



- 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)

COMMON APPLICATION FORM

Offer of units at Applicable NAV

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

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

Application No: _____

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY			
Name & ARN Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date of Receipt	Time of Receipt
ARN-13308					

Please read the instructions carefully, before filling up the application (all columns marked* are mandatory). Use this form if you are making a one time investment. For SIP investment 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	_____	Yes <input type="checkbox"/> (Please submit Proof)
2nd Applicant	_____	Yes <input type="checkbox"/> (Please submit Proof)
3rd Applicant	_____	Yes <input type="checkbox"/> (Please submit Proof)
POA Holder	_____	Yes <input type="checkbox"/> (Please submit Proof)

4 APPLICANT INFORMATION (Refer Instruction No. 4) (TO BE FILLED IN BLOCK LETTERS)*

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

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 Resident Individual Resident Minor NRI/PIO NRI/PIO Minor FII's Society/Club AOP/BOI FOF Partnership Firm HUF Bank Trust Company/Body Corporate Others *Please Specify* _____

Occupation Business Professional Agriculturist House Wife Student Defence Bureaucrat Forex Dealer 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) Overseas Investor must provide Indian Address

City _____ State _____ Country **I N D I A** Pin code _____

Contact Details of Sole/ First Applicant
Tel No - STD Code _____ Res. _____ Off. _____ Fax _____

Overseas Address (mandatory for NRI/FII applicant). Address for correspondence (for NRI applicants) Indian Overseas
Applications from investors residing in USA or Canada shall not be accepted

City _____ Country _____ Zip code _____

5 POWER OF ATTORNEY (POA) (Refer Instruction No. 5)

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.6 & 7)

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

I / We wish to go green and do not wish to receive the following document in paper format (Please) Account Statement Annual Report Other Statutory Information

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No: _____

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

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 and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp & Receipt Date and Time

