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

Quantum Long Term Equity Fund
(An Open-ended Equity Scheme)
Quantum Liquid Fund
(An Open ended Liquid Scheme)
Quantum Tax Saving Fund
(An Open ended Equity Linked Savings Scheme)

Quantum Equity Fund of Funds
(An Open-ended Equity Fund of Funds Scheme)
Quantum Gold Savings Fund
(An Open-ended Fund of Fund Scheme)
Quantum Multi Asset Fund
(An Open Ended Fund of Funds Scheme)

Quantum Dynamic Bond Fund
(An Open-ended Debt Scheme with Defined Credit Exposure and Dynamic Maturity Profile)

and only
India's 1st Direct to Investor Mutual Fund

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

Application No: QMFP

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

Please refer instruction No. 5 for EUIN. Please read the instructions carefully, before filling up the application. Kindly use this form if you are making a one time investment. For SIP investments please use the separate SIP Form. Investors should consult their financial advisers if in doubt whether the product is suitable for them.
(All sections to be filled in English and in BLOCK LETTERS). **Fields marked with (*) are mandatory.**

2 EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number) (Refer Instruction No. 3)

Folio No. _____ Name of First Applicant _____

3

	*PAN (Refer Instruction No.4A) Please attach certified PAN copy	*Know Your Customer (KYC) (Refer Instruction No. 4B)	AADHAAR Number
1st Applicant /Guardian		Yes ☐ (Please submit Proof)	
2nd Applicant		Yes ☐ (Please submit Proof)	
3rd Applicant		Yes ☐ (Please submit Proof)	
POA Holder		Yes ☐ (Please submit Proof)	

4 *APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS)

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

Mobile No. _____ Email ID _____

Parent/ Guardian Name of 1st Applicant - (in case of Minor)/Contact person (in case of non individual applicant)
Relationship with Minor/ Designation

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

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 _____

Mode of Holding ☐ Single ☐ Joint ☐ Any one or survivor(s) (Default option in case of more than one applicant)

1st Holder
Legal Status Please (✓) ☐ Resident Individual ☐ Minor ☐ FII ☐ Society/Club ☐ AOP/BOI ☐ LLP ☐ HUF ☐ NRI/PIO Repatriation Basis ☐ NRI/PIO Non-Repatriation Basis ☐ Partnership Firm ☐ Trust ☐ Bank ☐ Body Corporate ☐ Company ☐ Others Please Specify

Occupation Please (✓) ☐ Private Sector Service ☐ Public Sector / Gov. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ House Wife ☐ Student ☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Forex Dealer ☐ Retired ☐ Others Please Specify

Income Please (✓) ☐ Upto 1 Lac ☐ 1 to 5 Lacs ☐ 5 to 15 Lacs ☐ 15 to 25 Lacs ☐ 25 Lacs & above
Individuals (optional) Networth as on date is ₹ _____
Non-Individuals (mandatory) Networth as on date is ₹ _____

2nd Holder
Legal Status Please (✓) ☐ Resident Individual ☐ NRI/PIO Non-Repatriation Basis ☐ NRI/PIO Repatriation Basis

Occupation Please (✓) ☐ Private Sector Service ☐ Public Sector / Gov. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ House Wife ☐ Student ☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Forex Dealer ☐ Retired ☐ Others Please Specify

Income Please (✓) ☐ Upto 1 Lac ☐ 1 to 5 Lacs ☐ 5 to 15 Lacs ☐ 15 to 25 Lacs ☐ 25 Lacs & above
Individuals (optional) Networth as on date is ₹ _____

3rd Holder
Legal Status Please (✓) ☐ Resident Individual ☐ NRI/PIO Non-Repatriation Basis ☐ NRI/PIO Repatriation Basis

Occupation Please (✓) ☐ Private Sector Service ☐ Public Sector / Gov. Service ☐ Business ☐ Professional ☐ Agriculturist ☐ House Wife ☐ Student ☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Forex Dealer ☐ Retired ☐ Others Please Specify

Income Please (✓) ☐ Upto 1 Lac ☐ 1 to 5 Lacs ☐ 5 to 15 Lacs ☐ 15 to 25 Lacs ☐ 25 Lacs & above
Individuals (optional) Networth as on date is ₹ _____

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 I N D I A Pin code _____

Contact Details of Sole/ First Applicant
Tel No - STD Code _____ Res. _____ Off. _____ Fax _____

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

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

City _____ Country _____ Zip code _____

5 POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2(f) & 7)

POA Name Mr./Ms. _____
Address _____
City _____ Pin code _____

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

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

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

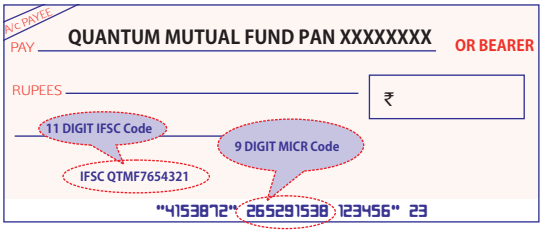
Please scan this code, and fill in your details. Our representative will get in touch with you.

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 ✱BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type [please ✓]	☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR		
Account No			
Bank Name			
Branch			
Branch Address			
City		Pin code	
IFSC		MICR Code	



Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically.

✱Mandatory – Please attach either a Cancelled Cheque with first applicant name and account number pre-printed on the face of the cheque or a Bank Statement with current entries not older than 3 months or a Certified Bank Passbook with current entries not older than 3 months or a Bank Letter/Certificate duly signed by Bank Branch Manager/Authorized Personnel.

7 ✱INVESTMENT DETAILS (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 1)

Scheme			
Option		Facility	

8 ✱ PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment	☐ RTGS/NEFT ☐ Transfer Letter / Direct Credit (DC) ☐ Cheque ☐ DD ☐ IMPS		
RTGS/NEFT/IMPS/DC Ref. No. & Date		Date	D D M M Y Y Y Y
Cheque No. & Date:		Date	D D M M Y Y Y Y
Gross Amt (₹)	DD Charges (₹)	Net Amt (₹)	
Bank /Branch & City			
Account Type	☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR		

9 ✱ NOMINATION DETAILS (If you wish to nominate more than one nominee please fill up separate form for nomination) (Refer instruction no. 12)

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

Name of Nominee		Date of Birth of Nominee	D D M M Y Y Y Y
Address		PAN No. of Nominee	
City		Relationship With Applicant	☐ Mother ☐ Father ☐ Spouse ☐ Others
Pin Code	State		
Name of Guardian/Parent (If Nominee is minor)		Relationship With Nominee (If Nominee is minor)	☐ Mother ☐ Father ☐ Legal Guardian
Address of Guardian		PAN No. of Guardian/Parent	
City	Pin Code	**I do not wish to Nominate** ☐	

Proof of Date of Birth*	☐ Birth Certificate	☐ School Leaving Certificate	☐ Passport	☐ Others	Please Specify
Proof of Relationship*	☐ Birth Certificate	☐ School Leaving Certificate	☐ Passport	☐ Others	Please Specify

10 DEMAT ACCOUNT DETAILS (Please ✓)(Please refer Instruction no. 13) ☐ NSDL ☐ CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants only)

I would like to be allotted units in DEMAT mode. ☐ Yes ☐ No (Please ✓) (Non - ticking of this box would result in allotment of units in physical form).
Please ensure that the name of the investor in the application form matches with the account held with the depository participant.

NSDL	I N	BENEFICIARY Account No. (NSDL Only)	
CDSL			

Enclose for Demat Option: ☐ Client Master List ☐ Transaction / Holding Statement ☐ DIS Copy

11 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 _____

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).

☐ 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, product label and riskometer of the scheme(s).

☐ 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 own 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 am/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 at 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.

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

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 self-certification / 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 Y Y Y Place _____

Signature(s)

Sole/1st Applicant/Guardian / Authorised Signatory	POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

ONE TIME MANDATE FORM

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

UMRN | D D M M Y Y Y Y

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: X Mthly X Qtly X H- yrly X Yrly ✓ As & when presented DEBIT TYPE X Fixed Amount ✓ Maximum Amount

Folio No. Phone No.

Schemes ALL SCHEMES OF QUANTUM MUTUAL FUND Email ID

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ✓ Until Cancelled

1 Signature Primary Account Holder 2 Signature of Account Holder 3 Signature of 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

SYSTEMATIC INVESTMENT PLAN
AUTO DEBIT MANDATE FORM

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

and only India's 1st Direct to Investor Mutual Fund

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			(FOR OFFICE USE ONLY)
Name & ARN Code	Sub-Broker Code	EUIN	E- Code

INVESTOR DETAILS

Folio/Application No. PAN No*.

Sole/First Investor Name:

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

Scheme	
Option	
Facility	

Frequency Details (Please ✓)

☐ Daily	☐ Weekly	☐ Fortnightly	☐ Monthly	☐ Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	○ 5th, 21st OR ○ 7th & 25th	○ 5th OR ○ 7th OR ○ 15th OR ○ 21st OR ○ 25th OR ○ 28th	

No of Installments: SIP Start Date D D M M Y Y Y Y SIP End Date D D M M Y Y Y Y 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 the 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 or 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)

SYSTEMATIC TRANSACTION FORM

(PDC SIP/STP/SWP)

QUANTUM MUTUAL FUND

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

and only India's 1st Direct to Investor Mutual Fund

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

1 INTERMEDIARY INFORMATION

Name & ARN Code	Sub-Broker Code	EUIN	(FOR OFFICE USE ONLY) 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 Registration ☐ Cancellation

2 NEW / EXISTING UNIT HOLDER INFORMATION

Folio / Application No. **PAN No.**

Name of the Sole/1st Applicant

3 SCHEME DETAILS (Please ✓)

Scheme	
Option	
Facility	

4 FREQUENCY DETAILS (Please ✓)

☐ Daily	☐ Weekly	☐ Fortnightly	☐ Monthly			☐ Quarterly	
All Business Days	7th, 15th, 21st, 28th of a week	○ 5th, 21st **OR** ○ 7th & 25th	○ 5th	**OR**	○ 7th	**OR**	○ 15th
			○ 21st	**OR**	○ 25th	**OR**	○ 28th

5 SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (Please ✓) ☐ **Post Dated Cheque (PDC's)** ☐

Regular SIP ☐ **Change in Bank Mandate for existing SIP** ☐ **Micro SIP (MSIP)** ☐

Enrollment Details

No of Installments:

Amount Per Installment: Amount (in words)

1st Installment Cheque Details

Cheque/DD Date D D M M Y Y Y Y Amount (Rs.)

Drawn on Bank & Branch

Photo Identification proof and Residential Proof number in case of Micro SIP of 1st Applicant _____

2nd Applicant _____ 3rd Applicant _____

Cheque Nos From To # Only monthly & quarterly SIP frequencies are available for Quantum Liquid Fund.

6 SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Please ✓) ☐ **(Please allow 10 days to register STP)**

To Scheme

Plan Option

No of Installments:

Amount Per Installment: Amount (in words)

7 SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (Please ✓) ☐ **(Please allow 10 days to register SWP)**

Amount Per Withdrawal: Amount (in words)

No of Installments:

8 CONTACT DETAILS

Email ID

Mobile No. Tel. No. STD Code

DECLARATION AND SIGNATURES

I/ We have read and understood the terms and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the scheme(s), I/We hereby apply to the Trustees of Quantum Mutual Fund for units of scheme(s) of Quantum Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For Micro SIP investors- I/we hereby declare that the I/we do not have any existing Micro SIP's which together with current application will result in aggregate investments exceeding ₹ 50,000 in a financial year.

For NRIs/FIIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR/NRNR account/NRO/NRSR Account. (Including amount of transactions made in future)

1st Applicant	2nd Applicant	3rd Applicant
To be sign by all Applicants if mode of holding is joint	To be sign by all Applicants if mode of holding is joint	To be sign by all Applicants if mode of holding 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]

QUANTUM MUTUAL FUND

and only India's 1st Direct to Investor Mutual Fund

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

Part I: Applicant/Investor details:

Investor Name			
Folio No.		PAN	

Part II: Declarations

(A) Particulars

	Category		
Applicants	Country of incorporation/ constitution	Country of Tax residency	Taxpayer Identification Number
1.			
2.			
3.			

(B) Other information:

S No	Information	Additional Information to be provided
1	We are a financial institution [including an FFI] [Refer instructions a]	☐ Yes ☐ No If yes, please provide the following information: GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: ☐ Applied for on D D M M Y Y Y Y ☐ Not required to apply (please describe) _____ ☐ Not obtained
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: 1. BSE/NSE/Other _____ (please specify)
3	We are 'Related Entity' of a listed company [Refer instructions b]	☐ Yes ☐ No If Yes, specify the name of the listed company _____ Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)
4	We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose	☐ Yes ☐ No If Yes, specify the nature of business Please specify the category of Active NFFE _____ (Mention code – refer instructions)
5	We are an Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose	☐ Yes ☐ No If Yes, please provide: 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 details including Taxpayer Identification Number (TIN) in the UBO form.

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 found 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 may be 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/agencies 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 provide additional/further information as and when required by you.

Signature with relevant seal:

Authorised Signatory	Authorised Signatory	Authorised Signatory

Date: D D M M Y Y Y Y Place: _____

QUANTUM MUTUAL FUND

Declaration for Ultimate BeneficialOwnership [UBO]

(Mandatory for Non-individual Applicant/Investor)

and only India's 1st ^ 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 ☐ Partnership 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[1]				
KYC (Yes/No)[2]				
Country of citizenship / Nationality				
Country of Tax Residency[3]				
Taxpayer Identification Number[3]				
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 AMC/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/Firm/Body Corporate seal]

Authorised Signatory	Authorised Signatory	Authorised Signatory

Date: D D M M Y Y Y Y Place: _____

MULTIPLE BANK ACCOUNTS REGISTRATION FORM

QUANTUM MUTUAL FUND

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

UNIT HOLDER INFORMATION (MANDATORY)

Date D D M M Y Y Y Y

Folio No. (For Existing Unit Holders) OR Application No (for New Unit Holders)

Permanent Account Number (PAN)

Name of Sole / First Unit Holder FIRST NAME MIDDLE 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 code | Account type: Savings / Current / NRE / NRO / FCNR / ....

Account No.

IFSC Code ^ ^ | MICR Code ^

Document attached (Any one): Cancelled Cheque with name/ A/c No. pre-printed / Bank statement / Pass book / Bank Certificate

^ ^ 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): Cancelled Cheque with name/ A/c No. pre-printed / Bank statement / Pass book / Bank Certificate

Bank Name | Branch Name

City | PIN code | Account type: Savings / Current / NRE / NRO / FCNR / ....

Account No.

IFSC Code ^ ^ | MICR Code ^

Document attached (Any one): Cancelled Cheque with name/ A/c No. pre-printed / Bank statement / Pass book / Bank Certificate

Bank Name | Branch Name

City | PIN code | Account type: Savings / Current / NRE / NRO / FCNR / ....

Account No.

IFSC Code ^ ^ | MICR Code ^

Document attached (Any one): Cancelled Cheque with name/ A/c No. pre-printed / Bank statement / Pass book / Bank Certificate

Bank Name | Branch Name

City | PIN code | Account type: Savings / Current / NRE / NRO / FCNR / ....

