEN : Electronic Communication / Transactions (Refer Instruction No.8 & 9)

I/ We have read and understood the terms and conditions of Electronic Communication / Transactions, available in the common application form for transactions, etc for using the Quantum Mutual Fund 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 Quantum Mutual Fund, Quantum AMC to issue Personal Identification Number (PIN) / Telephone PIN (TPIN) on my mailing address, registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above.

I/We would like to receive various communications / updates / alerts / notifications from Quantum Mutual Fund, Quantum AMC etc on my registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above.

☐ Account Statement ☐ Other Statutory Information

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

Application No: \_\_\_\_\_

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

ARN-97821

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 \_\_\_\_\_

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

Collection Center's Stamp  
&  
Receipt Date and Time

## 7 ★BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type [please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Account No					
Bank Name					
Branch					
Branch Address					
City					Pin Code
IFSC Code				MICR 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 with current entries not older than 3 months or a Certified Bank Passbook with current entries not older than 3 months or a Bank Letter/Certificate duly signed by Bank Branch Manager/Authorized Personnel.

ACCOUNT PAY	QUANTUM MUTUAL FUND PAN XXXXXXXX	OR BEARER
RUPEES		
11 DIGIT IFSC Code	9 DIGIT MICR Code	
IFSC QTMF7654321	"4153812" 255291538 123456" 23	

## 8 ★ INVESTMENT DETAILS (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 1)

<input type="checkbox"/> Quantum Long Term Equity Fund	<input type="checkbox"/> Quantum Tax Saving Fund	<input type="checkbox"/> Quantum Liquid Fund
<input type="checkbox"/> Quantum Equity Fund of Funds	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Daily Dividend Reinvestment Option
<input type="checkbox"/> Dividend Option	<input type="checkbox"/> Monthly Dividend Payout Option	<input type="checkbox"/> Dividend Transfer to Scheme -
<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Reinvestment Facility	<input type="checkbox"/> Dividend Payout Facility
<input type="checkbox"/> Quantum Gold Savings Fund - Growth Option	<input type="checkbox"/> Quantum Multi Asset Fund - Growth Option	

## 9 PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> IMPS
RTGS/NEFT/IMPS Ref. No. & Date					Date D D M M Y Y Y Y
Cheque No. & Date:					Date D D M M Y Y Y Y
Gross Amt (₹)					
DD Charges (₹)					
Net Amt (₹)					
Bank /Branch & City					
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. 12)

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/ Trustee Company.

Name of Nominee	Date of Birth of Nominee	D D M M Y Y Y Y
Address	PAN No. of Nominee	
City	Relationship With Applicant	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Pin Code	Relationship With Nominee (If Nominee is minor)	<input type="checkbox"/> Spouse Others <input type="checkbox"/> Mother <input type="checkbox"/> Father
Name of Guardian/Parent (If Nominee is minor)	PAN No. of Guardian/Parent	
Address of Guardian	City	Pin Code
Proof of Date of Birth*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate
Proof of Relationship*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate
	<input type="checkbox"/> Passport	<input type="checkbox"/> Others
	<input type="checkbox"/> Others	

11 DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 13) ☐ NSDL ☐ CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants 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	BENEFICIARY Account No. (NSDL Only)
CDSL	
Enclose for Demat Option:	<input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction / Holding Statement <input type="checkbox"/> DIS Copy

12 DOCUMENT ENCLOSED (Please ✓) Total number of documents ☐ Resolution/ Authorisation to invest ☐ List of authorised signatories with specimen signatures

<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Bye-laws	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Overseas Auditor Certificate	<input type="checkbox"/> Notarised POA	<input type="checkbox"/> PIO Card
<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> KYC Compliance	<input type="checkbox"/> Foreign Inward Remittance Certificate	<input type="checkbox"/> Trigger Form	<input type="checkbox"/> Minor related documents	

13 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
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Investor Awareness: Please ✓ to acknowledge that you have been explained the following aspects of investing by Quantum Mutual Fund and / or its representative(s) / intermediary(s) and hereby confirm having understood the same before investing with Quantum Mutual Fund.

Name of the Invested Scheme(s):	
<input type="checkbox"/> I/We have asked, and have been explained to my/our satisfaction all the features of the scheme(s) that I/We have chosen to invest in and have understood all the Terms and Conditions of the said scheme(s).	
<input type="checkbox"/> I/We confirm that I/We have fully understood the Expense Ratios and Exit Loads pertaining to the scheme(s) and that exit loads will be calculated as per First in First out (FIFO) basis.	
<input type="checkbox"/> I/We confirm that I/We have fully understood Transaction norms such as cut off time for subscription / redemption/switch, Turnaround Times for processing of transactions etc.	
<input type="checkbox"/> I/We am/are aware of the Tax implications of my/our Investment pertaining to the schemes of Quantum Mutual Fund.	
<input type="checkbox"/> I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We recognize, and I / We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s). I/We also recognize the product label (color code), denoting the risk for the said scheme(s).	
<input type="checkbox"/> I/We am/are aware of my own risk appetite, my/our time horizon for investment, my/our objective for investment and the investment objective of the scheme(s) and the fit between the two at the time of undertaking the investment(s). I/we confirm that the Scheme(s) in which I/we am/are investing is appropriate for me / us keeping in mind the investment objective and risk of the scheme(s).	
<input type="checkbox"/> I/We am/are also aware of the Grievance Redressal and Dispute Resolution policies and procedure at Quantum Mutual Fund and am/are aware of whom to contact in case of any discrepancies.	
<input type="checkbox"/> I/We hereby declare that I/We have understood the nature of questions in the Application Form and the importance of disclosing all the material information required. I/We declare the facts disclosed in the application and the acknowledgement forms are true and correct to the best of my/our knowledge.	

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

Contact Us



WEBSITE

www.QuantumMF.com



TOLL FREE HELPLINE

1800 22 3863 / 1800 209 3863



EMAIL

CustomerCare@QuantumAMC.com



SMS

&lt;Quantum&gt; to 9243 22 3863