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quant mutual

COMMON APPLICATION FORM

(Use this form if One Time Bank Mandate Form is registered in the folio) To be filled in capital letters and in blue / black ink only. APP No.

Table with 6 columns: Name & Broker Code / ARN / RIA Code, Sub Broker / Agent ARN Code, Sub Agent Code, EUIN*, Internal Code for AMC, ISC Date Time Stamp Reference No.

EUIN Declaration: Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. 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. RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA.

Signature boxes for 1st, 2nd, and 3rd Applicant / Guardian / Authorised Signatory / PoA / Karta

Please [X] Lumpsum Investment [] Micro Application [] SIP Application

TRANSACTION CHARGES (Please [X] any one of the below. Refer Instruction No. 10)

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the services rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, KIN, Section 2 & proceed to Section 7 - Investment Details]

Folio No. CKYC Identification No. (KIN)

2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian

1st SOLE APPLICANT Mr. / Ms. / M/s. PAN
S.(Please write the name as per PAN Card)

CKYC ID No. (KIN) Pls indicate if US Person or a resident for tax purpose / Resident of Canada
[] Yes [X] No (\$Default if not)

GUARDIAN (In case 1 Applicant is a Minor) Mr. / Ms. / M/s. Relationship with Minor (Please [X])
[] Mother [] Father [] Legal Guardian

GUARDIAN CKYC ID No. (KIN) KYC (Please [X]) GUARDIAN PAN
[] Proof Attached

GUARDIAN AADHAAR No. Aadhaar Copy (Please [X]) [] Enclosed

POA / Custodian Name: KYC (Please [X]) [] Proof Attached

POA / Custodian CKYC ID No. (KIN) POA / Custodian PAN

Contact Person for Corporate Investor: Name Designation:

3 FIRST APPLICANT AND KYC DETAILS

1st SOLE APPLICANT [] Individual or [] Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) declaration Form in Section 11a & 11b - Refer Instruction No. 15]

*Date of Birth/Incorporation D D M M Y Y Y Y Proof of Date of Birth(Please [X])
[] Birth Certificate [] School Leaving Certificate / Mark Sheet
[] Passport of the Minor [] Others (Please specify)

Place of Birth / Incorporation: Country of Birth / Incorporation: Nationality: Gender [] Male [] Female [] Other

Type: [] Resident Individual [] Sole Prop [] NRI - NRE [] Trust [] Bank / FIs [] FIs [] PIO [] Society/AOP/BOI [] Minor through Guardian [] NRI - NRO
[] HUF [] LLP [] Listed Company [] Private Company [] Public Ltd. Company [] Artificial Judicial Person [] Partnership Firm [] FOF - MF Schemes [] Others

a*. Occupation Details [Please tick (X)]
[] Private Sector [] Public Sector [] Government Service [] Student [] Professional [] Housewife
[] Business [] Retired [] Agriculture [] Proprietorship [] Others

c*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) [] I am PEP [] I am Related to PEP [] Not Applicable

b*. Gross Annual Income (₹) [Please tick (X)] [] Below 1 Lakh [] 1-5 Lakh [] 5-10 Lakh [] 10-25 Lakh [] >25 Lakh [] > 1 Crore

d*. Net-worth (Mandatory for Non-Individuals) ₹ as on (Not older than 1 year)

e*. Non-Individual Investors involved/providing any of the mentioned services
[] Foreign Exchange / Money Changer Services [] Gaming/Gambling/Lottery/Casino Services
[] Money Lending / Pawning [] None of the above

4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No. A/c. Type Pls. (X) [] NRE [] CURRENT [] SAVINGS [] NRO

Branch Name: Bank Address:

Branch City: State: Pin Code

MICR Code Please attach a cancelled cheque OR a clear photo copy of a cheque IFSC Code (Mandatory for Credit via NEFT/RTGS)

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

* mandatory fields

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS
Mode of Holding: Anyone or Survivor Single Joint (Please note that the Default option is Anyone or Survivor)

2nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

Gender Male Female Other

(Please write the name as per PAN Card)

PAN Details

 Pls indicate if US Person or a resident for tax purpose / Resident of Canada Yes No* (*Default if not ✓)

CKYC ID No. (KIN)
KYC Pls Proof Attached

Date of Birth (Mandatory) _____ (As per PAN Card)

Place of Birth _____

Country of Birth _____

Nationality: _____

a*. Occupation Details [Please tick (✓)] Private Sector Public Sector Government Student Professional Housewife

 Business Retired Service Agriculture Proprietorship Others _____

b*. Gross Annual Income (₹) [Please tick (✓)] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh >1 Crore

(✓) c*. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable

Net-worth ₹ _____ as on _____ (Not older than 1 year)

Mode of Holding: Anyone or Survivor Single Joint (Please note that the Default option is Anyone or Survivor)

3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

Gender Male Female Other

(Please write the name as per PAN Card)

PAN Details

 Pls indicate if US Person or a resident for tax purpose / Resident of Canada Yes No* (*Default if not ✓)

CKYC ID No. (KIN)
KYC Pls Proof Attached

Date of Birth (Mandatory) _____ (As per PAN Card)

Place of Birth _____

Country of Birth _____

Nationality: _____

a*. Occupation Details [Please tick (✓)] Private Sector Public Sector Government Student Professional Housewife

 Business Retired Service Agriculture Proprietorship Others _____

b*. Gross Annual Income (₹) [Please tick (✓)] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh >1 Crore

c*. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable

d. Net-worth ₹ _____ as on _____ (Not older than 1 year)
6a. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]
Local Address of 1st Applicant

