

(Formerly known as Escorts Mutual Fund)

Corporate Office: 6th Floor, Sea Breeze Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025.  
Tel: +91 9920 21 22 23 | E-mail: [help@quant.in](mailto:help@quant.in) | [www.quant-mutual.com](http://www.quant-mutual.com)

(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.

\*Please sign below in case the EUN is left blank/not provided. I/We hereby confirm that the EUN 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 distributor/ sub broker, notwithstanding the absence of appropriate disclosures, 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.

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.

## FOLIO NO.

### INITIAL INVESTMENT DETAILS

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

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

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.

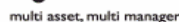
Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period (Please / any one)	SIP Date (Please / any one)	SIP Amount	STEP-UP Facility (Optional)		
	<input type="checkbox"/> Monthly (Default)  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Yearly	<input type="checkbox"/> <b>REGULAR</b> From : <u>MM/YY</u> To : <u>MM/YY</u> <input type="checkbox"/> <b>PERPETUAL</b> (Default) (Refer Instruction No. 5) From : <u>MM/YY</u> To : <u>MM/YY</u>	<input type="checkbox"/> 1 st  <input type="checkbox"/> 10 th (Default)  <input type="checkbox"/> 25 th	₹ _____ (in figures)	Amount ₹ _____ (Multiples of ₹ 100 only)	Frequency <input type="checkbox"/> Half-yearly  <input type="checkbox"/> Yearly (Default)	Count Increase SIP amount _____ time(s) (Default 1time)

**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/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 quant Mutual Fund liability. I understand that GPF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree quant 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 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.

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 GFMC on any transaction day.

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 GFMC on any transaction day.



(NACH / Direct Debit Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.

UMRN |     Date: D D M M Y Y Y Y

With Bank	<div>(Name of Destination Bank)</div>	IFSC	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	MICR	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
-----------	---------------------------------------	------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	------	-------------	-------------	-------------	-------------	-------------	-------------

an amount of Rupees	₹	
---------------------	---	--

FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ as & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Reference 1	Folio No.
-------------	-----------

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

<b>F</b>									<b>1</b>		<b>2</b>
----------	--	--	--	--	--	--	--	--	----------	--	----------

PERIOD	To:	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
	Or	1 Name as in Bank Record	2 Name as in Bank Record	3 Name as in Bank Record

This is to confirm that the declaration (as mentioned overleaf) 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. 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.