



505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

COMMON APPLICATION FORM FOR ETF

(Continuous Offer of units at Applicable NAV)

Application No: **QMFP**

and only
India's 1st Direct to Investor
Mutual Fund

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

Please refer instruction No. 5 for EUIN.

Please read the instructions carefully, before filling up the application. Kindly use this form if you are making a one time investment. Investor should consult their financial advisers if in doubt whether the product is suitable for them.

(All sections to be filled in English and in BLOCK LETTERS). Fields marked with (*) are mandatory.

2 * MANDATORY PAN (Refer Instruction No.12) Please attach certified PAN copy			
1st Applicant /Guardian		3rd Applicant	
2nd Applicant		POA Holder	

3 * APPLICANT INFORMATION (Refer Instruction No. 3) (Fields marked with # are compulsory)
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Please ensure that the name of the investor in the application form matches with the account held with the depository participant.

Name of Sole/ 1st Applicant	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/> Others	Please Specify	Date of Birth/ Date of Incorporation
			DDMMYYYY
Proof of Date of Birth (In case of Minor)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> 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	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		Date of Birth
			DDMMYYYY
Mobile No.	Email ID		
Name of 3rd Applicant	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.		Date of Birth
			DDMMYYYY
Mobile No.	Email ID		
Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s)(Default option in case of more than one applicant)		
# Legal Status Please (✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Minor <input type="checkbox"/> FII <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> NRI/PIO Repatriation Basis <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Bank <input type="checkbox"/> Body Corporate <input type="checkbox"/> Company <input type="checkbox"/> Others	Please Specify	
# Occupation Please (✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Gov. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Retired <input type="checkbox"/> Others	Please Specify	
# Annual Income Please (✓)	<input type="checkbox"/> Upto 1 Lac <input type="checkbox"/> 1 to 5 Lacs <input type="checkbox"/> 5 to 15 Lacs <input type="checkbox"/> 15 to 25 Lacs <input type="checkbox"/> 25 Lacs & above	Individuals (optional) Network as on date is ₹	
		Non-Individuals (mandatory) Network as on date is ₹	

Mailing Address of Sole/First Applicant (PO. 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)	
			<input type="checkbox"/> Indian <input type="checkbox"/> Overseas	
City	Country	Zip code		

4 POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2(f) & 4)

POA Name Mr./Ms.	
Address	
City	Pin Code

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

5 GO GREEN : Electronic Communication / Transactions (Refer Instruction No.6)

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 3 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 3 above.

☐ Account Statement ☐ Other Statutory Information

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: **QMFP**

Quantum Mutual Fund-505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

Scan this code, and fill your Details. Our Representative will get in touch with you.



Date DDMMYYYY Received from: Mr. / Ms. / M/s _____
an application for allotment Scheme _____
vide Cheque No./RTGS/NEFT/IMPS Reference No. _____ Dated ____/____/____
Amount (₹) _____
Drawn on Bank and Branch _____
Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)

ACKNOWLEDGEMENT
STAMP

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

A/c Type [please ✓]	SB	Current	NRO	NRE	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.

Please provide Bank A/c details linked with the demat account. In case of difference, bank details will be considered as per depository records.

Payee: **QUANTUM MUTUAL FUND PAN XXXXXXXX** OR BEARER

RUPEES: ₹

11 DIGIT IFSC Code: **IFSC 01MF654321**

9 DIGIT MICR Code: **"4153872" 265291538 123456" 23**

7 * INVESTMENT DETAILS (Please ✓) (Refer Scheme Specific Instructions)

Quantum Gold Fund		Quantum Index Fund	
Portfolio Deposit ^ <input type="checkbox"/>	Cash Subscription ^ <input type="checkbox"/>	Portfolio Deposit ^ <input type="checkbox"/>	Cash Subscription ^ <input type="checkbox"/>
No. of units (in Figures): _____	(in Words): _____	No. of units (in Figures): _____	(in Words): _____
Gold Deposited /To be Deposited (kgs): _____		Delivery Instruction Copy Submitted	
Shipper: _____	(^ Refer Scheme Specific Instructions point No. 4 & 8)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	(^ Refer Scheme Specific Instructions point No. 4 & 6)

8 PAYMENT DETAILS (Refer Instruction No. 8)

Mode of Payment	<input type="checkbox"/> Direct Credit <input type="checkbox"/> RTGS / NEFT <input type="checkbox"/> Transfer Cheque <input type="checkbox"/> Fund transfer <input type="checkbox"/> IMPS
RTGS/ NEFT/IMPS Ref. No. & Date:	Date: DDMMYYYY
Cheque No. & Date:	Date: DDMMYYYY
Total 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

