



**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 |     |      |

AC/PAYEE  
PAY \_\_\_\_\_ QUANTUM MUTUAL FUND PAN XXXXXXXX OR BEARER

RUPEES \_\_\_\_\_ ₹ \_\_\_\_\_

11 DIGIT IFSC Code \_\_\_\_\_  
9 DIGIT MICR Code \_\_\_\_\_

IFSC (01MF86432) "4153812" 265291538 123456 23

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.

**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: D D M M Y Y Y Y         |
| Cheque No. & Date:               |  |                                      |  |  | Date: D D M M Y Y Y Y         |
| 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 Option | <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"/> | 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)**  NSDL  CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants only)

I would like to be allotted units in DEMAT mode.  Yes  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 | I N | BENEFICIARY Account No. (NSDL Only) |
| CDSL |     |                                     |

Enclose for Demat Option:  Client Master List  Transaction / Holding Statement  DIS Copy

**13 DOCUMENT ENCLOSED (Please ✓)** Total No. of docs. \_\_\_\_\_

Resolution/ Authorisation to invest  List of authorised signatories with specimen signatures  
 Memorandum & Articles of Association  Trust Deed  Declaration of Beneficial Ownership  Bye-laws  Partnership Deed  Overseas Auditor Certificate  Notarised POA  
 Copy of PAN Card  KYC Compliance  PIO Card  Foreign Inward Remittance Certificate  Trigger Form  Minor related documents  Proof of Address

**14 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 \_\_\_\_\_

**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 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).
  - 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.
  - 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.
  - I/We am/are aware of the Tax implications of my/our Investment pertaining to the schemes of Quantum Mutual Fund.
  - 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).
  - 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).
  - 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.
  - 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