

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

quant mutual

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

COMMONAPPLICATIONFORM

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

| 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" Transa | action (where Employee Unique Identificat | ion Number-EUIN* box is left bla | nk). Please refer instruction 12 | ? of KIM for complete details on EUIN. I/V | Ve hereby confirm that the EUIN box has been |
| EUIN Declaration: Declaration for "Execution Only" Trans: ntentionally left blank by me/us as this transaction is execut imployee/relationship manager/sales person of the distribut all Schemes managed by you, to the above mentioned SEBI | ed without any interaction or advice by the or/sub broker. RIA Declaration: "I/We her I-Registered Investment Adviser/ RIA". | employee/relationship manager/sa eby give you my/our consent to si | ales person of the above distrib hare/provide the transactions d | utor/sub broker or notwithstanding the adv ata feed/portfolio holdings/ NAV etc. in res | ce of in-appropriateness, if any, provided by the pect of my/our investments under Direct Plán of |
| Signature of 1 st Applicant / Guard Authorised Signatory /PoA/Kar | ian / rta | Signature of 2 nd Applican Authorised Signato | t / Guardian / ory /PoA | Signature of Signature of Authoris | 3 rd Applicant / Guardian / sed Signatory /PoA |
| Please ✓ Lumpsum Investment | | Micro Applicati | | SIP | Application O |
| TRANSACTION CHARGES (Please (| | | | R IN MUTUAL FUNDS Go Gree | en Initiative |
| Applicable transaction charges will be deduct investor to the ARN Holder (AMFI registered the ARN Holder. | ed in case your distributor has o | pted for such charges. Up | front commission shall | be paid directly by the ont-i | n – Physical 🔲 Opt-out – Email Refer instruction no. 17 |
| 1. EXISTING UNIT HOLDER INFORMA | ATION [Please fill in your Fo | lio Number, KIN, Sect | ion 2 & proceed to | Section 7 - Investment Deta | ils] |
| Folio No. | | CKYC Identific | ation No. (KIN) | | |
| 2. APPLICANT(S) NAME AND INFORM | MATION [Refer Instruction 2 |] If the 1 st / Sole Appli | cant is Minor, then p | please provide details of na | tural / legal guardian |
| 1 st SOLE APPLICANT Mr. / Ms. / M/s. | | | | PAN | |
| S.(Please write the name as per PAN Card) | | | Pls ind | licate if US Person or a resident | for tax purpose / Resident of Canada |
| CKYC ID No. (KIN) | st st | | | | No ^{\$} (\$Default if not √) |
| GUARDIAN (In case 1 Applicant is a M Mr. / Ms. / | | | | | ip with Minor (Please √))Father |
| GUARDIAN CKYC ID No. (KIN) | | | KYC (Please ✓) ○ Proof Attached | GUARDIAN PAN | |
| GUARDIAN AADHAAR No. | | | O 1 10017tttacricu | Aadhaar Copy (Plea | ase ✓) ○ Enclosed |
| POA / Custodian Name: | | | | KY | C (Please ✓) ○ Proof Attache |
| POA / Custodian CKYC ID No. (KIN) | | | P | OA / Custodian | |
| Contact Person for Corporate Investor | r: Name | | | Designation: | |
| FIRST APPLICANT AND KYC DETA | MLS | | | , and the second se | |
| I^{st} SOLE APPLICANT $ igcirc$ Individual or | Non-Individual [Please | fill Ultimate Beneficial | Ownership (UBO) ded | claration Form in Section 11a | & 11b - Refer Instruction No. 15 |
| *Date of Birth/Incorporation (Individual) / (Non-individual) / (Please write the Date of birth as per Aadhaar Ca | | of of Date of Birth(Plea (For minor applicant) | 36 .) | | School Leaving Certificate / Mark Sheet Others (Please specify) |
| Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Ca | Country of Birth / Incorporation: | N | lationality: | Gender | ○ Male ○ Female ○ Othe |
| Type: O Resident Individual O Sole F | Prop O NRI - NRE O Ti | rust O Bank / Fls | ○ FIIs ○ PIO | ○ Society/AOP/BOI ○ Min | or through Guardian |
| ───────────────────────────────────── | rivate Company O Public Ltd. C | ompany O Artificial Jurid | licial Person O Partner | ship Firm | s Others |
| a*. Occupation Details [Please tick (√) | Private Sector Business | Public Sector Retired | Government Serv Agriculture | ice Student O Proprietorship | Professional Housew |
| c*. Politically Exposed Person (PEP) Status | (Also applicable for authorised | signatories/Promoters/Ka | rta/Trustee/Whole time | Directors) O I am PEP O I a | am Related to PEP O Not Applicab |
| o*. Gross Annual Income (₹) [Please tic | ck (√)] ○ Below 1 Lakh | O 1-5 Lakh | O 5-10 Lakh | ○ 10-25 Lakh | ○ >25 Lakh ○ > 1 Crore |
| d*. Net-worth (Mandatory for Non-Indiv | riduals) ₹ | | as or | n | (Not older than 1 yea |
| e*. Non-Individual Investors involved/ any of the mentioned services | | Exchange / Money Cha ending / Pawning | nger Services | Gaming/Gambling/Lottery | /Casino Services |
| BANK ACCOUNT DETAILS - Manda | atory [Refer Instruction Nos | . 3 & 4] | | | |
| Name of the Bank: | | | A/a T | | IDDENT O CAVINOS O NOS |
| Core Banking A/c No. | A -1 | drace: | A/c. Type | Pls. (✓) | JRRENT O SAVINGS O NRO |
| Branch Name: Bank | | dress: | | | . |
| Branch City: | Sta | | | Pin C | ode |
| MICR Code | Please attac | ch a cancelled cheque hoto copy of a cheque | IFSC Code (Mand Credit via NEFT/R | atory for TGS) | |

| 5. JOINT APPLIC | ANTS, IF ANY AI | ND THEIR KYC DET | AILS | | | | | | |
|-----------------------------------|---------------------------------------|---|------------------------|--|-----------------|------------------------|--|-------------------------|--------------------------------|
| Mode of Holding: | Anyone or | Survivor | ○ Single | e | O Joint | | (Please note that the | e Default option is A | nyone or Survivor |
| 2 nd APPLICANT Mr | | lot Applicable in case o | f Minor Applicant |) | | | G | ender () Male () | Female Othe |
| PAN Details | | | Р | ls indicate if US | Person or a res | ident for tax | ourpose / Resident of Cana | da 🔾 Yes 🔘 No | * (*Default if not ✓ |
| CKYC ID No. (KIN |) | | | | KYC Pls 🕠 | / O Pro | of Attached Date of Bi | rth (Mandatory) | |
| Place of Birth | | (| Country of Birth | | | | Nationality: | ou.u _/ | |
| a*. Occupation De | tails [Please tick | (√)] _ | | Public Sec | | | O Student | O Professiona | I O Housewi |
| o*. Gross Annual I | ncome (₹) [Pleas | e tick | siness (low 1 Lakh | ○ Retired○ 1-5 Lakh | ○ 5-10 | ce Agricultu Lakh | re Proprietorship 10-25 Lakh | O Others O >25 Lakh | O >1 Crore |
| (✓)] c*. Politically I | Exposed Person (P | | | | Not Applicable | | | 20 20 | . 5.5.5 |
| let-worth ₹ | | | as | on | | | (Not older than 1 ye | ear) | |
| Mode of Holding: | O Anyone or | Survivor | ◯ Single | e | O Joint | | (Please note that the | e Default option is A | nyone or Survivo |
| 3 rd APPLICANT Mr | | ot Applicable in case of | f Minor Applicant) |) | | | G | ender O Male O | Female Othe |
| Please write the name PAN Details | as per PAN Card) | | Р | ls indicate if US | Person or a res | ident for tax | ourpose / Resident of Cana | da O Yes O No | o* (*Default if not • |
| CKYC ID No. (KIN |) | | | | KYC Pls 、 | / O Pro | of Attached Date of Bi | rth (Mandatory) | |
| Place of Birth | | (| Country of Birth | | | | Nationality: | | |
| a*. Occupation De | tails [Please tick | (✓)] | | Public Sec | | rnment ce Agricultu | Student re Proprietorship | O Professiona | I O Housev |
| o*. Gross Annual I | ncome (₹) [Pleas | | | 1-5 Lakh | ○ 5-10 | | 10-25 Lakh | O Others O >25 Lakh | O >1 Crore |
| *. Politically Expos | ed Person (PEP) St | | I am Related to | PEP Not A | pplicable | | | | |
| d. Net-worth ₹ | | | | _ as on | | | (Not older than 1 | year) | |
| | | ovide your E-mail II | O and Mobile N | lumber to hel | p us serve yo | u better] | | | |
| ocal Address of | ТАррисанс | | 0:4- | | | 4-4- | | | |
| Геl. | | | City | | S | tate | _ | Pin Code | |
| Off. | | | Resi. | <u> </u> | | | Mobile | | |
| E - Mail^^ | | | | | | | | | |
| Overseas Corres | oondence Addres | ss | | | | | r to Instructions No. 6. | | protettoa |
| Scheme : | | | | Regular Direct Pl | () 010 | wth ault) | Payout of Income Distribution Reinvestment (Income Distribution Re | | • |
| Payment Type [Pl | ease (√)] | Self (Non-Third I | Party Payment | <u> </u> | 1 ' | ent (Please | attach 'Third Party Paym | nent Declaration For | m') |
| Cheque / DD / U | TR No. & Date | Amount of Chec | • | DD Char | • / | Net Purcl | Diawii oii | Duilk / | n Bank A/c No. Cheque Only) |
| | | KIGO/NEITIIII | guics (its.) | | <u>'</u> | Amou | Dian | CII (I OI V | onoquo omy, |
| | | datory for units in Dema / Limited (NSDL) Benef. A/C No. | at Mode - Please | ensure that the | | Depositor | oned under section 3 matcl y Services (India) Li | | ory Details. |
| Enclosures - [Plea | se (✓) | Client Masters List | (CML) | ○ Trans | action cum Ho | Iding Stater | nent O | Delivery Instruction | Slip (DIS) |
| I/We hereby nom | inate the under menti | | | | | | tion No. 8] | settlements made to suc | ch Nominee shall be |
| _ | y the AMC/ MF/ Trust STER MY/OUR N | ee Company. OMINEE AS PER BI | ELOW DETAIL | s | OR | | | ○ I/WE DO NOT W | ISH TO NOMINAT |
| No. Nomin | nee(s) Name | Date of Birth | Name of the | | Relationship | % of Share | Signature of | | of Applicant/s |
| | | (in case of Minor) | (in case of | Minor) | | | Nominee / Guardian | Signature | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

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| Financ or | cial institution (| Not | e: If you do not have a | GIIN bu | ut you are sp | onsored by | another entit | y, please pro | vide your | r sponsor's G | GIIN abo | ove and | indicate y | your spon | sor's name | below | | | | | | |
| Direct i | reporting NFE ○ e tick (✓)] | Name o | of sponsoring | entit | ty: | | | | | | | | | | | | | | | | | |
| GIIN no | ot available [Please | tick (√)] | O App | ied fo | r | O Not | t required | to apply f | or - plea | ase speci | ify 2 d | ligits s | sub-cate | egory | | | 0 | Not ob | tained - | - Non | -partic | ipating F |
| PART | B (please fill any o | ne as app | ropriate "to b | e fille | ed by N | FEs ot | her than | Direct | Repor | rting NF | Es") |) | | | | | | | | | | |
| 1 | Is the Entity a publ (that is, a company traded on an estab | whose sh | nares are regul | | | _ | es (If yes | | . , | • | | | • | | | • | • | , | | | | |
| Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) | | | | | ırket) | | es (If yes | | . , | | | | | | | • | | | | is reg | ularly | traded) |
| | | | | | | | e of relation | | | • | | · | • | | Controll | ed by a l | isted (| Compa | ny | | | |
| 3 | Is the Entity an act | ive NFE | | | | | es (If yes | | | | | | | , | | | | | | | | |
| | | | | | | | e specify t | | | | l | | | | code: R | tefer inst | ruction | 16(c) | | | | |
| 4 | Is the Entity a pass | sive NFE | | | | Natur | es (If yes | ess: | | | | the ne | ext sect | ion.) | | | | | | | | |
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Gender ○ Male ○ Female ○ Other

Nationality:

Father's Name:

City of Birth:

Country of Birth:

[#] 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 Identication Number is not available, kindly provide functional equivalent

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 country/ies in which the entity is a resident for tax purpose and the associated Tax Identif |
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|--|

