

COMMON APPLICATION FORM

(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.

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.
ARN-153155			E-271894		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Please Lumpsum Investment

Micro Application

SIP Application

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, KIN, Section 2 & proceed to Section 7 - Investment Details]

Folio No.

Optional CKYC Identification No. (KIN)

1st SOLE APPLICANT Mr. / Ms. /M/s.

(Please write the name as per PAN Card)

PAN

(LEI Code for entities

CKYC ID No. (KIN)

Pls indicate if US Person or a resident for tax purpose / Resident of Canada

Yes No^s (\$Default if not

GUARDIAN (In case 1st Applicant is a Minor)
Mr. / Ms. / M/s.

Relationship with Minor (Please

Mother

Father

Legal Guardian

GUARDIAN CKYC ID No. (KIN)

KYC (Please)
 Proof Attached

GUARDIAN PAN

GUARDIAN Aadhaar No.

Aadhaar Copy (Please) Enclosed

POA / Custodian Name:

KYC (Please) Proof Attached

POA / Custodian CKYC ID No. (KIN)

POA / Custodian PAN

Contact Person for Corporate Investor: Name

Designation:

3 FIRST APPLICANT AND KYC DETAILS

1st SOLE APPLICANT Individual or Non-Individual [Non Individual Investors should mandatorily fill separate FATCA, CRS & UBO details form]

*Date of Birth/Incorporation D D M M Y Y Y Y
(Individual) / (Non-individual)
(Please write the Date of birth as per Aadhaar Card)

Proof of Date of Birth(Please)
(For minor applicant)

Birth Certificate

School Leaving Certificate / Mark Sheet

Passport of the Minor

Others
(Please specify)

Place of Birth / Incorporation:
(Please write the Date of birth as per Aadhaar Card)

Country of Birth / Incorporation: India
 Others

Nationality: Indian

Gender

Male Female Other

Type: Resident Individual Sole Prop NRI - NRE Trust Bank / FIs FIs PIO Society/AOP/BOI Minor through Guardian NRI - NRO

HUF LLP Listed Company Private Company Public Ltd. Company Artificial Juridical Person Partnership Firm FOF - MF Schemes Others

a*. Occupation Details [Please tick ()]
 Private Sector Public Sector Government Service Student Professional Housewife
 Business Retired Agriculture Proprietorship Others

c*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP Not Applicable

b*. Gross Annual Income (₹) [Please tick ()] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore

d*. Net-worth (Mandatory for Non-Individuals) ₹ _____ as on _____ (Not older than 1 year)

e*. Non-Individual Investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming/Gambling/Lottery/Casino Services
 Money Lending / Pawning None of the above

4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No. A/c. Type Pls. () NRE CURRENT SAVINGS NRO

Branch Name: Bank ~

Address:

Branch City:

State:

Pin Code

MICR Code

Please attach a cancelled cheque
OR a clear photo copy of a cheque

IFSC Code (Mandatory for Credit via NEFT/RTGS)

