



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

7th Floor, Hoechst House, Nariman Point, Mumbai - 400 021.
www.QuantumMF.com

Application No: QMFP

1 INTERMEDIARY INFORMATION				
Name & ARN Code	Sub-Broker Code	EUIN	RIA Code	E-Code / RM code
ARN-183038				

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)
1st Applicant /Minor			
2nd Applicant			
3rd 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/ 1st Applicant Mr. Ms. M/s. Others _____ Please Specify _____

Date of Birth/ Date of Incorporation D D M M Y Y Y Y **Proof of Date of Birth (In case of Minor)** Birth Certificate School Leaving Certificate Passport Others _____ Please Specify _____

Guardian / Authorised Person - (in case of Minor)/Authorised Person (in case of non individual applicant) _____

Relationship with Minor Father Mother Others _____ Please Specify _____ **Relationship Proof (With specified Guardian)** Birth Certificate Passport Others _____ Please Specify _____

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

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

City _____ State _____ Country Pin code _____

Contact Details of Sole/ First Applicant Mobile No. _____ Email ID _____

Tel No - STD Code _____ Res. _____ Off. _____ Fax _____

Overseas Address (mandatory for NRI/FII applicant). Applications from investors residing in USA or Canada shall not be accepted. Address for correspondence (for NRI applicants) Indian Overseas

City _____ Country _____ Zip code _____

Note: The address provided by you above will be replicated with the address as per KYC record

Name of 2nd Applicant Mr. Ms. M/s. _____

Date of Birth D D M M Y Y Y Y Mobile No. _____ Email ID _____

Name of 3rd Applicant Mr. Ms. M/s. _____

Date of Birth D D M M Y Y Y Y Mobile No. _____ Email ID _____

5 * KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory, Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company / Body	<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/>	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/>	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Bank	<input type="checkbox"/> ADP	<input type="checkbox"/> FI / FII / FPI	<input type="checkbox"/>	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Others (Please Specify)				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac-1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors / Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No: QMFP

Quantum Mutual Fund - 7th 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 D D M M Y Y Y Y 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

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 tick] SB Current NRO NRE FCNR
 Bank Name _____ IFSC _____ MICR Code _____
 Account No _____ Branch _____ City _____ Pin code _____

Preferred mode of payment Electronic Credit. RTGS/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.

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

Scheme _____
 Plan Direct Regular _____
 Option _____
 Dividend Transfer to Scheme (Available only if invested scheme has Monthly Dividend Payout Option) _____

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 DD MM YYYY
 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 st Applicant / Guardian	2 nd Applicant	3 rd 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 tick a)
 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 st Applicant / Guardian	2 nd Applicant	3 rd 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)

I do not wish to Nominate

	1 st Nominee	2 nd Nominee	3 rd Nominee
Name (as in PAN card/KYC records)			
PAN			
Date of Birth	DD MM YYYY	DD MM YYYY	DD MM YYYY
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)			
Allocation % (Total to be 100%)			

12 DEMAT ACCOUNT DETAILS (Please tick a)(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 tick a)
 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: 5% OR 10% OR Investor Advised (For Indian Citizens Only*) Investor Advised (For Other Citizens*)

	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 HYNCO 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.

Contact Us

- WEBSITE : www.QuantumMF.com
- EMAIL : CustomerCare@QuantumAMC.com
- TOLL FREE HELPLINE : 1800 22 3863 / 1800 209 3863
- Missed Call Facility : 022-61073807
- SMS : <Quantum> to 9243 22 3863

CHECK LIST: Please ensure the following:

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

- 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.
- For Third Party payment - Third Party Declaration in the prescribed format along with the KYC acknowledgement issued by KRA for the Payer.
- Proof of KYC for all applicants, guardians for minors and POA
- Non Individuals: UBO Declaration (if applicable) & FATCA form

