



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)

COMMON APPLICATION FORM

(Continuous Offer of units at Applicable NAV)

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**

INTERMEDIARY INFORMATION		FOR OFFICE USE ONLY
Name & ARN Code	Sub-Broker Code	E- Code
ARN-53321		E054731

Please refer instruction No. 4 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 (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. 2)

Folio No.

Name of First Applicant

Mandatory *	PAN (Refer Instruction No.3A) Please attach certified PAN copy	Know Your Customer (KYC) (Refer Instruction No. 3B)
1st Applicant /Guardian	<input type="text"/>	Yes <input type="checkbox"/> (Please submit Proof)
2nd Applicant	<input type="text"/>	Yes <input type="checkbox"/> (Please submit Proof)
3rd Applicant	<input type="text"/>	Yes <input type="checkbox"/> (Please submit Proof)
POA Holder	<input type="text"/>	Yes <input type="checkbox"/> (Please submit Proof)

4 APPLICANT INFORMATION (Refer Instruction No. 5) (TO BE FILLED IN BLOCK LETTERS)* (Fields marked with # are compulsory)

Name of Sole/ 1st Applicant ☐ Mr. ☐ Ms. ☐ M/s. ☐ Others Please Specify Date of Birth/ Date of Incorporation

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

Name of 2nd Applicant ☐ Mr. ☐ Ms. ☐ M/s. Date of Birth

Mobile No. Email ID

Name of 3rd Applicant ☐ Mr. ☐ Ms. ☐ M/s. Date of Birth

Mobile No. Email ID

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

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

Occupation ☐ Business ☐ Professional ☐ Agriculturist ☐ House Wife ☐ Student ☐ Defence ☐ Bureaucrat ☐ Forex Dealer ☐ Retired
☐ Unlisted Company ☐ Listed Company ☐ Politically Exposed Person ☐ Private Sector Service ☐ Public Sector / Gov. Service
☐ Dealers in High Value Commodities (Traders in Precious Metals, Jewellery & Antique Dealers) ☐ Others Please Specify

Annual Income (Please ✓) ☐ Upto 5 Lacs ☐ 5 to 15 Lacs ☐ 15 to 25 Lacs ☐ 25 Lacs & above

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 INDIA Pin code

Contact Details of Sole/ First Applicant

Tel No - STD Code Res. Off. Fax

Overseas Address (mandatory for NRI/FII applicant). This address will be replaced with the address as per your KYC records on validation of your KYC data. 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. 1(f) & 6)

POA Name Mr./Ms.

Address

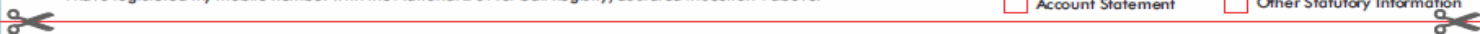
City Pin No.

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

6 GO GREEN : Electronic Communication / Transactions (Refer Instruction No.7 & 8)

I/ We have read and understood the terms and conditions of Electronic Communication / Transactions, available in the common application form for transactions, etc for using the Quantum Mutual Fund website or any electronic / other medium (Facility) and agree to be bound and governed by the same on availing / using any Facility. I / We authorize Quantum Mutual Fund, Quantum AMC to issue Personal Identification Number (PIN) / Telephone PIN (TPIN) on my mailing address, registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above.

I / We would like to receive various communications / updates / alerts / notifications from Quantum Mutual Fund, Quantum AMC etc on my registered email id / mobile number (even if I have registered my mobile number with the National Do Not Call Registry) as stated in section 4 above. ☐ Account Statement ☐ Other Statutory Information



ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: **QMFP**

ARN-53321

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 Received from: Mr. / Ms. / M/s
an application for allotment Scheme Option
Facility vide Cheque 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

7 BANK ACCOUNT DETAILS* (Refer Instruction No. 9)

A/c Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Account No					
Bank Name					
Branch					
Branch Address					
City			Pin		
IFSC Code			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.

PAY		QUANTUM MUTUAL FUND PAN XXXXXXXX		OR BEARER
RUPEES				₹
11 DIGIT IFSC Code		9 DIGIT MICR Code		
IFSC QTMF7654321		"453812" 26529538 123456		23

8 INVESTMENT DETAILS* (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 10)

<input type="checkbox"/> Quantum Long Term Equity Fund	<input type="checkbox"/> Quantum Tax Saving Fund	<input type="checkbox"/> Quantum Liquid Fund
<input type="checkbox"/> Quantum Equity Fund of Funds		
<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Option	<input type="checkbox"/> Dividend Transfer to Scheme - (Available only for Monthly Dividend Payout Option)
<input type="checkbox"/> Dividend Reinvestment Facility	<input type="checkbox"/> Dividend Payout Facility	
<input type="checkbox"/> Quantum Gold Savings Fund - Growth Option		<input type="checkbox"/> Quantum Multi Asset Fund - Growth Option

9 PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD
RTGS/ NEFT RefNo. & 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	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE
	<input type="checkbox"/> FCNR			

10 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 (If Nominee is minor)	D D M M Y Y Y Y
Address				City	Pin Code
State					
Name of Guardian/Parent (If Nominee is minor)				Relationship With Nominee (If Nominee is minor)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Address of Guardian				City	Pin Code
Proof of Date of Birth*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	Please Specify
Proof of Relationship*	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others	Please Specify

11 DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 13)

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.

DP ID No	I N	BENEFICIARY Account No	
DP Name			

12 DOCUMENT ENCLOSED (Please ✓) Total number of documents ☐ Resolution/ Authorisation to invest ☐ List of authorised signatories with specimen signatures

☐ Memorandum & Articles of Association ☐ Trust Deed ☐ Bye-laws ☐ Partnership Deed ☐ Overseas Auditor Certificate ☐ Notarised POA ☐ PIO Card

☐ Proof of Address ☐ Copy of PAN Card ☐ KYC Compliance ☐ Foreign Inward Remittance Certificate ☐ Trigger Form ☐ Minor related documents

13 SOURCE OF INFORMATION: How did you come to know about Quantum Mutual Fund? ☐ Advertisement ☐ Friend/Relative ☐ Sales Team ☐ IFA / Intermediary

Intermediary (Name & ARN Code) ☐ Others

Investor Awareness: Please ✓ to acknowledge that you have understood all the following aspects of investing in the chosen scheme of Quantum Mutual Fund

- ☐ I/We confirm that I/We have fully understood the Expense Ratios and Exit Loads pertaining to the invested scheme(s).
- ☐ I/We confirm that I/We have fully understood Transaction norms such as cut off time for subscription / redemption, Turn Around Times for redemption and activation of SIP etc.
- ☐ I/We understand that exit loads will be calculated as per First In First Out (FIFO) basis.
- ☐ I/We am aware of the Tax implications of my Investment pertaining to Quantum Mutual Fund.
- ☐ I/We am aware of my own risk appetite, time horizon for investment and the investment objective of the scheme and the fit between the two at the time of undertaking this investment.
- ☐ I/We am also aware that financial products including Mutual Fund schemes come with an inherent risk which I/We recognize while investing in this scheme.
- ☐ 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 form are true and correct. I/We have asked, and have been promptly explained all the features of the scheme(s) that I/We have chosen to invest in and have understood all the Terms and Conditions of the said scheme.
- ☐ I/We am also aware of the Grievance Redressal and Dispute Resolution policies and procedure at Quantum Mutual Fund and am aware of whom to contact in case of any discrepancies.
- ☐ I / we confirm that the Scheme in which I / we have invested is appropriate for me / us keeping in mind the investment objective and risk appetite.

To Invest with Us:

- Come online for a complete paperless experience OR
- Visit your nearest Kary Computershare Collection Center OR

- Look out for a "Quantum Branded" Drop Box (only available in Mumbai) OR
- Call our Toll Free number for an Application Pick-up

For any further details required please call 1800-22-3863 / 1800-209-3863 or visit www.QuantumMF.com



WEBSITE

www.QuantumMF.com



TOLL FREE HELPLINE

1800 22 3863 / 1800 209 3863



EMAIL

CustomerCare@QuantumAMC.com



SMS

<Quantum> to 9243 22 3863

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) 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. 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. 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 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 warnings, disclaimers in documents, advertising materials relating to an investment product which is/are recommended to me/us and Tax implications of my investment pertaining to 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 the investment objective and risk appetite. 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 in case the EUIN box has been left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above Intermediary or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the Intermediary and the Intermediary has not charged any advisory fees on this transaction. 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 also confirm that I/We have asked and have been promptly explained all the features of the schemes that I have chosen to invest in. 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 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, 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.

☐ Repatriation ☐ Non Repatriation

Date Place _____

Signature(s)

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

CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee / Company Secretary / Authorised signatory / Notary Public.)

Documents	Individual	HUF	Unlisted Companies / Private Limited Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIIs	PIO
Resolution/ Authorisation to invest			✓	✓	✓	✓	✓		✓	
List of authorised signatories with specimen signatures			✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association			✓							
Shareholding Pattern with % holding and PAN No. of all shareholders and List of Directors			✓							
Trust Deed & List of Trustee & Beneficiary and PAN No. of all Trustees & Beneficiaries							✓			
HUF Deed / Deed of Declaration & List of Coparceners with % holding and PAN no. of HUF and all coparceners		✓								
Bye-laws				✓						
Partnership Deed List of Partner with PAN no. of all the partners					✓					
Overseas Auditor Certificate									✓	
Notarised POA						✓				
Proof of Address										
Copy of PAN Card	✓		✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓		✓	✓	✓	✓	✓	✓	✓	✓
PIO Card										✓
Foreign Inward Remittance Certificate										✓
Trigger Form (if applied)	✓		✓	✓	✓	✓	✓	✓	✓	✓