		CON	AMON	APPLIC	ATION FOR	M (Continuou	s Offer of units at Applic	able NAV)	and only
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			-ended Equi 1 Liquid Fur		Quantum Gold		Defined Credit Exp	Oebt Scheme with osure and Dynamic	India's 1 <sup>4</sup> ADirect to 14 Mutual Fund
_	JANTUM	(An Open	ended Liqui	id Scheme)	(An Open-endec Quantum Multi	d Fund of Fund Sche i Asset Fund	me) Maturity Profile)		
мит	UAL FUND		n Tax Saving ended Equi	<b>g Fund</b> ty Linked Savings		Fund of Funds Sch	eme)		
505.	Regent Cham	bers, 5th I	Floor, Narin	nan Point, Mum	bai - 400021. www.Quar	ntumME.com	Application No:	QMFP	
1	Kegeni enam	Sero, Sin i						FOR	OFFICE USE ONLY
	Name & A	RN Code			Sub-Broker Code		EUIN		E- Code
F	Please refer instru	ction No. 5 f	or EUIN. Plea	se read the instructi	ons carefully, before filling up	the application. Kin	dly use this form if you are makin	g a one time investmen	t. For SIP investments please use the
	All sections to be	filled in Engli	ish and in BLO	CK LETTERS). Field	s marked with (*) are man	datory.			
2	EXISTING UN	T HOLDER	INFORMAT	·····		mode of holding	will be as per existing Folio	Number) (Refer Inst	ruction No. 3)
	Folio No.				First Applicant				
3	1st Applicant	/Guardian		ter Instruction No.4A	) Please attach certified PAN copy	Yes	(Please submit Proof)	No. 4B)	AADHAAR Number
	2nd Applican					Yes	(Please submit Proof)		
	3rd Applicant					Yes	(Please submit Proof)		
	POA Holder					Yes	(Please submit Proof)		
4		INFORMA	TION (Refer	Instruction No.	6) (TO BE FILLED IN BLO	CK LETTERS)	· · · · · · · · · · · · · · · · · · ·		
	Name of Sole	/ 1st Appl	icant	Mr /	As. M/s. Ot	hers	Please Specify	Date of Birt	h/ Date of Incorporation
								D	DMMYYYY
	Proof of Date	of Birth (Ir	n case of Mi	inor) 🛛 🗍 Birt	h Certificate 🛛 💟 Scho	ool Leaving Certif	icate Passport	Others	Please Specify
	Mobile No.				Email ID				
	Parent/ Guar	dian Name	e of 1st App	olicant - (in case	of Minor)/Contact persor	n (in case of non i	individual applicant)	Relationship	with Minor/ Designation
	If the sole / 1	first applie	ant is differ	ently abled then	please tick the preffered	mode of comm	unication: Email & SMS	Voice Both	
	Name of 2nd				Ms. M/s.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date of Birth
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	Mode of Ho	lding	Single	e 🗌 Joint	Any one or survivor(	s) (Default optio	n in case of more than one	applicant)	
	1" Holder Legal Status		Resident Ind					NRI/PIO Repat	
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			Upto 1 Lac	1 to 5 lacs	5 to 15 lacs 15 to 25 l	acs 25 Lacs &	above Individuals (optional Non-Individuals (ma	) Networth	as on date is ₹
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	3 <sup>rd</sup> Holder	Le	gal Status P	'lease (√)	Resident Individual	NRI/PIO No	on-Repatriation Basis	NRI/PIO Repatria	ition Basis
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	ACKNOWLE	DGEMEN	NT SLIP (T	o be filled in	by the investor)	Applicat	ion No: QMFP		
C	Quantum Mut	ual Fund	-505, Rege	ent Chambers, s	5th Floor, Nariman Poi	nt, Mumbai - 40	00021. www.QuantumMF.	com	
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			riease not	re: All purchase	s are subject to realizat	non of cheques	(please refer Scheme Inform	nation Document)	L

6 *BANK ACCOUNT DETAILS (Refer Instruct	tion No. 10)	
A/c Type [please √] SB	Current NRO NRE FCNR	NEMME
Account No		PAY QUANTUM MUTUAL FUND PAN XXXXXXXX OR BEARER
Bank Name Branch		RUPEES ₹
Branch Address		11 DIGIT IFSC Code
City	Pin code	9 DIGIT MICR Code
IFSC	MICR Code	IFSC QTMF7654321
Preferred mode of payment Electronic Credit	. RTGS IFSC/NEFT code will help us transfer the amount to	"4153872" 265291538 123456" 23
your bank account quicker, electronically.		
*Mandatory – Please attach either a Canc entries not older than 3 months or a Ce	elled Cheque with first applicant name and account number pr ertified Bank Passbook with current entries not older than 3	re-printed on the face of the cheque or a Bank Statement with current 8 months or a Bank Letter/Certificate duly signed by Bank Branch
Manager/Authorized Personnel. 7 ★INVESTMENT DETAILS (Please ✓) Choi		
Scheme	ice of Scheme/Option/Facility (Refer Instruction No. 1)	
Option	Facility	
Oplion		
8 🛧 PAYMENT DETAILS (Refer Instruction No	. 11)	
Mode of Payment	RTGS/NEFT Transfer Letter / Direct Credit (E	
RTGS/NEFT/IMPS/DC Ref. No. & Date		Date D D M M Y Y Y Y
Cheque No. & Date: Gross Amt (₹)		Date D D M M Y Y Y
Bank /Branch & City	DD Charges (₹)	Net Amt (₹)
Account Type	SB Current NRO NRE FCI	NR
	ominate more than one nominee please fill up separate form	
I/We hereby nominate the under mentione made to such Nominee shall be a valid disc	d nominee to receive the amounts to my/our credit in event of m harge by the AMC/Mutual Fund/ Trustee Company.	ny/our death. I/We also understand that all payments and settlements
Name of Nominee		Date of Birth of Nominee D D M M Y Y Y
Address		PAN No. of Nominee
	City	Relationship With Mother Father
Pin Code Name of Guardian/Parent	State	Applicant Spouse Others
(If Nominee is minor)		Relationship With Mother Stather
Address of Guardian		PAN No. of Guardian/Parent
	City Pin C	
Proof of Date of Birth* Birth Certificat Proof of Relationship* Birth Certificat		
NSDL I N CDSL	lease refer Instruction no. 13)       NSDL       CDSL (Switch not a code.         ode.       Yes       No       (Please ✓)       (Non - ticking of this in the application form matches with the account held with the de BENEFICIARY Account No. (NSDL Only)         ent Master List       Transaction / Holding Statement	Illowed. Redemption Stock Exchange Platforms / Depository Participants only) box would result in allotment of units in physical form). apository participant.
Name & ARN Code of Intermediary	ou come to know about Quantum Mutual Fund? 🦳 Adverti	sement Friend/Relative Sales Team IFA / Intermediary Others
·		
	edge that you have been explained the following aspects of investi inderstood the same before investing with Quantum Mutual Fund.	ing by Quantum Mutual Fund and / or its representative(s) /
Name of the Invested Scheme(s):		
I/We have asked, and have been explain chosen to invest in and have understood a	ned and understood to my/our satisfaction all the features of the sch Ill the Terms and Conditions of the scheme(s).	eme(s) from the scheme related Documents (KIM/SID/SAI) that I/We have
I/We confirm that I/We have reviewed a	and understood the Expense Ratio, Tax Implication, Cut-off time fo	or subscription / redemption / Switch, Turnaround time for processing of
	lated on First in First Out (FIFO) basis, product label and riskometer of t	
have not been paid any incentive or have r	Nutual Fund schemes come with an inherent risk which I/ We have also not been promised any assured returns while investing in this scheme(:	o understood from the product label and Riskometer of the Scheme(s). I / We s).
I/We am/are aware of my own risk app	etite, my/our time horizon for investment, my/our objective for inve	estment and the investment objective, performance of the Scheme(s)and scheme(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).	scheme(s). If we commit that the scheme(s) in which if we drift are investing
I/We am/are also aware of the Charter of whom to contact in case of any discrepanc		ution Policy and procedure at Quantum Mutual Fund and am/are aware of
I/We hereby declare that I/We have unde	rstood the nature of questions in the Application Form and the impo	rtance of disclosing all the material information required. I/We declare the
	icknowledgement forms are true and correct to the best of my/our kno	-
appointed by you. In case, if any of the info	ormation / documents provided is found to be incorrect, you have the r	my Banker and / or any source and / or through the independent third party ight to reject my application.
C TO COMPLETE THE FOR	M, PLEASE SIGN IN THE APPROPRIATE BOX AT TH	HE BOTTOM OF THE FOLLOWING PAGE. 🖘
Contact Us		
		20antum - 10 7243 22 3803

#### Application No: **QMFE**

DECLARATION: I/We have read and understood the terms & contents of the Scheme Information Document(s) of the respective scheme(s) and Statement of Additional Information and Addenda of Quantum Mutual Fund thereto. I/We hereby apply to the Trustee of Quantum Mutual Fund for purchase/allotment of units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorized to invest the amount & that the amount invested by me/us in the above mentioned scheme 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 or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority in India or of the country where I/we for the time being reside from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the scheme and Quantum AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Quantum Asset Management Ltd., Investment Manager to the Quantum Mutual Fund has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I /We hereby authorize Quantum Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Quantum Mutual Fund's bank(s) or to any authority / agency, statutory or otherwise. I/We authorize this Fund to reject the application, revert the units credited/redeem units created at applicable NAV(less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that Quantum AMC reserves the right to call for such other additional information/ documents as required to comply with KYC norms. I/ We understand that and further authorize Quantum AMC, Quantum Mutual Fund to source my data / documents / information specimen signature from third party / KRA and Quantum Mutual Fund, Quantum AMC has the right to use the same / specimen signature for validation to process any future transactions that are submitted by me / us; besides Quantum Mutual Fund / Quantum AMC can further insist on seeking verification of my signature by my / our default bank. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars above are correct. I/We further agree not to hold Quantum Mutual Fund liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/We hereby undertake to promptly inform Quantum Mutual Fund of any changes to the information provided hereinabove and agree and accept that Quantum Mutual Fund, their authorized agents and representatives are not liable or responsible for any loss, costs, damages arising out of any actions undertaken or activities performed by them on the basis of information provided by me/us as also due to not intimating/delay in intimating such changes. I/We hereby authorize Quantum Mutual Fund to disclose, share, remit in any form, mode or manner, directly to them or indirectly through any entity, the information provided by me to any Regulatory Authority(ies); including Financial Intelligence Unit, India (FIU-IND) and/or any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies; including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I/We hereby authorize Quantum AMC to verify/validate with my/our Bankers or with any entity/source, the bank account details provided by me/us in the initial /additional subscription as well as any subsequent multiple bank mandate registrations submitted by me/us while investing in Schemes of Quantum Mutual Fund. FATCA/ Foreign tax laws: I/We understand that Tax Regulations relevant under Foreign Account Tax Compliance Act Provisions (commonly known as FATCA) contained in the US Hire Act 2010, require Quantum Mutual Fund to collect information about each investor's tax residency. I/We authorize Quantum Mutual Fund to share information on my/our account with relevant tax authorities, if I/We provide a valid selfcertification / information on US Tax Identification Number etc under the relevant FATCA/Foreign Tax Laws to Quantum Mutual Fund. In case no information on US Tax Identification Number etc is provided by me / us, it will be deemed that I/We are not a US citizen or resident and Quantum Mutual Fund under certain circumstances may be obliged to share information on my / our account with relevant tax authorities. I/We have read the contents of the SAI, SID, KIM which is for informational purposes only and does not have any regard to my /our specific investment objectives, financial situation or my / our particular needs. I/We have understood that the past performance of any fund or manager/ sub-manager of the fund are not necessarily indicative of future performance. Opinions and any other contents which are provided by Quantum Mutual Fund are for personal use and informational purposes only and are subject to change without notice. I/We hereby confirm that nothing contained in the SAI, SID, KIM or website constitutes investment, legal, tax or other advice nor is it to be relied on while making an investment or other decision. I/We hereby confirm that descriptions or questions answered by me/us in the questionnaire which is used to understand my profile are fair, clear and not misleading. I/We also confirm that all investments made by me either on my own and / or on the advice of the relationship manager are after evaluating my/our investment objective and analyzing my/our risk profile and have been explained all the features of the scheme(s) to my/our satisfaction. I/We have understood the nature and risk of the products selected for my/our investments based on my investment objective/s and financial situation as provided by me/us. I/We hereby confirm that purchase of units of any particular scheme either independently and / or if and whenever a recommendation is given to me/us to purchase a particular scheme, it is based upon a reasonable assessment i.e. whether the structure and risk reward profile of the scheme is consistent with my experience, knowledge, investment objectives, risk appetite, time horizon for investment and capacity for absorbing loss. I/We hereby confirm that I have independently understood either on my own and / or through the AMC's relationship manager (if any) assigned to me/us who has disclosed all material information about the business, fund's history, the terms and conditions on which advisory services are offered (if any), affiliations with other intermediaries, any actual or potential conflicts of interest arising from any connection to or association with any issue of products/ securities, including any material information or facts that might compromise its objectivity or independence in carrying out of investment advisory services, key features of the products or securities, particularly, performance track record, transaction norms such as cut off time for subscription / redemption, TAT for redemption, activation of SIP/STP/SWP, NAV applicability, the expense ratio of the scheme(s), the exit load structure of each scheme as well as the exit load that will be charged and calculated on FIFO basis and such other information as is necessary so as to take a decision on investing and the services that will be provided in future. I/We am aware about the product label warnings, disclaimers in documents, advertising materials relating to an investment product which is/are recommended to me/us and Tax implications of my/our investment pertaining to all schemes of Quantum Mutual Fund as explained to me/us by my relationship manager. I / We also confirm that the Scheme in which I / we have invested is appropriate for me / us keeping in mind my investment objective and my risk appetite and the investment objective and inherent risk of the Scheme. I/ We also confirm that I/ We have not been paid any incentive or have not been promised any assured returns while investing in the scheme(s). 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 the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." I/We hereby declare that I have understood the nature of questions in the KIM / application form and the importance of disclosing all the material information required and the facts disclosed in the application and the details provided by me/us in the Investor Awareness section are true and correct. I / We hereby agree and authorize Quantum AMC / Mutual Fund to provide my / our Personal / Investment(s) details to intermediaries by ways of feeds or such other means / medium for my / our investment that are routed / executed by me / us through the intermediaries.

I/We am also aware of the Grievance Redressal and Dispute Resolution policies and procedures at Quantum Mutual Fund and am aware of whom to contact in case of any discrepancies in understanding or otherwise.

**Applicable to NRI only:** I/We confirm that I am / we are Non Resident of Indian Nationality/Origin but not a person residing in Canada or a United States within the meaning of Regulation(s) under the United States Securities Act of 1933, as amended from time to time or of any country not compliant under the FATF Agreements and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. (Including amount of Additional Purchase Transaction made in future). I/We authorize this fund to reject the application, revert the units crediting/redeem units created at applicable NAV (less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, in case I/we have not provided details of me/us being resident of Canada or USA or any country not compliant under the FATF Agreements either at the time of investment or subsequently.

		Date D D M M Y	
	Signat	ure(s)	
Sole/1st Applicant/Guardian / Authorised Signatory	POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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				Floor, Nariman Point, Mumb	WP)			and only 1"^Direct to Investor Mutual Fund						
	Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS. INTERMEDIARY INFORMATION (FOR OFFICE USE ONLY)													
1	New	e & ARN		DIARY INFORMATION	EUIN			FICE USE ONLY) E- Code						
	Nom		Code Sul	D-Broker Code	EOIN			E- Code						
	Please refer instruction No. 4 for EUIN. Please read the instructions carefully, before filling up the application. Fields marked with (*) are mandatory.													
	New Re	gistration	Cancellation											
2	J	-		)M										
	Folio / App			PAN No.										
			st Applicant											
3	SCHEME D						······							
	Jerreine D													
	Scheme													
	Option													
	Facility													
4	FREQUENC	Y DETAIL	LS (Please √)											
	D	aily	Weekly	Fortnightly		Month	y 🧧 🤇	Quarterly						
	All Busines	ss Davs	7th, 15th, 21st,	5th, 21st <b>OR</b>	🔿 5th	OR	🔿 7th	<b>OR</b> 15th						
	7 11 2001110.	55 2 4 7 5	28th of a week	7th & 25th	○ 21st	OR	🔵 25th	<b>OR</b> 28th						
5	CVCTEM AT		TMENT PLAN (SIP) DETAIL	C (Diamag ()	Post Dated	l Cheque (P								
	Cheque/DE Drawn on B	t Details Ilments: [ r Installme ment Che Bank & Bro	anch	mount (in words)	cro SIP (MSIP)									
	2nd Applice	ant		3rd Applicant										
	Cheque No	s From	То	# Only mon	thly & quarterly	SIP frequenci	es are available fo	or Quantum Liquid Fund.						
6	SYSTEMAT	C TRANS	FER PLAN (STP) DETAILS (	(Please ✓) 📃 (Please alle	ow 10 days to r	register STP	)							
	To Scheme Plan No of Insta	llments:			Optic	on								
	Amount Per	r Installme	ent: A	mount (in words)										
7	SYSTEMAT	C WITHD	RAWAL PLAN (SWP) DETA	AILS (Please ✓)(Please	allow 10 days	to register	SWP)							
	Amount Per		······	mount (in words)										
	No of Insta	Ilments:												
8	CONTACT I Email ID	DETAILS												
	Mobile No	<b>)</b> .		Tel. No. STD Code										
	hereby apply conditions, ru not received the scheme(s purpose of a Laundering A For Micro SI investments of	v to the Tru ules and re and will no i). I/We her ny contrave Act, 2002, F <b>P investo</b> exceeding <b>S only:</b> I/V nnels or fro	stees of Quantum Mutual Fu egulations of the scheme (s). I/ breceive any commission or br reby declare that the amount i ention or evasion of any Act, R Prevention of Corruption Act, 1 <b>rs-</b> I/we hereby declare that th ₹ 50,000 in a financial year. We confirm that I am/we are Nom funds in my/our Non-reside ture)	DECLARATION AND its of Statement of Additional In nd for units of scheme(s) of Qi We hereby declare that the par rokerage or any other incentive nvested in the scheme(s) is thro Jles, Regulations, Notifications 988 or any other applicable law ne I/we do not have any existing on Residents of Indian National ent External Account/FCNR acc	formation (SAI), S Jantum Mutual Fi ticulars given her in any form, direc ugh legitimate so or Directions of th /s enacted by the C g Micro SIP's whic ity/origin and tha ount/NRO/NRSR/	und as indica ein are correc ctly or indirectl urces only and he provisions o Government o h together wit	ied above and agre t and complete. I/W y, for subscribing to does not involve an f Income Tax Act, 19 f India from time to 1 h current applicatio mitted funds from a ht/NRO/NRSR Accou	e to abide by the terms, 'e confirm that I/we have units issued under any of ad is not designed for the 61, Prevention of Money ime. n will result in aggregate						
	To be si	ign by all e of holdi	Applicants if ng is joint	To be sign by all Ap mode of holding			To be sign by	all Applicants if olding is joint						



## FATCA/ FOREIGN TAX LAWS INFORMATION -NON INDIVIDUAL FORM

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]



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

www.QuantumMF.com

Part I: Appli	icant/Investor details:											
Investor N	ame											
Folio No.			PAN									
Part II: Dec	arations											
(A) Particulars												
(A) Partice	ulars		Catalana .									
			Category									
Applicants	Country of incorporation/ constitution		Country of Tax residency	Taxpayer Identification Number								
1.												
2.												
3.			L	L								
(B) Othe	r information:											
S No	Information	(	Additional Information	to be provided								
1	We are a financial institution [including an FFI] [Refer instructions a]	Yes If ves, please	No provide the following information:									
		GIIN:	F									
		(Globa	I Intermediary Identification Number)									
		If GIIN not av	railable [tick any one]:									
			d for on D D M M Y Y Y Y									
		Not ree	quired to apply (please describe)									
		Not ob	tained									
2	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	Yes No If Yes, specify the name of any one Stock Exchange where it is traded regularly:										
	nadad on a rocoginizoa storik onanangoj			(nlance specify)								
	We are (Deleted Faith ( of a literal company)	1. BSE/NSE/Other										
3	We are 'Related Entity' of a listed company [Refer instructions b]		Yes No Yes the listed company									
			ame of any one Stock Exchange where it is traded regularly:									
			SE/Other	(please specify)								
4	We are an Active NFFE [Refer instructions c & d]	Yes	No									
			the nature of business									
	Note: Details of Controlling Persons will not be considered for FATCA purpose		/ the category of Active NFFE									
		(Mention cod	e — refer instructions)									
5	We are an Passive NFFE [Refer instructions f and g]	Yes	No									
	Note: Details of Controlling Persons will be considered for	lf Yes, please	provide:									
	FATCA purpose	1. Nature	of business									
	2. For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary detai											
	including Taxpayer Identification Number (TIN) in the UBO form.											
to be false/untr provided by me, including but n additional/furt	I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that n provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission , any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/ag including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or pr additional/further information as and when required by you. <b>Signature with relevant seal:</b>											
	Authorised Signatory		Authorised Signatory	Authorised Signatory								
Date: D	D M M Y Y Y Place:			L								

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QUANTUM
MUTUAL FUND

## Declaration for Ultimate BeneficialOwnership [UBO]

(Mandatory for Non-individual Applicant/Investor)

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 To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable) Part I: Applicant/Investor details: Investor Name: Folio No. PAN Part II: Applicable for Listed Company / its subsidiary company only (i) I/ We hereby declare that -Our company is a Listed Company listed on recognized stock exchange in India Our company is a subsidiary of the Listed Company Our company is controlled by a Listed Company (ii) Details of Listed Company ^ Stock Exchange on which listed ^ The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company. Part III: Non-individuals other than Listed Company / its subsidiary company (i) Category [ < applicable category]: Unlisted Company Partnershin Firm Limited Liability Partnership Company Unincorporated association / body of individuals / HUF Public Charitable Trust Religious Trust Private Trust Private Trust created by a Will Others [please specify] (ii) Details of Ultimate Beneficiary Owners: (In case the space provided is insufficient, please provide the information by attaching separate declaration forms) Name of UBO [Mandatory] Along with Designation / Position wherever applicable UBO Code [Refer instruction 3] PAN or any other valid ID proof for those where PAN is not available / applicable<sup>1</sup> KYC (Yes/No)<sup>2</sup> Country of citizenship / Nationality Country of Tax Residency<sup>3</sup> Taxpayer Identification Number<sup>3</sup> Country of Birth Country of Permanent Address Percentage of Holding % 4 1. If UBO is KYC compliant, KYC proof to be enclosed. IF UBO is not KYC compliant then, (i) In case of individual Applicant attached PAN or if PAN is not available then attached any one of copy of the Unique Identification Number (UID)/Aadhar/Passport/Voter ID/ Driving License (ii) In case of Applicant other than Individual PAN. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable. 2. If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to KARVY/Fund. 3. Please indicate all counties in which you are resident for tax purposes and the associate Tax Identification Number 4. In case of HUF, please mention N.A. and provide details/attach copies of PAN of all major coparceners. Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies. **Part IV: Declaration** I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the

1/We acknowledge and comministrate information provided above (s/ are frue and correct to the best or my/our knowledge and benet. In me event any of the above information (s/ are found to be faile/information) is not provided, then the AMC/Trustee/Mutual Fund/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. Authorized Signatories [with Company/Trust/Fim/Body Corporate seal]

Authorised Signatory

Place:

Authorised Signatory

Authorised Signatory

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# **MULTIPLE BANK ACCOUNTS REGISTRATION FORM**



Please read terms & conditions mentioned overleaf. Strike unused section(s) to avoid unauthorised use.

UNIT HOLDER INFORMATION (MANDAT	ORY)		Date D D M M Y Y Y Y
Folio No. (For Existing Unit Holders)	OR Application No (for New Unit Holder		Permanent Account Number (PAN)
Name of Sole / FILER ST	NAME	MIDDE	NAME

### **A - DEFAULT BANK ACCOUNT**

From among the bank accounts registered with you or mentioned below, please register the following bank account as a Default Bank Account into which future redemption and/or dividend proceeds, if any for the above mentioned folio will be paid:

Bank Name												Branch Name			
City									PIN	۰ code	•			Account type	Savings 🔛 Current 🔛 NRE
Account No.															
IFSC Code ^ ^														MICR Code ^	
Document attack	ned (A	ny or	ne)		Can	celled	d Che	que v	vith n	ame/	A/c	No. pre-printed	89	Bank statement	Pass book Bank Certificate
^ ^ 11 digit code (w	11 digit code (with Account No., Account Holders name and address) printed on your cheque as IFSC Code. ^9 digit code on your cheque next to the cheque number.														

### **B – ADDITION OF BANK ACCOUNTS**

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

Bank Name	Branch Name		
City	PIN code	Account type	Savings       Current       NRE         NRO       FCNR
Account No.			
IFSC Code ^ ^		MICR Code ^	
Document attached (Any one)	d Cheque with name/ A/c No. pre-printed 🔛 Ba	ank statement	Pass book Bank Certificate
Bank Name	Branch Name		
City	PIN code	Account type	Savings ( ) Current ( ) NRE
Account No.		Accoolin type	
IFSC Code ^ ^		MICR Code ^	
Document attached (Any one) Cancelle	d Cheque with name/ A/c No. pre-printed 🗌 Bo	ank statement	Pass book Bank Certificate
Darah Managa di di di di di di di	Demesk Name		
Bank Name	Branch Name		·····
City	PIN code	Account type	Savings ( ) Current ( ) NRE
Account No.			
IFSC Code ^ ^		MICR Code ^	
Document attached (Any one)	d Cheque with name/ A/c No. pre-printed 🔛 Bo	ank statement	Pass book Bank Certificate
Bank Name	Branch Name		
City	PIN code	Account type	Savings 🔛 Current 🔛 NRE
Account No.		Accooningpe	
IFSC Code ^ ^		MICR Code ^	
Document attached (Any one) Cancelle	d Cheque with name/ A/c No. pre-printed 🔛 Bo	ank statement	Pass book Bank Certificate
Declaration: I/We have read and understood the terms and conditions only if it is filled properly with all details mentioned corre	ned as per mode of holding In case of non-Individual Unit ho of or registration of Bank Accounts and agree to abide by the ctly and necessary documents are attached as applicable, f rar's liable for any loss due to delayed execution or rejection	e same. I/we under ailing which the re of the request.	stand that my/our request will be executed quest will be rejected. I/we would not hold
	Second Applicant / Unit holder	Thi	rd Applicant / Unit holder



-

# **MULTIPLE NOMINATION FORM**



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

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

I / We do hereby nominate the under mentioned Nominee(s) to receive the Units allotted to me/our credit in my folio in the event of my / our death in proportion to the percentage (%) indicated against the name(s) of the Nominee(s).

I / We understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name of Nominee       City       Relationship With       Mother       Fathe         Vame of Nominee       City       Passport       Others       Places Specify         Name of Nominee       City       Passport       Others       Places Specify         Name of Suardian/Parent       City       Passport       Others       Places Specify         Proof of Date of Birth*       Birth Certificate       School Leaving Certificate       Passport       Others       Places Specify         Name of Nominee       City       City       Passport       Others       Places Specify         Name of Nominee       City       Place of Birth of Nominee       Places Specify       Signature of Nominee         Name of Source       City       Place of Birth       Relationship With       Mother       Places Specify         Name of Nominee       City       Place of Birth       No. of Nominee       Places Specify         Name of Source       City       Place of Birth       Places Specify       Signature of Nominee         Name of Source       City       Place of Birth       No. of Nominee       Places Others         Name of Guardian/Parent       City       Place of Places Specify       Places Others       Places Others         Name of Guardian/Parent	Folio No.*       Application No.         Particulars         Name of Nominee       Date of Birth of Nominee         Address       City         Nome of Coordian/Parent       Mother         If Nominee is minor)       Birth Certificate         School Leoving Certificate       Pasport         Proof of Date of Birth       Birth Certificate         School Leoving Certificate       Pasport         Others       Ploate Specify         Sporture of Nominee       Minit Y         Market S       City         Proof of Date of Birth       Birth Certificate         School Leoving Certificate       Pasport         Others       Ploate Specify         Sporture of Nominee       Minit Y         Market S       City         Proof of Date of Birth       Birth Certificate         School Leoving Certificate       Pasport         Others       Ploate Specify         Sporture of Nominee       Ploate Specify         Proof of Date of Birth       Birth Certificate         School Leoving Certificate       Paspor		1		11-																			)ate	>   D		) //	\	Y	Y	ΥĽ
Name of Nominee Addrass Addras A	Name of Nominee Address Addres Address Address Address Address Address Address Address Address	·····			NUMB	ber	1	Appli	catio	n No	.		1					I	1												
Name of Nominee Addrass Addras A	Name of Nominee Address Addres Address Address Address Address Address Address Address Address		L		<u>4</u>	ii	i				£	4		.11	4		.1	.4													
Address       City       PAN No. of Nominee       Fathe         In Code       State       Relationship With       Mother       Fathe         IN more of Guardian/Parent       Frain       Spouse Others       Fathe         If Mominee is minor)       City       PAN No. of Nominee       Legal Guardian         Address of Guardian/Parent       City       Pin Code       % Share in Nomination:         Proof of Date of Birth*       Birth Certificate       School Leaving Certificate       Passport       Others         Proof of Date of Birth*       Birth Certificate       School Leaving Certificate       Passport       Others       Please Specity         Proof of Date of Birth*       Birth Certificate       School Leaving Certificate       Passport       Others       Please Specity         Proof of Date of Birth*       Birth Certificate       School Leaving Certificate       Passport       Others       Please Specity         Name of Nominee       City       Relationship With       Mother       Spouse Others       Fathe         Name of Nominee is minor)       City       Relationship With       Mother       Fathe         Address of Guardian/Parent       State       Pathe of Birth*       Relationship With       Mother       Fathe         Roldianship	Address       City       PRN No. of Nominee       Fehn         In Code       City       Relationship With       Mother       Fehn         Name of Guardian/Parent       France       State       PRN No. of Nominee       East       Fehn         Relationship With       Mother       Fehn       Spouse Others       Fehn         Relationship With       Mother       Fehn       Spouse Others       Fehn         Relationship With       Nominee (frome)       Legal Courclian       Fehn         Address of Guardian/Parent       Birth Certificate       School Leaving Certificate       Passport       Others       Please Specify         Proof of Date of Birth*       Birth Certificate       School Leaving Certificate       Passport       Others       Please Specify         Name of Nominee       City       Passport       Others       Please Specify       Signature of Nominee         Name of Nominee       City       Relationship With       Mother       Spouse Others       Fehn         Name of Nominee is minor)       City       Relationship With       Mother       Spouse Others         Address docurdian/Parent       State       Passport       Others       Please Specify         Proof of Date of Birth*       Birth Certificate <t< td=""><td>Particulars</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td>_</td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Particulars																					_	_	_						
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Signature of Nominee/Guardian

\* The above nomination details supersede all the earlier nominations provided by the investor in the said folio.

I / We confirm having read and understood the rules & Instructions contained overleaf and agree to comply with and adhere to such rules or any amendments that may be made from time to time.

SIGNATURES (All Applicants / Unitholders must sign here)

Name of the Investor			
Signature			
	1st Applicant	2nd Applicant	3rd Applicant



То

### Quantum Mutual Fund

Folio No.:	
Investor Name:	

<Guardian Name>. As I have completed 18 years of age as on \_\_\_\_\_\_<Date>, I hereby request to update ,my status as Individual and remove the Guardian Name. Please also update the following details in your records for the above referred Folio.

	Investor Particulars		Bank Particulars
PAN*		Bank Name*	
Email ID*		Branch	
D. O. B.		A/c Type	
Tax Status	Residential	A/c Number*	
	Non Residential (not a resident of USA and Canada)	Branch Address	
Mobile No.		Bank City	
Tel.No Res.		MICR Code (9 Digit)*	
Tel.No Office		IFSC Code (11 Digit)*	

### \* mandatory

Signature of First Holder (Major)	Guardian's Attestation	Bank Attestation
Name:	Registered Guardian's Name:	Branch Seal with name, designation and employee number

### **Documents attached:**

1. KYC Confirmation Letter / KYC acknowledgment copy along with PAN Card copy.

2. Attach Any one of following:

• Cancelled Cheque with Name & Account number printed on it.

- Original Bank statement / Copy of the Bank Statement showing A/c holder Name and A/c No. duly attested by the relevant Bank Manager.
- Copy of Pass book showing A/c holder Name and A/c No. duly attested by the relevant Bank Manager.

3. Multiple Nomination Form

4. FATCA Form

Date of receipt at

(You may produce the originals of the documents mentioned above, along with the photocopies, at the counter, we shall verify them and return be submitted attested by the Banker Manager, (name, designation, employee code, and seal should be affixed, clearly on the copy).	n the originals to you, or photocopies can
×	<u></u>
ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Quantum Mutual Fund-505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com	0
We acknowledge the receipt of the request for change of status from minor to major from Mr. / Ms. / M	/s
in Folio No with Quar	ntum Mutual Fund.

SEAL