Endosures (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

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): _____

- I/We have asked, and have been explained and understood to my/our satisfaction all the features of the scheme(s) from the scheme related Documents (KIM/SID/SAI) that I/We have chosen to invest in and have understood all the Terms and Conditions of the scheme(s) and addenda of Quantum Mutual Fund.
- I/We confirm that I/We have reviewed and understood the Expense Ratio, Tax Implication, Cut-off time for subscription / redemption / Switch, Turnaround time for processing of transactions, Exit Load which will be calculated on First In First Out (FIFO) basis.
- I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We have also understood from the product label and Riskometer of the Scheme(s). I/We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s).
- I/We am/are aware of my/our risk appetite, my/our time horizon for investment, my/our objective for investment and the investment objective, performance of the Scheme(s) and performance of the Benchmark of the scheme(s) and it is appropriate for me/us to undertake investment in the scheme(s). I/We confirm that the scheme(s) in which I/we are investing is appropriate for me/us keeping in mind the investment objective and risk of the scheme(s).
- I/We am/are also aware of the Charter of Investor Rights, Privacy Policy Grievance Redressal and Dispute Resolution Policy and procedure of Quantum Mutual Fund and am/are aware of whom to contact in case of any discrepancies.
- 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.
- I/We hereby authorize you to verify / confirm details and documents submitted by me / us independently from my Banker and / or any source and / or through the independent third party appointed by you. In case, if any of the information / documents provided is found to be incorrect, you have the right to reject my application.

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 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 dividend payout / 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 Canadian 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

Place _____

Sole/1st Applicant/Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory	POA Signatory
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ONE TIME MANDATE FORM

7th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumMF.com

UMRN

Tick Create: Modify: Cancel:

Sponsor Bank Code (Office use only) Utility Code (Office use only)

I/We hereby authorize **QUANTUM MUTUAL FUND** to debit (Tick) **SB/ CA/ CC/ SB-NRE / SB-NRO/ Other**

From Bank A/C Number:

With (Name of Destination Bank with Branch) IFSC Code: MICR Code:

an amount of Rupees (in words) ₹

FREQUENCY: Mthly Qly H- yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Phone No.

Schemes **ALL SCHEMES OF QUANTUM MUTUAL FUND** Email ID

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.

PERIOD From To Or Until Cancelled

1. Signature of 1st Account Holder 2. Signature of 2nd Account Holder 3. Signature of 3rd Account Holder

Name as in bank records Name as in bank records Name as in bank records

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.



SYSTEMATIC INVESTMENT PLAN AUTO DEBIT MANDATE FORM

7th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumMF.com

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

New Registration (New Investors to submit duly filled and signed Common Application Form) Change in Bank Account (for Existing Investor) Micro SIP Cancellation of SIP

INTERMEDIARY INFORMATION				
Name & ARN Code	Sub-Broker Code	EUIN	RIA Code	E- Code / RM code
Karvy Stock Broking Ltd. ARN-0018				

INVESTOR DETAILS

Folio/Application No. PAN No*.

Sole/First Investor Name:

INVESTMENT DETAILS (Please) Choice of Scheme/Option/Facility

Scheme	<input type="text"/>
Option	<input type="text"/>
Facility	<input type="text"/>

Frequency Details (Please)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="radio"/> 5th, 21st OR <input type="radio"/> 7th & 25th	<input type="radio"/> 5th OR <input type="radio"/> 21st OR <input type="radio"/> 7th OR <input type="radio"/> 25th	<input type="radio"/> 15th OR <input type="radio"/> 28th

No of Installments: SIP Start Date SIP End Date Cheque No.

Amount Per Installment: Amount (in words)

I/We hereby authorize Quantum Mutual Fund and their authorized service providers to debit my/our following bank account by ECS (Debit clearing/Auto Debit) for collection of SIP payments

Note: Please allow 30 business days for Auto Debit to register and start. * Only monthly and quarterly SIP frequencies are available for Quantum Liquid Fund.

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Quantum Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Quantum Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Quantum Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Quantum Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Quantum Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/We hereby authorize bank to debit my account for mandate verification charges, if any.

First Account Holders Signature (As per bank records)

Second Account Holders Signature (As per bank records)

Third Account Holders Signature (As per bank records)

Declaration

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the utility/service provider/participating Banks/Mutual Fund responsible. I/We have read the T&C and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. I/ we hereby authorize the fund to utilize this form for transactions through Email / SMS / Fax/ Phone or any other electronic means.

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'.