Account No.

IFSC Code ^ ^ | MICR Code ^

Document attached (Any one): Cancelled Cheque with name/ A/c No. pre-printed / Bank statement / Pass book / Bank Certificate

SIGNATURES for Part A and Part B (Mandatory) (To be signed as per mode of holding In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES)

Declaration:

I/We have read and understood the terms and conditions for registration of Bank Accounts and agree to abide by the same. I/we understand that my/our request will be executed only if it is filled properly with all details mentioned correctly and necessary documents are attached as applicable, failing which the request will be rejected. I/we would not hold Quantum Mutual Fund, the AMC / Trustee and the Registrar's liable for any loss due to delayed execution or rejection of the request.

Sole / First Applicant / Unit holder	Second Applicant / Unit holder	Third 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.

Date D D M M Y Y Y Y

1 Folio Number/ Application Number

Folio No.* | Application No.

2 Particulars

Name of Nominee | Date of Birth of Nominee D D M M Y Y Y Y
Address | PAN No. of Nominee
City | Relationship With Applicant: Mother / Father / Spouse / Others ____
Pin Code | State
Name of Guardian/Parent (If Nominee is minor) | Relationship With Nominee (If Nominee is minor): Mother / Father / Legal Guardian
Address of Guardian | PAN No. of Guardian/Parent
City | Pin Code | % Share in Nomination:
Proof of Date of Birth*: Birth Certificate / School Leaving Certificate / Passport / Others ____ Please Specify
Proof of Relationship*: Birth Certificate / School Leaving Certificate / Passport / Others ____ Please Specify

Signature of Nominee/Guardian

Name of Nominee | Date of Birth of Nominee D D M M Y Y Y Y
Address | PAN No. of Nominee
City | Relationship With Applicant: Mother / Father / Spouse / Others ____
Pin Code | State
Name of Guardian/Parent (If Nominee is minor) | Relationship With Nominee (If Nominee is minor): Mother / Father / Legal Guardian
Address of Guardian | PAN No. of Guardian/Parent
City | Pin Code | % Share in Nomination:
Proof of Date of Birth*: Birth Certificate / School Leaving Certificate / Passport / Others ____ Please Specify
Proof of Relationship*: Birth Certificate / School Leaving Certificate / Passport / Others ____ Please Specify

Signature of Nominee/Guardian

Name of Nominee | Date of Birth of Nominee D D M M Y Y Y Y
Address | PAN No. of Nominee
City | Relationship With Applicant: Mother / Father / Spouse / Others ____
Pin Code | State
Name of Guardian/Parent (If Nominee is minor) | Relationship With Nominee (If Nominee is minor): Mother / Father / Legal Guardian
Address of Guardian | PAN No. of Guardian/Parent
City | Pin Code | % Share in Nomination:
Proof of Date of Birth*: Birth Certificate / School Leaving Certificate / Passport / Others ____ Please Specify
Proof of Relationship*: Birth Certificate / School Leaving Certificate / Passport / Others ____ Please Specify

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

Minor Attaining Majority - Request Form to change Status

To

Quantum Mutual Fund

Folio No.:	
Investor Name:	

Investment was made in the above Folio when I was a minor and the same was represented by _____ <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 ☐ Non Residential (not a resident of USA and Canada)	A/c Number*	
		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

Please note:

(You may produce the originals of the documents mentioned above, along with the photocopies, at the counter, we shall verify them and return the originals to you, or photocopies can be submitted attested by the Banker Manager, (name , designation, employee code, and seal should be affixed , clearly on the copy).

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

We acknowledge the receipt of the request for change of status from minor to major from Mr. / Ms. / M/s. _____ _____ in Folio No. _____ with Quantum Mutual Fund.

Date of receipt at _____

SEAL