	City	State	Pin Code
Tel. Off.	Resi.	Mobile	
E - Mail^^			

 Declaration: Mobile Number belongs to: Self Family Email ID belongs to: Self Family

^^ Refer instruction no. 17

6b. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]
Overseas Correspondence Address
7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please refer to Instructions No. 6.)
Scheme : Regular Plan Growth (Default) Payout of Income Distribution cum capital withdrawal option Direct Plan Reinvestment of Income Distribution cum capital withdrawal option

Payment Type [Please (✓)] Self (Non-Third Party Payment) Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.
National Securities Depository Limited (NSDL)
Central Depository Services (India) Limited (CDSL)

DP Name _____	DP Name _____
DP ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Benef. A/C No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16 Digit A/C No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Enclosures - [Please (✓)] Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)
9. NOMINATION DETAILS* [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 8]

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 & settlements made to such Nominee shall be valid discharge by the AMC/ MF/ Trustee Company.

 PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR I/WE DO NOT WISH TO NOMINATE

* mandatory fields

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian	Signature of Applicant/s
1							
2							
3							

10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification) (FOR NON-INDIVIDUALS ONLY)

PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)

We are a, **Financial institution** **or** **Direct reporting NFE** **[Please tick (✓)]**

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity: _____

GIIN not available [Please tick (✓)] **Applied for** **Not required to apply for - please specify 2 digits sub-category** **Not obtained – Non-participating FI**

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	<input type="radio"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange: _____
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	<input type="radio"/> Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company: _____ Nature of relation <input type="radio"/> Subsidiary of the Listed Company or <input type="radio"/> Controlled by a Listed Company Name of stock exchange: _____
3	Is the Entity an active NFE	<input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> Mention code: Refer instruction 16(c)
4	Is the Entity a passive NFE	<input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____

For details refer instruction No. 14.

11a. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer instruction No. 15)*

*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

11b. DETAILS OF ULTIMATE BENEFICIAL OWNERS [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)

Name of UBO & Address	Address Type ^{\$\$}	PAN/Tax Payer Identification No./ Equivalent ID No. ^{%%}	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Country of citizenship	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest

\$\$ **Address Type: Residential or Business (default)/Residential/Business/Registered Office.** Attached documents should be self certified by the UBO and certified by the applicant or Authorised signatory. In case the above information is not provided, it will be presumed that applicant is the UBO, with no declaration to submit. In such case, qMF/AMC reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. 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.

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 14)

PAN / Any other Identification Number (PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1.PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
2.PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
3.PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

* To include US, where controlling person is a US citizen or green card holder

%% In case Tax Identification Number is not available, kindly provide functional equivalent

The detail of this page should be filled by Non-Individual investors only.

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 14)

(FOR INDIVIDUALS & NON-INDIVIDUALS)

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

FOR NON-INDIVIDUALS: Is the "Entity" a tax resident of any country other than India? Yes No

(If Yes, please provide countries in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No
Country of Birth / Incorporation		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____

Individual or Non-Individual investors fill this section if ticked Yes above.			Individual investor have to fill in below details in case of joint applicants					
Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Address Type _____			Address Type _____			Address Type _____		
(Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio)								

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2]

To The Trustees, quant Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of quant Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by quant Money Managers Ltd./ Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA /CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept 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. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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ACKNOWLEDGMENT SLIP

Received Application from Mr. / Ms. / M/s. _____ For Lumpsum 'OR' SIP as per details below:

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs.) _____ Cheque / DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation



multi asset, multi manager

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

quant mutual

SIP ENROLLMENT DETAILS

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

DISTRIBUTOR / BROKER INFORMATION APP No. Name & Broker Code / ARN Sub Broker / Sub Agent ARN Code *Employee Unique Identification Number Sub Broker / Sub Agent Code RIA Code**

*Please sign below in case the EUIN is left blank/not provided. 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, have invested in the Scheme(s) of quant Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

First / Sole Applicant / Guardian Authorised Signatory Second Applicant / Authorised Signatory Third Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

APPLICANT DETAILS FOLIO NO. Name of Sole/1st holder PAN No / PEKRN. KYC Named of 2nd holder PAN No / PEKRN. KYC Name of 3rd holder PAN No / PEKRN. KYC

INITIAL INVESTMENT DETAILS Cheque/ DD No./Cash Deposit Slip No. Cheque / DD / Cash Deposition Date DD Charge ₹ Net Amount ₹ Bank Name: Branch: City:

UNITHOLDING OPTION Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Participant Name DP ID No. Beneficiary Account No. Central Depository Participant Name Target ID No.

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID Mobile no.

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option Frequency Enrollment Period SIP Date SIP Amount Weekly and Fortnightly SIP Date

DECLARATION: I/We would like to invest in quant subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form.

I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

First / Sole Applicant / Guardian Authorised Signatory Second Applicant / Authorised Signatory Third Applicant / Authorised Signatory

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form. Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of qMF on any transaction day.

NACH MANDATE INSTRUCTION FORM (Refer guidelines / instruction over leaf before filing)



UMRN Bank use Date

Sponsor Bank Code Bank use CREATE MODIFY CANCEL

Utility Code Bank use I/We hereby authorize quant Mutual Fund

To Debit (tick ✓) SB CA CC SB-NRE SB-NRO Other Bank A/c

With Bank Name of customers bank IFSC / MICR

An Amount Of Rupees ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

Reference 1 Folio No. Reference 2 Scheme Name

1. I agree for the debit of mandate processing charges by the bank whom I am/We are authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or [X] Until Cancelled

Signature Of Primary Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder

Phone No. 1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder