

quant mutual

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

COMMON APPLICATION FORM

(Use this for	m if One Time Bank Mandate Form is	s registered in the folio) To b	e filled in capital letters and	d in blue / black ink only.	P 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 - 92245			E092536		
EUIN Declaration: Declaration for "Execution Only" Tra intentionally left blank by me/us as this transaction is exe employee/felationship manager/sales person of the distr all Schemes managed by you, to the above mentioned S	ansaction (where Employee Unique Identifica cuted without any interaction or advice by the biutor/sub broker. RIA Declaration: "I/We he EBI-Registered Investment Adviser/ RIA".	ation Number-EUIN* box is left bla e employee/relationship manager/s ereby give you my/our consent to s	ink). Please refer instruction 12 ales person of the above distribul hare/provide the transactions dat	of KIM for complete details on EUIN. I/We or/sub broker or notwithstanding the advice a feed/portfolio holdings/ NAV etc. in respe	hereby confirm that the EUIN box has been e of in-appropriateness, if any, provided by the act of my/our investments under Direct Plan of
Signature of 1st Applicant / Gua Authorised Signatory /PoA/I	ardian / Karta	Signature of 2 nd Applicar Authorised Signato	nt / Guardian / ory /PoA	Signature of 3" Authorise	d Applicant / Guardian / d Signatory /PoA
Please ✓ Lumpsum Investme		Micro Applicat		SIPA	pplication
TRANSACTION CHARGES (Please I AM A FIRST TIME INVESTOR IN MU Applicable transaction charges will be ded Distributor) based on the investor's assess 1. EXISTING UNIT HOLDER INFOR!	TUAL FUNDS ucted in case your distributor has o ment of various factors including t	OR opted for such charges. Up he services rendered by th	I AM AN ofront commission shall be ARN Holder.		the ARN Holder (AMFI registered
Folio No.	MATION [1 lease iii iii you i	· ·	cation No. (KIN)	ection 7 - investment betar	101
2. APPLICANT(S) NAME AND INFO	RMATION [Refer Instruction :		` ′	lease provide details of nat	ural / legal guardian
1st SOLE APPLICANT Mr. / Ms. / M/s	s.			PAN	
S.(Please write the name as per PAN Card) CKYC ID No. (KIN)			Pls indic		or tax purpose / Resident of Canada os (\$Default if not ✓)
GUARDIAN (In case 1st Applicant is a Mr. / Ms					p with Minor (Please ✓) ☐ Father ☐ Legal Guardian
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) Proof Attached	GUARDIAN PAN	
GUARDIAN AADHAAR No.				Aadhaar Copy (Pleas	se ✓) ☐ Enclosed
POA / Custodian Name:				KYO	C (Please ✓) ☐ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PC	OA / Custodian PAN	
Contact Person for Corporate Inves				Designation:	
3 FIRST APPLICANT AND KYC DE 1st SOLE APPLICANT Individual		fill I litimata Danafiajal	Ournership (LIDO) deel	eration Form in Costion 11a	9 11h Defer Instruction No. 171
*B. (M M Y Y Y Y Pro	pof of Date of Birth(Plea (For minor applicant)	se ✔) Birth	Certificate S	chool Leaving Certificate / Mark Sheet thers (Please specify)
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar	Country of Birth / Incorporation:	1	lationality:	Gender	Male Female Other
Type: Resident Individual So	le Prop NRI - NRE 1	Frust Bank / Fls	Fils PiO	Society/AOP/BOI Minor	r through Guardian NRI - NRO
HUF LLP Listed Company	Private Company Public Ltd. (Company Artificial Jurio	licial Person Partners	hip Firm FOF - MF Schemes	Others
a*. Occupation Details [Please tick (Private Sector	Public Sector Retired	Government Service	ce Student Proprietorship	Professional Housewit
c*. Politically Exposed Person (PEP) State	tus (Also applicable for authorised	d signatories/Promoters/Ka	rta/Trustee/Whole time D	irectors) I am PEP I ar	m 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
d*. Net-worth (Mandatory for Non-Inc	dividuals) ₹		as on		(Not older than 1 year
e*. Non-Individual Investors involve any of the mentioned services		Exchange / Money Cha .ending / Pawning	nger Services	Gaming/Gambling/Lottery/0 None of the above	Casino Services
4. BANK ACCOUNT DETAILS - Man Name of the Bank:	datory [Refer Instruction No	s. 3 & 4]			
Core Banking A/c No.			A/c. Type	Pls. (√)	RRENT SAVINGS NRO
Branch Name:	Ac	ddress:			
Branch City:	St	ate:		Pin Co	ode

