



COMMON APPLICATION FORM (Continuous Offer of units at Applicable NAV)

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)
Quantum Multi Asset Fund
(An Open Ended Fund of Funds Scheme)

Quantum Dynamic Bond Fund
(An Open-ended Debt Scheme with Defined Credit Exposure and Dynamic Maturity Profile)

India's 1st Direct to Investor Mutual Fund

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

Application No: **QMFP**

1 INTERMEDIARY INFORMATION		E- Code / RW code	
Name & ARN Code	Sub-Broker Code	EUIN	PIA 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. For SIP investments please use the separate SIP Form. Investors 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 Plan <input type="checkbox"/> Direct <input type="checkbox"/> Regular			
3 EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number) (Refer Instruction No. 3)			
Folio No.	Name of First Applicant		
4a	* PAN/PEKRN (Refer Instruction no. 4a) please attach certified PAN copy		* Know Your Customer (KYC) (Refer Instruction No. 4b)
1st Applicant/Minor	Yes	(Please submit Proof)	AADHAAR Number
2nd Applicant	Yes	(Please submit Proof)	
3rd Applicant	Yes	(Please submit Proof)	
Guardian	Yes	(Please submit Proof)	
POA Holder	Yes	(Please submit Proof)	
4b	CVC Details (CIN Number)		
1st Applicant/Guardian	2nd Applicant		
3rd Applicant			
5 * APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS)			
Name of Sole/ 1st Applicant		Date of Birth/ Date of Incorporation	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> N/s. <input type="checkbox"/> Others		Please Specify	
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	
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	
If the sole / first applicant is differently abled, then please tick the preferred mode of communication:		<input type="checkbox"/> Email & SMS <input type="checkbox"/> Voice <input type="checkbox"/> Both	
Name of 2nd Applicant		Date of Birth	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> N/s.		Please Specify	
Mobile No.		Email ID	
Name of 3rd Applicant		Date of Birth	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> N/s.		Please Specify	
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)	
1 st Holder		Legal Status Please (✓)	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> Minor <input type="checkbox"/> HUF <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	
Occupation Please (✓)		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	
Income Please (✓)		Forex Dealer <input type="checkbox"/> Retired <input type="checkbox"/> Others	
Others		For Individuals (please tick (✓)): <input type="checkbox"/> I am Politically Exposed person (PEP) <input type="checkbox"/> I am Related to Political Exposed person (RPEP) <input type="checkbox"/> Not applicable	
		For Non-Individuals (please tick (✓)): Foreign Exchange/Money Changer Services- <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/Pawning- <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 nd Holder		Legal Status Please (✓)	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <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	
Occupation Please (✓)		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	
Income Please (✓)		Forex Dealer <input type="checkbox"/> Retired <input type="checkbox"/> Others	
Others		For Individuals (please tick (✓)): <input type="checkbox"/> I am Politically Exposed person (PEP) <input type="checkbox"/> I am Related to Political Exposed person (RPEP) <input type="checkbox"/> Not applicable	
		For Non-Individuals (please tick (✓)): Foreign Exchange/Money Changer Services- <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/Pawning- <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 rd Holder		Legal Status Please (✓)	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO Non-Repatriation Basis <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	
Occupation Please (✓)		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	
Income Please (✓)		Forex Dealer <input type="checkbox"/> Retired <input type="checkbox"/> Others	
Others		For Individuals (please tick (✓)): <input type="checkbox"/> I am Politically Exposed person (PEP) <input type="checkbox"/> I am Related to Political Exposed person (RPEP) <input type="checkbox"/> Not applicable	
		For Non-Individuals (please tick (✓)): Foreign Exchange/Money Changer Services- <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/Pawning- <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 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.			



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

Please scan this code, and fill in your details. Our representative will get in touch with you.



Date Received from: Mr. / Ms. / N/s

an application for allotment Scheme

vide Cheque No./ RTGS / NEFT / IMPS Reference No.