| 1 st Applicant | uardian / Non-Individual) | | 2 nd A | pplicant | 3 rd Applicant | | | | | |
|---|--|---|--|--|--|--|--|---|--|--|
| Do you have any no Country(ies) of Birt Citizenship / Nation and Tax Residency | nship / Nationality | | Do you have any non-Indi Country(ies) of Birth / Citizenship / Nationality a Tax Residency | | ○ Yes ○ No | Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency | h / ality | ○ Yes ○ No | | |
| Country of Birth / Incorporation | | | Country of Birth | | | Country of Birth | | | | |
| Country Citizenship Nationality | p / | | Country Citizenship / Nationality | | | Country Citizenship / Nationality | | | | |
| Are you a US speci person? | Are you a US specified O Yes No Please provide Tax Payer Id. | | Are you a US specified person? | | ○ Yes ○ No Please provide Tax Payer Id. | Are you a US specific person? | fied | ○ Yes ○ No Please provide Tax Payer Id. | | |
| Individual or Non-Ir | | nvestors fill this section | Individual investo | r have to | fill in below details in case of join | t applicants | | | | |
| IT TICKED YES ADOVE | Countr | y: | | Countr | <u> </u> | | Countr | v: | | |
| Tax Residency Status: 1 | No.: | • | Tax Residency Status: 1 | No.: | • | Tax Residency Status: 1 | No.: | • | | |
| | Type: | | | Type: | | | Туре: | | | |
| | Countr | y: | | Countr | у: | | Country: | | | |
| Tax Residency Status: 2 | No.: | | Tax Residency Status: 2 | No.: | | Tax Residency Status: 2 | No.: | | | |
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| | Country: | | | Countr | y: | | Country: | | | |
| Tax Residency Status: 3 | | | Tax Residency Status: 3 | No.: | | Tax Residency Status: 3 | No.: | | | |
| | Type: | | | Type: | | | Type: | | | |
| Address Type | | | Address Type | | | Address Type | | | | |
| 13. DECLARATION Trustees, quant Mutual rules and regulations governing to other applicable laws enacted by furnish additional information sou with the regulatory and governme to mefus all the commissions (i) Applicable to Foreign Resid applicable laws and regulations, investments in the Scheme(s). that I / We have read and unden intermediary reserves the night to | ON AND I Fund (The Fund the scheme. (B) the Governmen the Government th | I/We hereby declare that the amount invested in the tof India from time to time. (C) Signature of the nom oney Managers Ltd./ Fund and undertake to update as and when needed. I/We will indemnify the Fund. A rail commission or any other mode), payable to the rany indicative yield by the Fund/AMC/its distrib the terms & conditions of the PIN agreement availa in India: I/We confirm that I/We satisfy the Residim that I am / We are not United States person S Certification: I/We have understood the informa A& CRS Terms and Conditions and hereby accept | It is a shown in the work of the side of the Scheme applied for scheme is through legitimate so time acknowledging receipts of me information/details with the Al MoK, Turstee, RTA and other inter into for the different competing sutor for this investment. I/Me he bie on the AMC website for transancy test as prescribed under FEI (s) under the laws of United St (s) under the laws of United St (s) under the laws of United St (tion requirements of this Form (the same. In case the above infort with it is found that applicant has of | or (Including the purces only and your credit will MC / Fund/Reg acting online, (It MA provisions, tates or reside ad along with the purce of the pu | e scheme(s) available during the New Fund Offer per does not involve and is not designed for the purpor constitute full discharge of liabilities of quant Mutual istrars and Transfer Agent (RTA) from time to time. Is see of any dispute regarding the eligibility, validity an arrious Mutual Funds from amongst which the Sch d nor have been induced by any rebate or gifts, direct of INRs. IWNe further declare that IWNe am/are "Person Resint(s) of Canada. In case of change to this statu he FATCA & CRS Instructions) and hereby confirm it provided, it will be presumed that applicant is the utes of beneficial ownership. IWNe also undertake to | se of the contravention of any provenum, (D) The information given in I/We hereby confirm that the AMC/d authorization of mylour transactic teme is being recommended to a tity or indirectly in making this invertee my transaction details to the regent in India" and are allowed to irs, I / We shall notify the AMC, in that the information provided by me titmate beneficial owner, with no d | visions of the Ir I / with this app IFund shall have ons. (E) I/We fi me/us. (F) I/We stiment. (G) Ap gistered investr nvest into the S n which event / us on this Fo leclaration to s | ncome Tax Act, Anti Money Laundering Laws or any lication form is true and correct and further agrees to the hight to share my information and other details urther declare that "The ARN holder has disclosed hereby confirm that IWe have not been offered/ plicable to Investors availing the online facility: I/ nent advisor (RIA) through the registrar or othenvise. Scheme as per the said FEMA regulations and other the AMC reserves the right to redeem my I our mis true, correct, and complete I. I/We also confirm mis true, correct, and complete I. I/We also confirm | | |
| Autho | orised Sign | plicant / Guardian / atory /PoA/Karta | | Signature of 2 [™] Applicant / Guardian / Authorised Signatory /PoA | | | Signature of 3 st Applicant / Guardian / Authorised Signatory /PoA For Lumpsum 'OR' | | | |
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