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

IFSC Code (Mandatory for Credit via NEFT/RTGS)

MICR Code

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

5. JOINT APPLICA Mode of Holding:	NTS, IF					YC	DET	AILS		Sin	nale				_	Joint				/D	Dlog	so no	to the	at the	. Do	fault	ontic	on ie	Λny	nno o	r Surv	(ivor)
								C b 41:												(lea	se no	ne un	מנ נוופ	. De	iauit		——	Allyc	nie o	Surv	
2 nd APPLICANT Mr. /			NOT A	Applic	cable	in ca	ise of	riviin	or Ap	PIICa	ant)													Ge					_			
PAN Details			╧	\perp		<u> </u>	<u> </u>	<u>_</u>			Pls	indic	ate if	US Pe	erson	or a re	eside	ent for	tax pu	rpose	e / R							_	No* (*Defa	ult if n	ot √)
CKYC ID No. (KIN)							L						\perp		KY	'C Pls	✓		Proof	Attac	ched	(<i>i</i>	ate o	of Bir Pan	r th (Card	Mano)	latory	')				
Place of Birth						_	С	oun	try of	f Bir	th	•				_						Nati	onali	ty:						_		
a*. Occupation Deta	ils [Plea	se tick	(√)]		H		vate sines	Secto ss	or	H		iblic S etired	ector	, F	=		ment Agric	ulture		Н		dent orieto	rship	. []	=	Profe: Other		nal	Ш	Hous	ewife
b*. Gross Annual In		_					Bel	ow 1	l Laki			1-	5 Lakl		Ē	5-1	0 La	-				10-2	25 La	kh	į	=	>25 L				>1 Cr	ore
(√)] c*. Politically Ex	posed Pe	erson (l	PEP)	Stat	us	I an	n PEF		Iam	n Re	lated	to P	EP		Not /	Applica	ble															
Net-worth ₹ Mode of Holding:	☐ An	vono o			nr.					— Sin	as o	n				Joint							than			fault	ontic	on ic	Λnv	nno o	r Surv	(ivor)
																_ 30111				(1-	ica	56 110	ne un		ende	_					_	
3 rd APPLICANT Mr. / (Please write the name a			Not A	Applic	cable	ın ca	se of	IVIIn	or App	plica	ant)													Ge	enae	:r	Ma	ie L		male	Ш,	Other
PAN Details											Pls	indic	cate if	US Pe	erson	or a re	eside	ent for	tax pu	rpose	e / R	eside	nt of C	Canad	la		Yes		No* (*Defa	ult if n	ot √)
CKYC ID No. (KIN)															KY	'C Pls	✓		Proof A	Attacl	hed		ate o				ıdator	y) _				
Place of Birth							c	oun	try of	f Bir	th											Nati	onali	ty:								
a*. Occupation Deta	ils [Plea	se tick	(√)]		P	.	vate sines	Secto	or	F	=	iblic S etired	ector	· [_		ment Agric	ulture		F	Stud	dent orieto	rship		=	Profes Other		nal		Hou	sewif
b*. Gross Annual In	come (₹)	[Pleas	se ti	ck (√)]				1 Lak	h	Ē	-	5 Lakl	า				Ü				•	25 La			=	>25 L				>1 C	rore
c*. Politically Exposed	l Person ((PEP) S	itatu	s	l am	PEP		l ar	n Rela	ated			_	ot App	licab	le																
d. Net-worth ₹6a. MAILING ADDR	ESS [PI	ease n	rovi	ide v	our	E-m	ail IC) an	d Ma	bile		as o mbe		help	us s	erve v	ou b	better	r1		(INC	ot ola	er tha	ın 1 y	/ear							
Local Address of 1°				u. U. J	•											,,,,	-															
									City	y							Stat	te						P	in C	ode	<u> </u>	Т	Τ			
Tel. Off.			$\overline{\top}$	\top					Res											N	Mob	ile^/				Τ	Ħ	Ħ	Ħ	T		=
E - Mail^^			=	$\overline{}$		\overline{T}	$\overline{\top}$	$\overline{\top}$		T	$\frac{\perp}{\parallel}$	_	$\overline{}$	 	$\frac{\bot}{\top}$		T	\top	 			Τ					Ħ	Ħ	$^{+}$			\equiv
The primary email a																																
application form/no ^^Please Use Block I	etters. Ir	vestor	s pro	ovidir	ng en	nail II	D wo	uld r	mand	ator	rily re	ceiv	e all (Comm	nunic	ations	, Sta	temer	nt of A	ccou	nts a	and A	bridg									ata.
However, if you still w																									l15	6	-1-1-1			· · · · · ·	-17	
6b. Mandatory for Overseas Correspondent				[PIE	ease	prov	/iue	ruii	Auu	ires	S. P.	. О.	БОХ	NO. II	nay i	iot be	Sur	ncier	il. Foi	rOve	erse	as II	ivesi	ors,	mai	an <i>F</i>	laare	2SS I	s pre	eierr	eaj	
		, la ai c																														
7. INVESTMENT	AND PA	YMEN	T DE	TAI	LS (For	com	plet	e inf	orn	natio	n o	n Inv	estm	ent I	Details	s ple	ease r	refer t	o Ins	stru	ctior	ıs No	. 6.)	1							
Scheme :														_	ular ct Pl			П	Grow	vth (E	Defa	ult)		П	Pav	yout	IDC/	_	nves	tmer	t (Def	fault)
Payment Type [Plea	ıse (√)]			Self	(No	n-Th	ird F	art	y Pay	/me	ent)		╗			/ Payn	nent	t (Plea					arty F	aym				•				
Cheque / DD / UTI	R No. & I	Date	F					•	/ DD es (R				D Ch	arge	s,		N		urcha nount			I	Oraw	n on Branc		ık/		-			A/c N Only	
			+"		<i>37</i> 141	_, ,		guit	, o (i t	3.,				ally				All	iount					Jiain	C11			(1.0		oquo	J,	,
8. DEMAT ACCOUN	IT DETAIL	S - Mar	adata	ory fo	r unit	te in l	Doma	at Mo	do - I	Dlas	se er	ne i i r	a that	tha sa	allen	ce of n	amo	e ae m	ention	ned u	nder	sacti	on 3 r	natch	06.3	s nar	the D)enos	itory	Dotai	le	
8. DEMAT ACCOUNT National Securiti								at IVIC	ue - i	riea	156 61	isuit	e ulat	ille se	T T	entra													погу	Dela	15.	
DP Name															DF	^o Nam	е															
DP ID I N				Bene	ef. A/C	No.									16	Digit A	/C No	o														
Enclosures - [Please	, ,				Mas							Γ				cum H									Del	ivery	Insti	ructio	on SI	ip (D	S)	
9. NOMINATION PLEASE REGIS												als (ot No OR	mina	ate - R			ructio O NO				NOM	NAT	E							
No. Nomine						Date	of I	Birtl	h		- -		Name	of the			_		tionsh				Share			gnati	ure c	of No	mine	e / G	uardi	an
	-(S) Hall		+		(ir	n cas	se of	Min	or)				(in c	ase of	f Mino	or)	_	cial				,, Ji	J. 141 6		J.(at					aai ul	
1			\perp								_																					
2			\perp								\perp						_							\perp								
3			- 1																													

* mandatory fi

	A To be filled by F											n FAT	CA 8	CRS	class	sificatio	on)	(FOR I	NON-IN	IDIVID	UAL	S ONL
We are		GIIN																				
r	ial institution	Not	e: If you do	not have a GIII	N but you	are sponsor	red by a	nother entity	y, please pro	vide your	sponsor's	GIIN abo	ove and	ndicate y	your spor	nsor's name	e below					
	reporting NFE ☐	Name o	of spor	nsoring e	ntity:																	
	ot available [Please	tick (√)]		Applied	d for		Not r	equired t	to apply f	or - plea	ise spe	cify 2 d	ligits s	ub-cate	egory				ot obtain	ned – No	on-par	ticipating
PART	B (please fill any o	ne as app	ropria	te "to be t	filled b	y NFE	s oth	er than	Direct	Repor	ting N	IFEs"))									
Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)							☐ Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange:															
2	Is the Entity a rela traded company (a regularly traded or	Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company:																				
									n Sc exchange				·	•		Control	led by a	Listed Co	ompany			
3	Is the Entity an ac	tive NFE							, please f						,							
						Р	Please	specify t	he sub-ca	itegory	of Activ	e NFE		N	Mentior	n code: F	Refer inst	truction 1	6(c)			
4	Is the Entity a pas	sive NFE					Yes	(If yes	, please f	II UBO	declara	ation in	the ne	xt sect	ion.)							
								of Busine		.44	an Na	46										
12	DECLARATION FOR	III TIMAT	TE BEN	MEEICIAL	OWNI				refer ins). 16.										
	claration is not needed for											Listed C	Compa	ny or is	s Contro	olled by	such List	ed Comp	any. Plea	se list b	elow	he details
	ng person(s), confirming A g Statement and Auditor's								d ALL Tax	Identific	cation N	lumbers	for EA	CH co	ntrolling	person(s). Owne	r-docume	nted FFI's	s should	provio	e FFI Owr
	DETAILS OF ULTIM								ven spa	ace be	low is	s not a	adeqı	ıate,	pleas	e attac	h mult	iple de	claratio	on for	ms)	
	Name of UBO & Addre	ess	Addr	ess Type ^{ss}	Ident	N/Tax Pay ification ralent ID	No./	Refer ins	ent Type struction 16(d)	Re	ntry of esidence ermane sidence	cy/ ent		ountry izensh			O Code ndatory)	[pl	C (Yes / I ease atta the KYC owledge copy]	ach		beneficia Iterest
oove in ibseque idertak	ess Type: Residential or formation is not provided, ently it is found that applic e to provide any other add ive NFE, please provide b	it will be pre- cant has conditional informa	sumed to cealed thation as r	hat applicant ne facts of be may be requi	t is the leneficial red at yo	UBO, with ownersh our end.	n no de iip. I/W	eclaration e also un	to submit dertake to	i. In suc keep y	h case, ou info	MAMF, rmed in	/AMC i writing	eserve g about	es the ri t any cl	ight to re hanges/n	ject the a nodification	application on to the	n or rever above inf	rse the a formation	allotme n in fu	ent of units ture and a
PAN /	Any other Identification D, Govt. ID, Driving Licence NRE		(PAN, Aad	`					ice, Busi	•		rinanua	itory u			Date of	Birth	•	eiei iiisu	uction	40. 10)	
City of	f Birth - Country of Bi		thers)	maar, r acoport,		ationalit												∩th∆r				
1.PAN		GA Job Card, O	thers)	maar, r dooport,	Na	ationalit	y:	Mandat	ory if PA	N is no	t availa	able		(Gende	r: Male	remaie	, Other				
	of Birth:	GA Job Card, O	others)	maai, racepoii,	Na Fa	ationalit	ty: Name: on Typ		ory if PA	N is no	t availa	able		1	Date C	of Birth:			ıle \Box	1 Other		
-		GA Job Card, O	thers)	a., raceport,	Na Fa Oc Na	ationalit ather's N	ty: Name: on Typ	oe:	ory if PA	N is no	t availa	able		1	Date C				ıle 🔲	Other		
-	of Birth: intry of Birth:	GA Job Card, O	others)	man, receptor,	Na Fa Oc Na Fa	ationalit ather's N ccupationalit	y: Name: on Typ y: Name:	oe:	ory if PA	N is no	t availa	able		1	Date C Gende	of Birth:	Male [ıle 🔲	Other		
Cou P.PAN City	of Birth: intry of Birth:	GA Job Card, O	ithers)	and, cooper,	Na Fa Od Na Fa Od Na	ationalit ather's N ccupationalit ather's N	ty: Name: On Typ Ty: Name: On Typ Typ:	oe:	ory if PA	N is no	t availa	able		1	Date O Gende Date O	of Birth:	Male [Fema	ıle 🗌			

Gender Male Female Other

Father's Name:

Country of Birth:

[#] Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identication Number is not available, kindly provide functional equivalent

12. FAT	CA AND	CRS DE	TAILS (Self Certification) (Re	efer instruction No.	. 16)		(FOR I	NDIVIDU	JALS & NON-INDIVIDUALS)			
FOR NON-II	NDIVIDUAI	S : Is the	cate all countries in which you are re "Entity" a tax resident of any country is in which the entity is a resident for	y other than India?	Yes	associated Tax Reference Numbers No Tax Identification No. below	below.					
		•	uardian / Non-Individual)			pplicant		3 rd A _l	pplicant			
Country(i Citizensh	ave any no ies) of Birth ip / Nationa Residency	1 /	Yes No	Do you have any no Country(ies) of Birt Citizenship / Nation Tax Residency	h /	Yes No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	h / ality	Yes No			
Country of				Country of Birth			Country of Birth					
Country (Citizenship ty	1		Country Citizenship) /		Country Citizenship Nationality) [
Are you a person?	a US specif	ied	Yes No Please provide Tax Payer Id.	Are you a US speci person?	fied	Yes No Please provide Tax Payer Id.	Are you a US specific person?	fied	Yes No Please provide Tax Payer Id.			
For non-Inc	dividual inve	estor in ca	ise, if you country of incorporation/Ta	ax resistance in US, but	you are n	ot a specified us person then please	mention exemption code	e	(Refer instruction 16 (e))			
	l or Non-In Yes above.	dividual i	investors fill this section	Individual investo	r have to	fill in below details in case of join	t applicants					
		Countr	y:		Counti	y:		Countr	y:			
Tax Resid	dency	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:				
		Type:			Type:			Туре:				
		Countr	y:		Counti	y:		Country:				
Tax Resid	Tax Residency Status: 2			Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:				
		Type:			Type:			Туре:				
	Country:				Counti	ry:		Countr	y:			
Tax Resid Status: 3	Tax Residency Status: 3			Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:				
		Туре:			Туре:			Туре:				
Address -	Туре		_	Address Type		_	Address Type					
	pplications	with POA,	Residential or Business (default) the POA holder should fill separate SIGNATURES / THUMB IMPE	form to provide the abo	ove details	•	oned in form / existing	address	appearing in folio)			
rules and regulation other applicable la furnish additional with the regulatory to me/us all the communicated a We have read, un (I) Applicable to applicable laws an investments in that I / We have r intermediary reservants.	ions governing the awas enacted by it information sought and government commissions (ir any indicative por deerstood and she foreign Reside and regulations. (if he Scheme(s). (if he and and understress the right to its properties of the scheme of the sch	e scheme. (B) he Governmer hot y quant M ht authorities a h the form of the ortfolio and/ o all be bound b ht's Residing J) I / We cont K) FATCA /CF tood the FATC reject the appli	j) IWe hereby declare that the amount invested in that of India from time to time. (C) Signature of the nomotioney Managers Ltd./ Fund and undertake to update as and when needed. I/We will indemnify the Fund, stail commission or any other mode), payable to for any indicative yield by the Fund/AMC/its distriby the terms & conditions of the PIN agreement availability in India: I/We confirm that I/We satisfy the person of the Time of the I/We have understood the informs SC Certification: I/We have understood the informs ZA& CRS Terms and Conditions and hereby accept	e scheme is through legitimate so iniene acknowledging receipts of me the information/details with the Al MC, Trustee, RTA and other inter inin for the different competing tutor for this investment. I/We he ble on the AMC website for transa ency test as prescribed under FEI (s) under the laws of United St tion requirements of this Form (to the same. In case the above information that applicant has con-	urces only and your credit wil wild / Fund/Reg mediaries in ca Schemes of vave not receive cting online. (HWA provisions. ates or reside ad along with the trimation is not oncealed the fi	e scheme(s) available during the New Fund Offer per di does not involve and is not designed for the purpos constitute full discharge of liabilities of quant Mutual istrars and Transfer Agent (RTA) from time to time. I save of any dispute regarding the eligibility, validity anarious Mutual Funds from amongst which the Sch d nor have been induced by any rebate or gifts, direct 10 RIAs: IWNe hereby agree to consent the AMC to sha IWNe further declare that IWNe amfare "Person Resi ent(s) of Canada. In case of change to this status he FATCA & CRS Instructions) and hereby confirm the provided, it will be presumed that applicant is the ultracts of beneficial ownership. IWNe also undertake to I Fund/AMC for updating the same in my folio.	se of the contravention of any prov Fund. (D) The information given in IWe hereby confirm that the AMC/ d authorization of mylour transactic teme is being recommended to rety ty or indirectly in making this invester in the type of the type of the type gent in India" and are allowed to in s, I / We shall notify the AMC, in tat the information provided by me titinate beneficial owner, with no d	visions of the Ir / with this app Fund shall hav ons. (E) I/We fi me/us. (F) I/We struent. (G) Ap pistered investr nvest into the S n which event / us on this Fo eclaration to s	ncome Tax Act, Anti Money Laundering Laws or a licitation form is true and correct and further agrees we the right to share my information and other deta urther declare that "The ARN holder has discloss he hereby confirm that IWhe have not been offer plicable to Investors availing the online facility: ment advisor (RIA) through the registrar or otherwis Scheme as per the said FEMA regulations and oth the AMC reserves the right to redeem my / o rm is true, correct, and complete. I / We also confir ubmit. In such case, the concerned SEBI register.			
			oplicant / Guardian / natory /PoA/Karta			.pplicant / Guardian / Signatory /PoA			Applicant / Guardian / Signatory /PoA			
립 Re	ceived A	oplicatio	on from Mr. / Ms. / M/s						For Lumpsum 'OR' SI as per details below:			
MEN.		Sche	me Name and Plan			ayment Details	Date & S	tamp o	f Collection Centre / ISC			
VLEDGMENT SLIP				Amount (R Cheque / I	,							

Dated _____ Bank & Branch



quant mutual

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

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 APP No. *Employee Unique Identification Number er / Sub Agent ARN Code Name & Broker Code / ARN Sub Broker / Sub Agent Coo ARN - 92245 E092536 *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 nowintstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker or nowintstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub brokers + I/We, have invested in the Schemels) 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: 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. Name of Sole/1st holder PAN No / PEKRN Name of 2nd holder PAN No / PEKRN. 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** Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.) **National** Depository Central Depository Depository Securities Participant Name Participant Name Depository DP ID No Ν **Securities** Taraet ID No. Beneficiary Account No Limited Limited Enclosures (Please tick any one box) : Client Master List (CML) Cancelled Delivery Instruction Slip (DIS) Transaction cum Holding Statement Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only) Mobile no. Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email 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 and the providing Email of tSIP 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 Weekly and Fortnightly Frequency (Please / any one SIP Date (For Monthly **Enrollment Period** Scheme / Plan / Option **SIP Amount** Quarterly / Half Yearly) SIP Date (Please / any one Weekly REGULAR quant Monthly From: Weekly and Fortnightly Fortnightly fixed day is PERPETUAL(Default) Regular Plan Direct Plan (Any date from Quarterly Wednesday or (Refer Instruction No. 5) (in figures) 1st to 28th of a given alternet Wednesday Growth IDCW Payout IDCW Reinvestment Half Yearly month) To subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and **DECLARATION:** I/We would like to invest in quant 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 controvention 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, disconlinue any of the services completely or partially without any prior notice to me. I agree quant can debit from my folio for the service charges as applicable from time. 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 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 India 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. 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** Date avant Sponsor Bank Code √ CREATE X MODIFY X CANCEL multi asset, multi manage I/We hereby **Utility Code** quant Mutual Fund authorize CA To Debit (tick ✓) SB ☐ cc SB-NRE SB-NRO Other Bank A/c With Bank IFSC / MICR An Amount Of Rupees X Fixed Amount X Mthly X Qtly ✓ As & when presented X H-Yrly X Yrly **DEBIT TYPE** Maximum Amount **FREQUENCY** Reference 1 Reference 2 1. lagree 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

1. Name Of Primary Account Holder

То

Or Phone No. X Until Cancelled