Amount (₹)

Drawn on Bank and Branch

Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)

Collection Center's Stamp
&
Receipt Date and Time

City		State		Country		I N D I A		Pin code	
Contact Details of Sale/ First Applicant									
Tel No - STD Code		Res.		Off.		Fax			
Overseas Address (mandatory for NRI/PN applicant). 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			

6 POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2(i) & 7)

POA Name Mr./Ms.	
Address	
City	Pin code

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

7 BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type <input checked="" type="checkbox"/> [Please ✓] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	
Account No	
Bank Name	
Branch	
Branch Address	
City	Pin code
IFSC	MICR Code

Preferred mode of payment Electronic Credit. RTGS/NEFT code will help us transfer the amount to your bank account quicker, electronically.

Mandatory — Please attach either a Cancelled Cheque with first applicant name and account number pre-printed on the face of the cheque or a Bank Statement with current entries not older than 3 months or a Certified Bank Passbook with current entries not older than 3 months or a Bank Letter/Certificate duly signed by Bank Branch Manager/Authorized Personnel.

8 INVESTMENT DETAILS (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 1)

Scheme	
Option	Facility
Dividend Transfer to Scheme (Available only if invested scheme has Monthly Dividend Payout Option)	

9 PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Transfer Letter / Direct Credit (DC) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> IMPS	
RTGS/NEFT/IMPS/DC Ref. No. & Date	Date D D / M M / Y Y Y Y
Cheque No. & Date:	Date D D / M M / Y Y Y Y
Gross Amt (₹)	DD Charges (₹)
Net 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	

10 NOMINATION DETAILS (If you wish to nominate more than one nominee please fill up separate form for nomination) (Refer Instruction no. 12)

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 and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee		Date of Birth of Nominee	
Address		PAN No. of Nominee	
City	State	Relationship With Applicant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Others	
Pin Code		Relationship With Nominee (If Nominee is minor) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Name of Guardian/Parent (If Nominee is minor)		PAN No. of Guardian/Parent	
Address of Guardian		Pin Code	
Proof of Date of Birth* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others		I do not wish to Nominate <input type="checkbox"/>	
Proof of Relationship* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others		Please Specify	

11 DEMAT ACCOUNT DETAILS (Please ✓) (Please refer Instruction no. 13)

I would like to be allotted units in DEMAT mode. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> 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	

12 SMILE Facility (Please refer Instruction no. 15)

Opt for SMILE Facility <input type="checkbox"/> Yes <input type="checkbox"/> No		Contribution Percentage : <input type="checkbox"/> 5% OR <input type="checkbox"/> 10%
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NGO Details for SMILE Contribution	
NGO Name	Distribution Share to each NGO (%)
NGO1 Name	
NGO2 Name	
TOTAL	100%

13 SOURCE OF INFORMATION How did you come to know about Quantum Mutual Fund?
 ☐ Advertisement ☐ Friend/Relative ☐ Sales Team ☐ IFA/ Intermediary

Name & ARN Code of Intermediary _____ Others _____

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



Missed Call Facility
022-61073807



EMAIL
CustomerCare@QuantumAMC.com



SMS
<Quantum> to 9243 22 3863

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): _____

- ☐ I/We have asked, and have been explained and understood to my/our satisfaction all the features of the scheme(s) from the scheme related Documents (KIM/SID/SAI) that I/We have chosen to invest in and have understood all the Terms and Conditions of the scheme(s).
- ☐ I/We confirm that I/We have reviewed and understood the Expense Ratio, Tax Implication, Cut-off time for subscription / redemption / Switch, Turnaround time for processing of transactions, Exit Load which will be calculated on First in First Out (FIFO) basis, product label and riskometer of the scheme(s).
- ☐ I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We have also understood from the product label and Riskometer of the Scheme(s). I/We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s).
- ☐ 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, performance of the Scheme(s) and performance of the Benchmark of the scheme(s) and its appropriateness for me/ us to undertake investment in the scheme(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).
- ☐ I/We am/are also aware of the Charter of Investor Rights, Privacy Policy Grievance Redressal and Dispute Resolution Policy and procedure at Quantum Mutual Fund and am/are aware of whom to contact in case of any discrepancies.
- ☐ 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.
- ☐ I/We hereby authorize you to verify / confirm details and documents submitted by me/ us independently from my Banker and / or any source and / or through the independent third party appointed by you. In case, if any of the information / documents provided is found to be incorrect, you have the right to reject my application.

