



(Formerly known as Escorts Mutual Fund)

Tel: +91 22 6295 5000 | Cell/Whatsapp: +91 9920 21 22 23 | E-mail: help.mf@quant.in | www.quant-mutual.com

To be filled in capital letters and in blue / black ink only.

APP No.:

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9 & 10)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code¹
ARN-53321 (stamp here)	ARN-		E054731	

*Please sign alongside 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 inappropriateness, 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
---	--	---

2. INVESTOR'S FOLIO NUMBER

| | | | | | | | | | | | | | |

[Please tick (✓) any one]

☐ I am a First time investor across Mutual Funds
OR

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)

☐ I am an existing investor in Mutual Funds

3. UNITHOLDING OPTION - ☒ DEMAT MODE ☐ PHYSICAL MODE

DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI. Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

NSDL DP Name	DP ID								Beneficiary Account No.								
CDSL DP Name	Beneficiary Account No.																

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

4. GENERAL INFORMATION

^MODE OF HOLDING : [Please tick(✓)] ☐ Single ☒ Joint (Default) ☐ Any one or Survivor

5. FIRST APPLICANT DETAILS

NAME* <small>(Please mention Name as per Aadhaar card.)</small>	
PAN /PEKRN*	CKYC ID*
Aadhaar*	STATUS* <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Name of Guardian if first applicant is minor / Contact Person for non individuals	

Guardian's Relationship With Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian			Date of Birth of 1st Applicant <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(Mandatory in case of Minor. Mention as per Aadhaar card)</small>			Proof of Date of Birth and Guardian's Relationship with Minor <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____		
STATUS^ : <input type="checkbox"/> Resident Individual <input type="checkbox"/> PSU <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Minor through Guardian <input type="checkbox"/> Society <input type="checkbox"/> R/FII <input type="checkbox"/> NRI <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> PIO <input type="checkbox"/> Bank <input type="checkbox"/> FPI*** <input type="checkbox"/> Government Body			<input type="checkbox"/> HUF <input type="checkbox"/> Trust /Charities / NGOs <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Defence Establishment <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Others _____					

Are you involved / providing any of the mentioned services : ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services
(Applicable only for Non Individuals) ☐ Money Lending / Pawning ☐ None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form. **In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in quant Mutual Fund.

6. SECOND APPLICANT DETAILS

NAME*																															
(Please mention Name as per Aadhaar card.)																															
PAN /PEKRN*												CKYC ID*																			
Aadhaar*																															
STATUS* <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI																															



ARN-53321

E054731

ACKNOWLEDGMENT SLIP (Please retain this slip)

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Application No.:

Scheme Name	Plan	Option	Payment Details		Time Stamp & Date of receiving office
			Amount ₹ _____ Instrument No/Cash Deposit Slip No. _____	Date : _____ Drawn on Bank _____	

7. THIRD APPLICANT DETAILS

NAME*

(Please mention Name as per Aadhaar card.)

PAN /PEKRN*#

CKYC ID*#

Aadhaar*#

STATUS* ☐ Resident Individual ☐ NRI

8. ADDITIONAL KYC DETAILS

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GROSS ANNUAL INCOME DETAILS***	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PEP DETAILS***	1st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)***	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related to a Politically Exposed Person (PEP)***	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES", please provide the following information (mandatory):

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country * **	Tax Payer Ref. ID No*	Identification Type	Country *	Tax Payer Ref. ID No*	Identification Type	Country *	Tax Payer Ref. ID No*	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided.* In case Tax Identification Number is not available, kindly provide its functional equivalent

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth		Country of Birth		Country of Birth	
Country of Nationality		Country of Nationality		Country of Nationality	

10. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Bank Name										
Account No.										
A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/>	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR					
Branch Name						Branch City				
PIN			IFSC Code				MICR Code			

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.



multi asset, multi manager

quant mutual

(Formerly known as Escorts Mutual Fund)

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

11. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)

Correspondence Address** (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA										Overseas Address (Mandatory for NRI / FII Applicants)									
City/ Town				State				City/ Town				State							
Country				Pin Code				Country				Pin Code							
Tel. (Res.)				Tel. (Off.)				Mobile No.											
Email ID <input type="text"/>																			
Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email.																			
<input type="checkbox"/> I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)																			

12. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV)

Scheme <u>quant</u> (Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)							
[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest]			Option <input type="checkbox"/> Growth ^{^^} <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment Dividend Frequency _____				
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> OTBM Facility (One Time Bank Mandate) <input type="checkbox"/> RTGS / NEFT <input type="checkbox"/> Cash [§] (Refer Instruction No. XV)							
Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
(~~ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. [§] Investors are requested to collect the cash deposit slip from the DISC							

13. NOMINATION - I wish to Nominate ☐ Yes ☐ No (Mandatory if mode of holding is single) (Refer Instruction No. VI) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature of applicants is mandatory if you do not wish to nominate.

[illegible]

14. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1)

[illegible]

15. DECLARATION AND SIGNATURE

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 filing application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/ We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the quant Money Managers Limited 'qMML' (Formerly known as Escorts Asset Management Limited). I understand that qMML may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree that qMML can debit from my folio for the service charges as applicable from time to time. 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 hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

☐ 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.

☐ I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

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