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS

Mode of Holding:	<input type="radio"/> Anyone or Survivor	<input type="radio"/> Single	<input type="radio"/> Joint	(Please note that the Default option is Anyone or Survivor)		
2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card)			Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other			
PAN Details		Pls indicate if US Person or a resident for tax purpose / Resident of Canada <input type="radio"/> Yes <input type="radio"/> No* (*Default if not ✓)				
CKYC ID No. (KIN)		KYC Pls <input checked="" type="checkbox"/> <input type="radio"/> Proof Attached			Date of Birth (Mandatory) _____ (As per PAN Card)	
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Card)		Country of Birth / Incorporation:	<input type="radio"/> India <input type="radio"/> Others	Nationality: <input type="radio"/> Indian <input type="radio"/>	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	
a*. Occupation Details [Please tick (✓)]		<input type="radio"/> Private Sector	<input type="radio"/> Public Sector	<input type="radio"/> Government	<input type="radio"/> Student	<input type="radio"/> Professional <input type="radio"/> Housewife
b*. Gross Annual Income (₹) [Please tick (✓)]		<input type="radio"/> Business	<input type="radio"/> Retired	<input type="radio"/> Service Agriculture	<input type="radio"/> Proprietorship	<input type="radio"/> Others _____
(✓) c*. Politically Exposed Person (PEP) Status		<input type="radio"/> Below 1 Lakh	<input type="radio"/> 1-5 Lakh	<input type="radio"/> 5-10 Lakh	<input type="radio"/> 10-25 Lakh	<input type="radio"/> >25 Lakh <input type="radio"/> >1 Crore
Net-worth ₹ _____		as on _____			(Not older than 1 year)	
3 rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card)			Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other			
PAN Details		Pls indicate if US Person or a resident for tax purpose / Resident of Canada <input type="radio"/> Yes <input type="radio"/> No* (*Default if not ✓)				
CKYC ID No. (KIN)		KYC Pls <input checked="" type="checkbox"/> <input type="radio"/> Proof Attached			Date of Birth (Mandatory) _____ (As per PAN Card)	
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Card)		Country of Birth / Incorporation:	<input type="radio"/> India <input type="radio"/> Others	Nationality: <input type="radio"/> Indian <input type="radio"/>	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	
a*. Occupation Details [Please tick (✓)]		<input type="radio"/> Private Sector	<input type="radio"/> Public Sector	<input type="radio"/> Government	<input type="radio"/> Student	<input type="radio"/> Professional <input type="radio"/> Housewife
b*. Gross Annual Income (₹) [Please tick (✓)]		<input type="radio"/> Business	<input type="radio"/> Retired	<input type="radio"/> Service Agriculture	<input type="radio"/> Proprietorship	<input type="radio"/> Others _____
c*. Politically Exposed Person (PEP) Status		<input type="radio"/> Below 1 Lakh	<input type="radio"/> 1-5 Lakh	<input type="radio"/> 5-10 Lakh	<input type="radio"/> 10-25 Lakh	<input type="radio"/> >25 Lakh <input type="radio"/> >1 Crore
d. Net-worth ₹ _____		as on _____			(Not older than 1 year)	

6a. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better Refer Instructions 6]

Local Address of 1 st Applicant		City	State	Pin Code
Tel. Off.	Resi.	Mobile		
Mobile No specified above belongs to <input type="checkbox"/> Self or Family, due to Investor being(Please tick any one option from below.) <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian(for Minor Investment) <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Siblings				
E - Mail^ _____ ^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.Incase if physical copies are required kindly refer instruction no. 16.				
Email address specified above belongs to <input type="checkbox"/> Self or Family, due to Investor being(Please tick any one option from below.) <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian(for Minor Investment) <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Siblings				

6b. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]

Overseas Correspondence Address _____

7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please refer to Instructions No. 6.)

Scheme :	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> Payout of Income Distribution cum capital withdrawal option <input type="radio"/> Reinvestment of Income Distribution cum capital withdrawal option
Payment Type [Please (✓)]	Self (Non-Third Party Payment) <input type="radio"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')		
Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount
			Drawn on Bank / Branch
			Pay-In Bank A/c No. (For Cheque Only)

8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.

National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)		
DP Name		DP Name		
DP ID	I N _____	Benef. A/C No. _____	16 Digit A/C No. _____	
Enclosures - [Please (✓)]		<input type="radio"/> Client Masters List (CML)	<input type="radio"/> Transaction cum Holding Statement	<input type="radio"/> Delivery Instruction Slip (DIS)

9. NOMINATION DETAILS* [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 8]

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments & settlements made to such Nominee shall be valid discharge by the AMC/ MF/ Trustee Company.

○ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS						OR	○ I/WE DO NOT WISH TO NOMINATE	
No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian	Signature of Applicant/s	
1								
2								
3								

10. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA, CRS & UBO details form

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

(If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below

1 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No
Country of Birth / Incorporation		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____

Individual or Non-Individual investors fill this section if ticked Yes above.		Individual investor have to fill in below details in case of joint applicants			
Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Address Type _____		Address Type _____		Address Type _____	

(Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio)

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

11. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2]

To The Trustees, quant Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of quant Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by quant Money Managers Ltd./Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/ We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India: I/ We confirm that I am / We are not United States person(s) under the laws of United States or residents(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA /CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio.

I/we have read the point number 16 and we will participate Go Green initiative

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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For Lumpsum 'OR' SIP
as per details below:

Received Application from Mr. / Ms. / M/s. _____

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs.) _____ Cheque / DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation



multi asset, multi manager

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

quant mutual

SIP ENROLLMENT DETAILS

(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.

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	APP No.	RIA Code**
ARN-153155	ARN-	E-271894			

*Please sign below 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 SignatorySecond Applicant /
Authorised SignatoryThird Applicant /
Authorised Signatory

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.

APPLICANT DETAILS

Name of Sole/1st holder	FOLIO NO.	PAN No / PEKRN.	KYC
Name of 2nd holder		PAN No / PEKRN.	KYC
Name of 3rd holder		PAN No / PEKRN.	KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No.	Cheque / DD / Cash Deposition Date	DD Charge ₹
Net Amount ₹ _____	Bank Name: _____	Branch: _____ City: _____

UNITHOLDING OPTION

 Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository Participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

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.

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please check any one)	Enrollment Period (Please check any one)	SIP Date (For Monthly / Quarterly / Half Yearly)	SIP Amount ₹ _____ (in figures)	Weekly and Fortnightly SIP Date
					From : MM / YYYY
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly		<input type="checkbox"/> D D		For Weekly and Fortnightly fixed day is Wednesday or alternet Wednesday
<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment					

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 qMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree qMF 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 model, 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.

First / Sole Applicant / Guardian
Authorised SignatorySecond Applicant /
Authorised SignatoryThird Applicant /
Authorised Signatory

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 qMF on any transaction day.



UMRN	Bank Use	Date D D M M Y Y Y Y
Sponsor Bank Code	Bank Use	<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL
Utility Code	Bank Use	I/We hereby authorize quant Mutual Fund
To Debit (tick ✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	Bank A/c
With Bank	Name of customers bank	IFSC / MICR
An Amount Of Rupees	₹	
DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount	FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented
Reference 1	Folio No.	Reference 2 Scheme Name

1. 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. 2. This is to confirm that the declaration 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. 3. 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.

PERIOD

From D D M M Y Y Y Y



To D D M M Y Y Y Y

Signature Of Primary Account Holder

Signature Of Joint Account Holder

Signature Of Joint Account Holder

Maximum period of validity of this mandate is 40 years only

Phone No. _____

1. Name Of Primary Account Holder

2. Name Of Joint Account Holder

3. Name Of Joint Account Holder



multi asset, multi manager

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

quant mutual

SIP ENROLLMENT DETAILS

(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.

DISTRIBUTOR / BROKER INFORMATION

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ARN-153155	ARN-	E-271894			

*Please sign below 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 SignatorySecond Applicant /
Authorised SignatoryThird Applicant /
Authorised Signatory

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.

APPLICANT DETAILS

Name of Sole/1st holder	FOLIO NO.	PAN No / PEKRN.	KYC
Name of 2nd holder		PAN No / PEKRN.	KYC
Name of 3rd holder		PAN No / PEKRN.	KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____

Net Amount ₹ _____ Branch: _____ City: _____

UNITHOLDING OPTION

 Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository Participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

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					From : MM / YYYY
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly		<input type="checkbox"/> D D	₹ _____ (in figures)	For Weekly and Fortnightly fixed day is Wednesday or alternate Wednesday
<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment					

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 qMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree qMF 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 model, 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.

First / Sole Applicant / Guardian
Authorised SignatorySecond Applicant /
Authorised SignatoryThird Applicant /
Authorised Signatory

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 qMF on any transaction day.



UMRN	Bank Use	Date D D M M Y Y Y Y
Sponsor Bank Code	Bank Use	<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL
Utility Code	Bank Use	I/We hereby authorize quant Mutual Fund
To Debit (tick ✓)	SB CA CC SB-NRE SB-NRO Other	Bank A/c
With Bank	Name of customers bank	IFSC / MICR
An Amount Of Rupees	₹	
DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount	FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented
Reference 1	Folio No.	Reference 2 Scheme Name

1. 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. 2. This is to confirm that the declaration 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. 3. 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.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Signature Of Primary Account Holder

Signature Of Joint Account Holder

Signature Of Joint Account Holder

Phone No. _____

1. Name Of Primary Account Holder

2. Name Of Joint Account Holder

3. Name Of Joint Account Holder

CKYC & KRA KYC Form

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

Know Your Client (KYC)

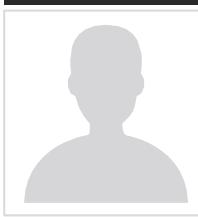
Application Form (For Individuals only)

Fields marked with ****** are mandatory fields

Application New
 Type* Update KYC Number* KYC Number*
 KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)

1.Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Maiden Name (If any*)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Father / Spouse Name*				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mother Name*				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth*	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country _____		Country Code <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
Occupation Type*	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector
	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired
	<input type="checkbox"/> X- Not Categorised	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/>
Photo				
				
Thumb Impression/ Signature				

2.Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	X X X X X X X X		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (A) [any document notified by the central government]	<input type="text"/>	Identification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Others (B) [Refer instruction C (3)]	<input type="text"/>	Identification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3.Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*				
Line 2				
Line 3				
District	Zip / Post Code*	<input type="text"/>	City / Town / Village*	<input type="text"/>
State/UT*	Country	<input type="text"/>	State/UT Code <input type="text"/>	as per Indian Motor Vehicle Act, 1988
		<input type="text"/>	Country Code <input type="text"/>	as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	X X X X X X X X		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (A) [any document notified by the central government]	<input type="text"/>	Identification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Others (B) [Refer instruction D (3)]	<input type="text"/>	Identification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

(In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

City / Town / Village*											
State/UT Code <input type="text"/> as per Indian Motor Vehicle Act , 1988											
Country Code <input type="text"/> as per ISO 3166											

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile

Tel. (Off)

Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)

Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address

Line 1*

Line 2

Line 3

State/UT*

Country

Zip / Post Code*

State/UT Code as per Indian Motor Vehicle Act , 1988

Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number

Passport Expiry Date DD - MM - YY YY YY

B- Voter ID Card

C- PAN Card

D- Driving Licence

Driving Licence Expiry Date DD - MM - YY YY YY

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Date: DD - MM - YY YY YY

Place:

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

- -

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]



multi asset, multi manager

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(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 | www.quant-mutual.com

FATCA - CRS DECLARATION AND SUPPLEMENTARY INFORMATION

Declaration Form for Individuals

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

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

APP No.:

NAME: [REDACTED]

PAN: [REDACTED] or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? → Yes No

If 'No', please proceed for the signature of declaration

If 'Yes', please fill for All countries (**other than India**) in which you are a Resident for a Resident for tax purpose i.e., where you are a Citizen /

Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick ✓ the reason A, B or C (as defined below)
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- » Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
- » Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)
- » Reason C - Others; please state the reason thereof

DECLARATION

I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date: [REDACTED] D [REDACTED] M [REDACTED] Y [REDACTED] Y [REDACTED] Y [REDACTED]

Signature: [REDACTED]

Place: