

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		

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.

AC/PAYEE	QUANTUM MUTUAL FUND PAN XXXXXXXX	OR BEARER
PAY		
RUPEES	₹	
11 DIGIT IFSC Code	9 DIGIT MICR Code	
IFSC (01MF86432)	"4153872" 265291538 123456	23

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