DECLARATION:

I/We have read and understood the terms & contents of the Scheme Information Document(s) of the respective scheme(s) and Statement of Additional Information and Addenda of Quantum Mutual Fund thereto. I/We hereby apply to the Trustee of Quantum Mutual Fund for purchase/allotment of units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorized to invest the amount & that the amount invested by me/us in the above mentioned scheme is derived through legitimate sources and legally belong to me/us and not of any third party and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority in India or of the country where I/we for the time being reside from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the scheme and Quantum AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Quantum Asset Management Ltd., Investment Manager to the Quantum Mutual Fund has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We hereby authorize Quantum Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Quantum Mutual Fund's bank(s) or to any authority / agency, statutory or otherwise. I/We authorize this Fund to reject the application, revert the units credited/redeem units created at applicable NAV (less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that Quantum AMC reserves the right to call for such other additional information/ documents as required to comply with KYC norms. I/We understand that and further authorize Quantum AMC, Quantum Mutual Fund to source my data / documents / information specimen signature from third party / KRA and Quantum Mutual Fund, Quantum AMC has the right to use the same / specimen signature for validation to process any future transactions that are submitted by me / us, besides Quantum Mutual Fund / Quantum AMC can further insist on seeking verification of my signature by my / our default bank. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars above are correct. I/We further agree not to hold Quantum Mutual Fund liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/We hereby undertake to promptly inform Quantum Mutual Fund of any changes to the information provided hereinabove and agree to accept that Quantum Mutual Fund, their authorized agents and representatives are not liable or responsible for any loss, costs, damages arising out of any actions undertaken or activities performed by them on the basis of information provided by me/us as also due to not intimating/delay in intimating such changes. I/We hereby authorize Quantum Mutual Fund to disclose, share, remit in any form, mode or manner, directly to them or indirectly through any entity, the information provided by me to any Regulatory Authority(ies); including Financial Intelligence Unit, India (FIU-IND) and/or any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authority and other investigation agencies; including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I/We hereby authorize Quantum AMC to verify/validate with my/our Bankers or with any entity/source, the bank account details provided by me/us in the initial /additional subscription as well as any subsequent multiple bank mandate registrations submitted by me/us while investing in Schemes of Quantum Mutual Fund. FATCA/ Foreign tax laws: I/We understand that Tax Regulations relevant under Foreign Account Tax Compliance Act Provisions (commonly known as FATCA) contained in the US Hire Act 2010, require Quantum Mutual Fund to collect information about each investor's tax residency. I/We authorize Quantum Mutual Fund to share information on my/our account with relevant tax authorities; if I/We provide a valid self-certification / information on US Tax Identification Number etc under the relevant FATCA/Foreign Tax Laws to Quantum Mutual Fund. In case no information on US Tax Identification Number etc is provided by me / us, it will be deemed that I/We are not a US citizen or resident and Quantum Mutual Fund under certain circumstances may be obliged to share information on my / our account with relevant tax authorities. I/We have read the contents of the SAI, SID, KIM which is for informational purposes only and does not have any regard to my/our specific investment objectives, financial situation or my / our particular needs. I/We have understood that the past performance of any fund or manager/ sub-manager of the fund are not necessarily indicative of future performance. Opinions and any other contents which are provided by Quantum Mutual Fund are for personal use and informational purposes only and are subject to change without notice. I/We hereby confirm that nothing contained in the SAI, SID, KIM or website constitutes investment, legal, tax or other advice nor is it to be relied on while making an investment or other decision. I/We hereby confirm that descriptions or questions answered by me/us in the questionnaire which is used to understand my profile are fair, clear and not misleading. I/We also confirm that all investments made by me either on my own and / or on the advice of the relationship manager are after evaluating my/our investment objective and analyzing my/our risk profile and have been explained all the features of the scheme(s) to my/our satisfaction. I/We have understood the nature and risk of the products selected for my/our investments based on my investment objective/s and financial situation as provided by me/us. I/We hereby confirm that purchase of units of any particular scheme either independently and / or if and whenever a recommendation is given to me/us to purchase a particular scheme, it is based upon a reasonable assessment i.e. whether the structure and risk reward profile of the scheme is consistent with my experience, knowledge, investment objectives, risk appetite, time horizon for investment and capacity for absorbing loss. I/We hereby confirm that I have independently understood either on my own and / or through the AMC's relationship manager (if any) assigned to me/us who has disclosed all material information about the business, fund's history, the terms and conditions on which advisory services are offered (if any), affiliations with other intermediaries, any actual or potential conflicts of interest arising from any connection to or association with any issue of products/ securities, including any material information or facts that might compromise its objectivity or independence in carrying out of investment advisory services, key features of the products or securities, particularly, performance track record, transaction norms such as cut off time for subscription / redemption, TAT for redemption, activation of SIP/STP/SWP, NAV applicability, the expense ratio of the scheme(s), the exit load structure of each scheme as well as the exit load that will be charged and calculated on FIFO basis and such other information as is necessary so as to take a decision on investing and the services that will be provided in future. I/We am aware about the product label warnings, disclaimers in documents, advertising materials relating to an investment product which is/are recommended to me/us and tax implications of my/our investment pertaining to all schemes of Quantum Mutual Fund as explained to me/us by my relationship manager. I/We also confirm that the Scheme in which I/ we have invested is appropriate for me / us keeping in mind my investment objective and my risk appetite and the investment objective and inherent risk of the Scheme. I/We also confirm that I/We have not been paid any incentive or have not been promised any assured returns while investing in the scheme(s). 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/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 above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." I/We hereby declare that I have understood the nature of questions in the KIM / application form and the importance of disclosing all the material information required and the facts disclosed in the application and the details provided by me/us in the Investor Awareness section are true and correct. I/ We hereby agree and authorize Quantum AMC / Mutual Fund to provide my / our Personal / Investment(s) details to intermediaries by ways of feeds or such other means / medium for my / our investment that are routed / executed by me / us through the intermediaries.

I/We am also aware of the Grievance Redressal and Dispute Resolution policies and procedures at Quantum Mutual Fund and am aware of whom to contact in case of any discrepancies in understanding or otherwise.

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin but not a person residing in Canada or a United States within the meaning of Regulation(s) under the United States Securities Act of 1933, as amended from time to time or of any country not compliant under the FATF Agreements and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. (Including amount of Additional Purchase Transaction made in future). I/We authorize this fund to reject the application, revert the units credited/redeem units created at applicable NAV (less exit load, if any), restrain me/us from making any further investment in any of the schemes of the fund, in case I/we have not provided details of me/us being resident of Canada or USA or any country not compliant under the FATF Agreements either at the time of investment or subsequently.

Applicable to Investors who have provided Aadhaar Card Number: I / we holder of Aadhaar Number as provided in the application form hereby give my / our consent to obtain my Aadhaar Number, Name and Fingerprint / Iris for authentication with UIDAI. Quantum Asset Management Company Private Limited has informed to me / us that my / our identity information would only be used for doing KYC and authentication of transactions through electronic mode in Quantum Mutual Fund and also informed that my / our biometrics will not be stored / shared and will be submitted to CIDR only for the purpose of authentication.

Date:

Place: _____

Signature(s)

Sole/1st Applicant/Guardian / Authorised Signatory	POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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