



ONE TIME MANDATE FORM

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

UMRN

DDMMYYYY

Tick

Create:

Modify:

Cancel:

Sponsor Bank Code _____ (Office use only) Utility Code _____ (Office use only)

I/We hereby authorize **QUANTUM MUTUAL FUND** to debit (Tick) **SB/ CA/ CC/ SB-NRE / SB-NRO/ Other**

From Bank A/C Number: _____

With (Name of Destination Bank with Branch) _____ IFSC Code: _____ MICR Code: _____

an amount of Rupees _____ (in words) ₹ _____

FREQUENCY: Mthly Qtly H-yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. _____ Phone No. _____

Schemes **ALL SCHEMES OF QUANTUM MUTUAL FUND** Email ID _____

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.

PERIOD

From 1 Signature Primary Account Holder 2 Signature of Account Holder 3 Signature of Account Holder

To _____ Name as in bank records _____ Name as in bank records _____ Name as in bank records _____

Or Until Cancelled

*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 instruction as agreed and signed by me. 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.



SYSTEMATIC INVESTMENT PLAN ECS/AUTO DEBIT MANDATE FORM

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

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

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

New Registration (New Investors to submit duly filled and signed Common Application Form) Change in Bank Account (for Existing Investor) Micro SIP Cancellation of SIP

Mode of SIP: ECS NACH

INVESTOR DETAILS

Folio/Application No. _____ PAN No*. _____

Sole/First Investor Name: _____

*Please provide KYC Acknowledgement Letter if not sent before.

INVESTMENT DETAILS (Please) Choice of Scheme/Option/Facility

Quantum Long Term Equity Fund Quantum Tax Saving Fund Quantum Liquid Fund

Quantum Equity Fund of Schemes Dividend Option

Growth Option Dividend Reinvestment Facility Dividend Payout Facility

Growth Option Daily Dividend Reinvestment Option Monthly Dividend Payout Option Dividend Transfer to Scheme - _____ (Available only for Monthly Dividend Payout Option)

Quantum Dynamic Bond Fund Growth Option Monthly Dividend Reinvestment Option Monthly Dividend Payout Option

Quantum Gold Savings Fund - Growth Option Quantum Multi Asset Fund - Growth Option

Frequency Details (Please)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="radio"/> 5th, 21st OR <input type="radio"/> 7th & 25th	<input type="radio"/> 5th OR <input type="radio"/> 7th OR <input type="radio"/> 21st OR <input type="radio"/> 25th	<input type="radio"/> 15th OR <input type="radio"/> 28th
No of Installments: _____	SIP Start Date <input type="checkbox"/> DD <input type="checkbox"/> MM <input type="checkbox"/> YY <input type="checkbox"/> YY	SIP End Date <input type="checkbox"/> DD <input type="checkbox"/> MM <input type="checkbox"/> YY <input type="checkbox"/> YY	Cheque No. _____	
Amount Per Installment: _____	Amount (in words) _____			

I/We hereby authorize Quantum Mutual Fund and their authorized service providers to debit my/our following bank account by ECS (Debit clearing/Auto Debit) for collection of SIP payments

Note: Please allow 30 business days for Auto Debit to register and start. * Only monthly and quarterly SIP frequencies are available for Quantum Liquid Fund.

Bank Name _____

Bank Account No. _____

I/We wish to inform you that I/We have registered with Quantum Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Quantum Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Quantum Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions are delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Quantum Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Quantum Mutual Fund Scheme(s) at NAV based the resale price and agree to abide by terms, conditions, rules and regulations of Scheme(s). I/we hereby authorize bank to debit my account for mandate verification charges, if any.

First Account Holders Signature
(As per bank records)

Second Account Holders Signature
(As per bank records)

Third Account Holders Signature
(As per bank records)