

NACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)

quant mutual

Corporate Office: 6th Floor, Sea Breeze Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025. | Tel: +91 22 6295 5000 Whatsapp message: +91 9920 21 22 23 | E-mail: help.investor@quant.in | help.distributor@quant.in | www.quantmutual.com

SIP ENROLLMENT DETAILS

(Use this form if One Time Bank Mandate Form is registered in the folio) To be filled in capital letters and in blue / black ink only.

DISTRIBUTOR					lean / Coda Am	ant ADN	I Cada	*F=== a	uaa I laia	امر مراما	antificati	an Niveah		Culb Du	aleau / Cub	A mant Cas	4.	APP N		A Cada	•	
Name & B		de / ARN mp here)		AR	ker / Sub Ag	ent arn	Code	*Emplo	yee Uniq	jue la	entiticatio	on Numb	er	Sub Bro	oker / Sub ,	Agent Coo	ie e		RI.	A Code*		
			loft blan			horoby c	onfirm that t	the FLIIN	hov has	hoon	intentior	nally left h	plank by m	o/us as t	this transact	ion is ever	utad with	out any int	eraction	or advice	a by the	
Please sign belo employee/relation sub broker. ++ our investments	onship mo I/We, hav under Dir	anager/sales e invested in t ect Plan of all	person of he Scher Scheme	of the abome(s) of a s Manag	ovided. 17 ve ove distributo quant Mutual jed by you, to	r/sub brother the about	oker or notw ider Direct Pl ve mentione	vithstand an. I/We d Mutua	ing the a hereby of I Fund Di	idvice give y stribu	of in-ap ou my/o tor / SEB	ppropriate our conse BI-Registe	eness, if an nt to share, red Investr	y, provide provide nent Adv	led by the e the transact viser:	mployee/retions data	elationsh feed/por	ip manage tfolio holdi	eraciion er/sales p ngs/ NA\	person of v etc. in r	f the distrespect of	ibutor/ my/
First	Second Applicant / Authorised Signatory							Third Applicant / Authorised Signatory														
			ly by the	investor	r to the AMFI	registere	ed distributo	r based	on the in	vesto				actors in	ncluding the	service re	ndered b	y the distr	ibutor.		l I	
APPLICANT DETAILS Name of Sole/1st holder									FOLIO NO. PAN No / PEKRN					■ L 2N.						+		KYC
Name of 2nd holder												PAN No / PEKRN.								_		KYC
lame of 3rd l	holder											PAN N	lo / PEKR	. L 2N.			11			_		KYC
INITIAL INV	ESTME	nt Detail	S																			KIE
							Che	eque / C	DD / Cas	sh De	epositio	n Date .				D	D Charg	je ₹				
Net Amoun					Bank Name										anch:							
JNITHOLDI	ING OI	PTION		Demat	Mode	■ Ph	nysical Mo	ode (Re	ef. Instru	ction	No. 24)	Demat.	Account d	letails aı	re compuls	ory if dem	nat mode	e is opted.)			
National Securities	Depos	sitory ipant Nam	_								Centr		Depos	itory								
Depository	DP ID				I N					I	Secur	sitory rities	Ι.						1 1			
Limited		iciary Acco						\perp			Limite		Target									Ш
nclosures (P				<u> </u>	Client M								olding S		ent	Car	ncelled	l Deliver	y Instr	uction	Slip (D	IS)
nvest Easy I	Registr	ation for	ransa	ction c	over SMS	, Call, I	Mobile, I	nterne	et etc (Appli	icable fo	or individ			1 1		1 1	1 1	1			1 1
mail ID	hilo no	provided i	in this (form	illaunarea	do tho	aviation d	lotaile i			rde Disa			le no.	9 Fan ail Id i	a satinata	unt alouto	Line CAAC 0	Fun mil			Ш
		•																	EIIIUII.			
						<u> </u>				_												
		/ Plan / Op		resion wi			/ (Please√any	_	T Direct T I		-	nt Peri			IP Date (Fo		i	Ť	We		nd Fortr	ightly
	Jeneme	/ Hull / Op				Weekly REGULAR						√any one)			Quarterly / H	alf Yearly)	- 312	SIP AMOUNT		SIP Date		
							Monthly					<u>′′</u> То	:MM/YY	YY	D	D			l w		For nd Fortni	ghtly
Regular Pla						Fortnightly PERPETUAL(De Quarterly (Refer Instruction I									(Any dat		₹	₹		fixed day is Wednesday or		
Growth DCW Payout DCW Reinvestment					Half Yearly From :MM/Y						<u>′′</u> То	0 : MM / YYYY Ist to 28th of a month)				"	i ligules)		alternet Wednesday			
restment. I /We de acted by the Gove scontinue any of the trail commission of dersigned and pa I confirm that I am //our Non-Residen	eclare that the ernment of the services or any othe articulars gith the resident of the resident of	the amount invited in the completely or er mode), payoven by me/us of India. I I/W Ordinary Accounts.	ested in the fature of the fat	the Schem Authority. without an im for the ct and com n that I am. Account. I	e is through le I accept and c y prior notice t different com nplete. Further, //We are Non-F //We undertake	gitimate s agree to b to me. I aq peting Scl , I agree th Resident o	sources only a be bound by t gree quant ca hemes of vari hat the transa if Indian Nation	ind is not the said T in debit fr ious Mutu iction cha nality/Orig	designed ferms and om my fol ual Funds rge (if app gin and I/V de under t	for the d Cond lio for from blicable We he his foli	e purpose ditions ind the servic amongst amongst e) shall be reby confi	e of contro cluding the ce charges which the e deducte firm that the b be from fo	ovention or e ose excludir s as applica e Scheme is d from the s e funds for s	evasion of ng/limitin ble from t being re subscription	any Act / Reg ag quant Mut- time to time. ecommended on amount ar on have been	gulations / F ual Fund lia The ARN hol to me/us. Ind the said o remitted fro	Rules / No bility. I un Ider has d I hereby c charges sh om abroad	tifications /C derstand the isclosed to a declare that hall be paid I through no annels or fro	Directions at qMF m me/us all the abow to the dist rmal bank om funds in	or any oth nay, at its the common re informa tributors. king chann in my/our	her Applic absolute nissions (ii ation is giv	able Laws discretion, in the form en by the
														Authorised Signatory								
By signing this SI that the amount																	luals Ma	ndate Form	n. Investo	ors are re	equested	to note
																					<u>©</u>	€
ıant	® UI	MRN							Ba	nk ı	ise							Date	D D) M	M Y	Υ
set, multi manage	Sp	onsor Ba	nk Coc	de		Ва	nk use							V	CREAT	E	chorised Signal and a signal an	DIFY			CAN	
og mara manage		ility Code	1 1			i	Bank	use	iii		İ				e hereby norize	quan	t Mutu	al Fund				
ebit (tick√)	□sв	□CA			SB-NRI	<u> </u>	SB-NRC		Other	В	ank A/	c					1 1					
Bank			-		Name	o of cu	ıstomers	hank							7 150	C / MICI	<u> </u>					
mount Of R	upees				Ivaiii	01 00	istorriers	Dalik		_					"3	O / IVIIOI		₹				
IT TYPE	X Fixe	d Amount		<u>√</u> M	aximum A	mount	:	FRI	EQUE	NCY	<u> </u>	Mthly	X	Q tly	X] H-Yrly			[✓ As	& wher	n presei
rence 1					Folio No						Ref	erence	2				Sc	heme N	ame			
for the debit of ma	andate pro	cessing charg	es by the	bank who	om I am author	izing to de	ebit my accou	int as per	latest sch	nedule	of charg	es of the b	ank. 2. This	s is to con	firm that the o	declaration l	has been	carefully rea	ad, under	stood & n	nade by m	e/us. I am a
entity/Corporate to e or the bank when				ıı ıətructioi	ns as agreed a	ariu signe	a by IIIe. 3.l f	iave unde	ธารเบบนี้ ไก็	ıat I Əl	ııı autNOfi	ı∠eu (O Câ	ncer/amend	เ แเร man	iuaie by appr	орнасету сс	MINITION	ung me car	iceliation	i airiendi	nent requ	ฮอเ เบ เทe U
rom D	D M	MY	Y	Y																		
D	D M	MY	Y	Y				f Dei	am. A		ادامليا +				f laint A	oount I I				uro Of	loint A	
r XU	ntil Can	celled				210	gnature O	i Frima	ary ACC	oun	ı Holde	CI	Signa	iture O	f Joint Ac	COUNT H	older	_	əiynatl	ile OT	JOINE A	ccount l
ne No.						1. Na	ame Of P	rimary	Accou	ınt F	Holder	2	. Nam	e Of J	oint Acco	unt Hole	der	3.	Name	Of Joi	nt Acco	ount Ho