SIP ECS/AUTO DEBIT MANDATE FORM

TERMS & CONDITIONS

1. Complete Common Application form and SIP ECS Mandate Form along with the first cheque should be submitted to the AMC / Karvy Collection Centers.
 2. New investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for ECS (Debit Clearing). Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/ branch for which ECS is to be registered.
 3. First SIP cheque and subsequent SIP installments via ECS should be of the same amount.
 4. Employee Unique Identification Number (EUIDN) - Investor investing through Intermediary shall mandatorily mention the EUIDN on the application form, irrespective whether he/she has been advised by Sales person / Employee / Relationship manager of the Intermediary or not. However, in case of any exception cases, where there is no interaction by Sales person / Employee / Relationship manager of the intermediary with respect to the investment / transaction, the EUIDN box may be left blank. If left blank, AMC will seek the following declaration separately from the investor, "I/We hereby confirm that the EUIDN 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." It is mandatory to obtain EUIDN for every Sales person / Employee / Relationship manager of the Intermediary for dealing (irrespective whether transactions are in the nature of execution or advisory) in mutual fund products.
 5. ECS instructions will take a minimum of 30 business days for registration with the bank and hence the first auto debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in Scheme Information Document (SID)
 6. The cities mentioned above may be modified/ updated/ changed/ removed at any time in future at the discretion of the AMC without assigning any reasons or prior notice. If any city, bank/branch is removed, SIP instructions for investors in such cities, bank/branch via ECS route will be discontinued without prior notice.
 7. The SIP Enrollment will be discontinued in cases where Two consecutive SIP installments are not honored or the bank account is closed and no request for change in bank account has been submitted.
 8. Request for cancellation should be submitted 15 business days prior to the next SIP date.
 9. Request for change in bank mandate to be submitted atleast 30 business days before the due date of next SIP installment.
 10. The bank account provided for ECS (Debit) should participate in local MICR Clearing.
 11. MICR code starting and / or ending with 000 are not valid for ECS
 12. The investor agrees to abide by the terms and conditions of ECS facility of the Reserve Bank of India (RBI) as applicable at the time of investment and as may be modified from time to time.
 13. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned Scheme Information Document (SID). The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
 14. Investors will not hold Quantum AMC, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date or if 2-3 consecutive SIP installments are debited by your bank in a day due to the local holidays or any other reason.
 15. Quantum AMC reserves the right to reject any application without assigning any reason thereof.
 16. Please refer SID for minimum SIP investment amount under each schemes.
 17. Please refer the Key Information Memorandum (KIM) and SID of the respective scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective scheme before investing.
 18. If an investor does not mention SIP Frequency and/or SIP date in the application form or multiple SIP frequency/dates are mentioned in the SIP Mandate or the details are unclear in the SIP form, the default SIP frequency shall be treated as monthly and the default SIP date will be considered as 5th. In case of fortnightly SIP frequency, default date will be considered as 5th and 21st of the month.
If an investor does not mention SIP start date or the SIP start date is unclear in the SIP form, the SIP date will by default start from the next subsequent month after meeting the minimum registration requirement of 30 working days.
If an investor does not mention SIP end date or the SIP end date is unclear in the SIP form, the tenure of SIP will be treated as perpetual (subject to bank's acceptance) till instruction to the contrary is received from the investor.
In case the investor does not provide both the start date as well as end date, then the SIP installment would be the minimum number of installments of the respective scheme as mentioned in the respective Scheme Information Document (SID).
"Perpetual SIP" will be the default option incase end date for enrolment period is not provided. In case an investor, who has opted for Perpetual SIP, subsequently intends to discontinue the same, a written communication thereof will be required to be furnished.
 19. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
 20. To avail of SIP in separate schemes/options via Direct Debit/ECS facility, an investor will have to fill a separate form for each scheme/ options. A single form cannot be used for different schemes simultaneously.
 21. For modification/change in SIP amount, New SIP Auto debit mandate form with revised SIP amount alongwith letter to discontinue the existing SIP amount to be submitted 30 business days prior to the Installment date.
 22. If an investor gives a request for change in bank mandate of the same amount as that of the existing SIP amount in the same folio, the existing SIP will be discontinued and only the new SIP containing new bank details will be considered. But if an investor gives a request for change in bank mandate with different SIP amount both the new SIP as well as the existing SIP would continue.
 23. In case of investments in the name of a minor, no new transactions / standing instructions / SIP / 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 status from minor to major.
 24. The allotment of units in case of SIP in Quantum Liquid Fund will be based on realization and utilization of funds only.
 25. In case an investor gives full/partial redemption request in a folio where there is an on-going SIP then redemption will be processed only for the units towards which the amount has been realized.
 26. In case of weekly and fortnightly frequencies there are restrictions on the dates to be selected due to operational constraints
- Additional instructions for Micro Systematic Investment Plan (MSIP)**
1. Micro SIP (Systematic Investment Plan) upto ` 50,000 per year per investor shall be exempted from the requirement of PAN.
 2. In case of Micro SIP also KYC is mandatory w.e.f. 1st January, 2012.
 3. In lieu of PAN card copy Investor (including joint holders) to provide the self attested valid Photo ID Proof. Please refer Point 6 below.
 4. All Micro SIPs where aggregate of installments in a financial year i.e. April to March does not exceed ` 50,000.
 5. This exemption will be applicable only investments by individuals (including NRIs but not PIOs), Minors and Sole proprietary firms. HUFs and other categories will not be eligible for Micro SIPs. The exemption is applicable to joint holders also.
 6. While making additional/subsequent Micro SIP investment, investor can quote the existing folio number where a Micro SIP has been registered and therefore need not resubmit the supporting documents again.
 7. Photo identification documents to be submitted in case of Micro SIP Voter Identity Card, Driving License, Government / Defense identification card, Passport, Photo Ration Card, Photo Debit Card (Credit card will not be accepted), Employee ID cards issued by companies registered with Registrar of Companies, Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks, Senior Citizen / Freedom Fighter ID card issued by Government, Cards issued by Universities / deemed Universities or institutes under statutes like ICAL, ICWA, ICSI, Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL), Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO.
 8. Proof of address copy. It is clarified that where photo identification documents contain the address of the investor, a separate proof of address is not required.