9 SWITCH DETAILS To Quantum Gold Fund (Only during liquidity window period)

All Units : <input type="checkbox"/>	Partial Units: <input type="checkbox"/>
From Scheme :	
<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"/> Growth Option <input type="checkbox"/> Daily Dividend Reinvestment <input type="checkbox"/> 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

10 REDEMPTION DETAILS (Please ✓)

Quantum Gold Fund	Quantum Index Fund
Portfolio Deposit ^ <input type="checkbox"/>	Cash Redemption ^ <input type="checkbox"/>
Delivery Instruction Copy Submitted: <input type="checkbox"/> Yes	Delivery Instruction Copy Submitted: <input type="checkbox"/> Yes
(^ Refer Scheme Specific Instructions point No. 7 & 9)	(^ Refer Scheme Specific Instructions point No. 5 & 7)
No. of units (in figure) _____	No. of units (in words) _____

11 NOMINATION

Since the Units of the Scheme will be issued in electronic (demat) mode, Nomination details provided to the DP shall be applicable.

12 DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 9)

<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants only)
I would like to be allotted units in DEMAT mode. <input type="checkbox"/> Yes <input type="checkbox"/> 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.
NSDL <input type="checkbox"/> I N <input type="checkbox"/> BENEFICIARY Account No. (NSDL Only) _____
CDSL <input type="checkbox"/> _____
Enclose for Demat Option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction / Holding Statement <input type="checkbox"/> DIS Copy

13 DOCUMENT ENCLOSED (Please ✓)

Total No. of docs. _____	<input type="checkbox"/> Resolution/ Authorisation to invest <input type="checkbox"/> List of authorised signatories with specimen signatures
<input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Declaration of Beneficial Ownership <input type="checkbox"/> Bye-laws <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Overseas Auditor Certificate <input type="checkbox"/> Notarised POA	
<input type="checkbox"/> Copy of PAN Card <input type="checkbox"/> KYC Compliance <input type="checkbox"/> PIO Card <input type="checkbox"/> Foreign Inward Remittance Certificate <input type="checkbox"/> Trigger Form <input type="checkbox"/> Minor related documents <input type="checkbox"/> Proof of Address	

14 SOURCE OF INFORMATION How did you come to know about Quantum Mutual Fund?

<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Sales Team <input type="checkbox"/> IFA / Intermediary
Name & ARN Code of Intermediary _____ Others _____

Investor Awareness: Please ✓ to acknowledge that you have been explained the following aspects of investing by Quantum Mutual Fund and / or its representative(s) / intermediary(s) and hereby confirm having understood the same before investing with Quantum Mutual Fund.

Name of the Invested Scheme(s): _____
<input type="checkbox"/> I/We have asked, and have been explained to my/our satisfaction 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(s).
<input type="checkbox"/> I/We confirm that I/We have fully understood the Expense Ratios and Exit Loads pertaining to the scheme(s) and that exit loads will be calculated as per First in First out (FIFO) basis.
<input type="checkbox"/> I/We confirm that I/We have fully understood Transaction norms such as cut off time for subscription / redemption/switch, Turnaround Times for processing of transactions etc.
<input type="checkbox"/> I/We am/are aware of the Tax implications of my/our Investment pertaining to the schemes of Quantum Mutual Fund.
<input type="checkbox"/> I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We recognize, and I / We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s). I/We also recognize the product label (color code), denoting the risk for the said scheme(s).
<input type="checkbox"/> I/We am/are aware of my own risk appetite, my/our time horizon for investment, my/our objective for investment and the investment objective of the scheme(s) and the fit between the two at the time of undertaking the investment(s). I/we confirm that the Scheme(s) in which I/we am/are investing is appropriate for me / us keeping in mind the investment objective and risk of the scheme(s).
<input type="checkbox"/> I/We am/are also aware of the Grievance Redressal and Dispute Resolution policies and procedure at Quantum Mutual Fund and am/are aware of whom to contact in case of any discrepancies.
<input type="checkbox"/> 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 forms are true and correct to the best of my/our knowledge.

TO COMPLETE THE FORM, PLEASE SIGN IN THE APPROPRIATE BOX AT THE BOTTOM OF THE FOLLOWING PAGE.

Contact Us



WEBSITE

www.QuantumMF.com



TOLL FREE HELPLINE

1800 22 3863 / 1800 209 3863



EMAIL

CustomerCare@QuantumAMC.com



SMS

<Quantum> to 9243 22 3863