NOMINATION DETAILS / INSTRUCTIONS

As per SEBI regulations, you can assign one or more nominee(s) to the investment, to whom the amounts will be payable on death of the sole or all Unitholders as the case may be. This form is to be filled if you wish to nominate multiple nominees. If you are filling this at the time of opening a new folio with Quantum Mutual Fund, please submit this along with the Common Application Form. You may also use this for nominating multiple nominees subsequent to opening a folio, or to modify existing nomination(s)

- a) The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of HUF cannot nominate.
- b) A Unitholder can have a maximum of 3 nominees.
- c) A minor can be nominated and in that event, the name, address and signature of the guardian of such minor nominee shall be provided. Nomination may also be in favour of the Central Government, State Government, local authority, any person designated by virtue of his office or a religious or charitable trust.
- d) The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of HUF or a PoA holder. A non-resident Indian can be a Nominee, subject to the exchange control regulations in force, which may change from time to time.
- e) Nomination in respect of the units stands rescinded upon the transfer/transmission of units. Transmission of units in favour of a Nominee shall be valid discharge by the AMC against the legal heir.
- f) A Non-Resident Indian can be a nominee subject to the exchange control regulations in force, from time to time.
- g) The cancellation of nomination can be made only by Unitholders on their own behalf, singly or jointly, and who have made the original nomination. On cancellation of the nomination, the nomination shall stand rescinded and the AMC shall be under no obligation to transfer the units in the Nominee's favour.
- h) If the unitholders have not indicated the percentage of allocation for each nominee, the AMC shall settle the claim proportionately amongst the nominees on equal basis. However in case of 3 Nominee(s), the allocation by default will be 34%, 33% & 33% respectively for each Nominee in the sequential order if the investor/s has/have failed to furnish the ratios.
- i) PoA Holders cannot execute a nomination request, it has to be executed by the Applicant(s)/Unitholder(s).
- j) Submission of fresh Nomination form if found in order will tantamount to cancellation of existing Nomination.
- k) Nominee is registered/modified/changed only at folio level and not at Scheme/Option/Facility level.