

quant mutual

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COMMON APPLICATION FORM

(Use this form	if One Time Bank Mandate Form i	s registered in the folio) To	be filled in capital letters an	d in blue / black ink only.	APP 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-96458			E108296							
EUIN Declaration: Declaration for "Execution Only" Tran- intentionally left blank by me/us as this transaction is exec- employee/felationship manager/sales person of the distribi- all Schemes managed by you, to the above mentioned SEI	saction (where Employee Unique Identificated without any interaction or advice by the lator/sub broker. RIA Declaration: "Ilve Al-Recistered Investment Adviser/ RIA".	ation Number-EUIN* box is left e employee/relationship manage ereby give you my/our consent to	blank). Please refer instruction 12 or/sales person of the above distribution of the share/provide the transactions de	of KIM for complete details on EUIN. I/ tor/sub broker or notwithstanding the adv ta feed/portfolio holdings/ NAV etc. in re-	We hereby confirm that the EUIN box has beer vice of in-appropriateness, if any, provided by the spect of my/our investments under Direct Plan or					
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Signature of 1 st Applicant / Guar Authorised Signatory /PoA/Ka		Signature of 2 nd Applic Authorised Signa		Signature of Authori	3 rd Applicant / Guardian / sed Signatory /PoA					
Please ✓ Lumpsum Investmer	nt O	Micro Applica	ation 〇		Application (
EUIN Declaration: Declaration for "Execution Only" Transintentionally left blank by me/us as this transaction is execution provide in the distribution of the distrib	UAL FUNDS cted in case your distributor has	OR opted for such charges.	I AM AN Upfront commission shall I	I EXISTING INVESTOR IN MU be paid directly by the investor						
1. EXISTING UNIT HOLDER INFORM	ATION [Please fill in your F	olio Number, KIN, Se	ection 2 & proceed to S	Section 7 - Investment Deta	ails]					
Folio No.		CKYC Identi	fication No. (KIN)							
2. APPLICANT(S) NAME AND INFOR	MATION [Refer Instruction	2] If the 1 st / Sole App	plicant is Minor, then p	lease provide details of n	atural / legal guardian					
1 st SOLE APPLICANT Mr. / Ms. / M/s. S.(Please write the name as per PAN Card)				PAN						
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canac No ^s (\$Default if not ✓)					
2. APPLICANT(S) NAME AND INFOR 2. 1st SOLE APPLICANT Mr. / Ms. / M/s. 3. (Please write the name as per PAN Card) CKYC ID No. (KIN) GUARDIAN (In case 1 Applicant is a N. Mr. / Ms. / GUARDIAN AADHAAR No.				Relationsh	nip with Minor (Please ✓) ☐ Father ☐ Legal Guardia					
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN						
GUARDIAN AADHAAR No.				Aadhaar Copy (Ple	ase ✓) ○ Enclosed					
POA / Custodian Name:				K	YC (Please ✓) ○ Proof Attache					
POA / Custodian CKYC ID No. (KIN)			P	OA / Custodian PAN						
Contact Person for Corporate Investo	or: Name			Designation:						
3 FIRST APPLICANT AND KYC DET.		50 L D	10 11 (1100)							
1" SOLE APPLICANT O Individual of *Date of Birth/Incorporation D M	<u> </u>	oof of Date of Birth(Ple	, , , , , , , , , , , , , , , , , , ,		School Leaving Certificate / Mark Shee					
(Please write the Date of birth as per Aadhaar C	ard)	(For minor applicant)		sport of the Minor	Others (Please specify)					
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar C	Country of Birth / Incorporation:		Nationality:	Gender	○ Male ○ Female ○ Oth					
Type:	Prop O NRI - NRE	Trust O Bank / Fls	○ FIIs ○ PIO	Society/AOP/BOI Mir	nor through Guardian					
○ HUF ○ LLP ○ Listed Company ○ F	Private Company O Public Ltd. (Company O Artificial Ju	ridicial Person O Partners	ship Firm O FOF - MF Scheme	es Others					
a*. Occupation Details [Please tick (✓	Private Sector Business	Public Sector Retired	Government Servi Agriculture	ce Student O Proprietorship	ProfessionalOthers					
c*. Politically Exposed Person (PEP) Statu	s (Also applicable for authorised	d signatories/Promoters/h	Karta/Trustee/Whole time [Directors) O I am PEP O I	am Related to PEP O Not Applica					
b*. Gross Annual Income (₹) [Please ti	ck (√)] ○ Below 1 Lakh	O 1-5 Lakh	O 5-10 Lakh	○ 10-25 Lakh	○ >25 Lakh ○ > 1 Cror					
d*. Net-worth (Mandatory for Non-Indi	viduals) ₹		as or	I	(Not older than 1 ye					
e*. Non-Individual Investors involved any of the mentioned services		Exchange / Money Ch	-	Gaming/Gambling/Lottery	//Casino Services					
4. BANK ACCOUNT DETAILS - Mand		ending / Pawning s. 3 & 41		None of the above						
Name of the Bank:										
Core Banking A/c No.			A/c. Type	Pls. (✓)	URRENT O SAVINGS O NRO					
Branch Name:	Ad	ddress:								
Branch City:	St	ate:		Pin (Code					
Branch City: MICR Code		ach a cancelled cheque photo copy of a cheque		atory for						

	Holding: Anyone or S	Survivor	○ Single	O Joint		(Please note that the	e Default op	ion is An	yone or	Survivor)
2 nd APPLI	ICANT Mr. / Ms. / M/s. (No.	ot Applicable in case of Min	or Applicant)				Gender O M	lale () I	emale	Other
(Please write	te the name as per PAN Card)		Pls indicate if	US Person or a re	sident for tax nurno	se / Resident of Cana				lt if not ✓)
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			tur. of Dinth	KIOTIS	V TIOUTALL	(As per PAI		,, <u></u>		
Place of B		. O Private	try of Birth Sector O Public S	Sector O Gov	ernment	Nationality: Student	O Prof	essional	0	 Housewife
-	oation Details [Please tick (a Annual Income (₹) [Please	(✓)] ⊝ Busines	ss	_	ice Agriculture	O Proprietorshi				
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Mode of I		Survivor	Single	○ Joint		(Please note that the	e Default op	ion is An	yone or	Survivor)
3rd APPLI	CANT Mr. / Ms. / M/s. (No	ot Applicable in case of Mine	or Applicant)			(Gender () N	lale () I	emale	Other
	te the name as per PAN Card)									
PAN Deta	ails		Pls indicate if	US Person or a re	sident for tax purpo	se / Resident of Cana	ida O Yes	○ No*	(*Defa	ılt if not ✓)
CKYC ID	No. (KIN)			KYC Pls	✓ ○ Proof Atta	ached Date of B (As per PAN		ory)		
Place of B	irth		try of Birth			Nationality:				
a*. Occup	oation Details [Please tick (Private Busines			ernment ice Agriculture	StudentProprietorshi		essional	0	Housewife
b*. Gross	Annual Income (₹) [Please				•	○ 10-25 Lakh	O >25		0	>1 Crore
	ally Exposed Person (PEP) Sta	itus I am PEP I an	m Related to PEP No	ot Applicable						
d. Net-wo	orth <i>₹</i> .ING ADDRESS [Please pro	vido vour E mail ID on	d Mahila Number to k	haln ua camra v	u bottorl	_ (Not older than 1	year)			
	dress of 1st Applicant	Vide your E-mail ID am	a Mobile Number to I	neip us serve y	ou better]					
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Tel. Off.			Resi			Mobile^^	i iii oode			
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PART	B (please fill any o	ne as app	ropriate "to	be fill	led by N	FEs ot	her than	Direct I	Repor	ting NFE	s")										
Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)						_	es (If yes, of stock ex		. ,	•		•			•	•	,				_
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)						es (If yes,						•		•			stock is	regula	arly trade	ed)
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3	Is the Entity an act	ive NFE					es (If yes, e of Busine						,								
							e specify th							n code: F	Refer instru	uction 16	6(c)				
4	Is the Entity a pass	sive NFE				Natur	es (If yes,	ss:				next se	ction.)								
110	DECLARATION FOR	III TIMA	TE DENEEICI	AL O	WNEDS		details r				6.										
*This dec	claration is not needed for	Companies	that are listed o	n any r	recognized	stock ex	change or i	s a Subs	sidiary o	f such Liste											ails o
	ng person(s), confirming Al	L countries	of tax residency /	perma	anent reside	ency / citi	zenship and	ALL Tax	dentific	eation Numb	ers for	r FACH d	controlling	g person(s) Owner-	documen	ted FFI	l'e ehoul	d nrovi		
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Gender ○ Male ○ Female ○ Other

Nationality:

Father's Name:

City of Birth:

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

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

FOR NON-INDIVIDUALS: Is the "Entity" a tax resident of any country other than India?

Yes

No

(If Yes, please provide	e country/ies in which	the entity is a resident for tax purpo	ose and the associated Tax	dentification No. below

1st Applicant (Sole / Guardian / Non-Individual)				2 nd A	pplicant	3 rd Applicant					
Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	s) of Birth / Yes No		Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No	Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	n-Indian 1 / ality	○ Yes ○ No			
Country of Birth / Incorporation			Country of Birth			Country of Birth					
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Are you a US specific person?	Are you a US specified		Are you a US specific person?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specifi person?	ied	○ Yes ○ No Please provide Tax Payer Id.			
For non-Individual inv	estor in ca	se, if you country of incorporation/Ta	x resistance in US, but	you are no	। ot a specified us person then please।	nention exemption code	9	(Refer instruction 16 (e))			
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To The Trustees, quant Mutual rules and regulations governing it other applicable laws enacted by furnish additional information sou with the regulatory and governme to me/us all the commissions (i communicated any indicative p We have read, understood and sh (i) Applicable to Foreign Reside applicable laws and regulations. investments in the Scheme(s). I that I / We have read and unders intermediary reserves the right to	Fund (The Fu he scheme. (B) the Governmer pht by quant M nt authorities a no the form of ortfolio and/o all be bound b ent's Residing J) I / We con K) FATCA /CF tood the FATC reject the appl	nd) – (A) Having read and understood the contents o I/We hereby declare that the amount invested in the to findia from time to time. (C) Signature of the nom oney Managers Ltd. Fund and undertake to update s and when needed. I/We will indemnify the Fund, Al rarial commission or any other mode), payable to he r any indicative yield by the Fund/AMC/fits distriby the terms & conditions of the PIN agreement availat in India: I / We confirm that I/We satisfy the Relaid firm that I am / We are not United States person IS Certification: I / We have understood the informat A& CRS Terms and Conditions and hereby accept cation or reverse the allotment of units, if subsequent tion as may be required at your end. (L) Aadhaar: I/M	If the SID of the Scheme applied for scheme is through legitimate so nee acknowledging receipts of my the information/details with the Al- MC, Trustee, RTA and other inten im for the different competing stor for this investment. I/We ha be on the AlM ovelsite for transa- ncy test as prescribed under FEI (s) under the laws of United St- tion requirements of this Form (rec- the same. In case the above infor thy it is found that applicant has or	or (Including the urces only and your credit will MC / Fund/Reg medianes in concern or	e scheme(s) available during the New Fund Offer per Idoes not involve and is not designed for the purpo- constitute full discharge of liabilities of quant Mutual istrars and Transfer Agent (RTA) from time to time. I se of any dispute regarding the eligibility, validity and ratious Mutual Funds from amongst which the Sch d nor have been induced by any rebate or giffs, dired IRL: IWhe hereby agree to consent the AMC to sha IWNe further declare that IWNe amfare "Person Resion int(s) of Canada. In case of change to this status her FATCA & CRS Instructions) and hereby confirm the provided, it will be presumed that applicant is the ull scs of beneficial ownership. IWNe also undertake to k	e of the contravention of any provenue. (I) The information given in We hereby confirm that the AMC/I authorization of mylour transactic mem is being recommended to not also in the contravenue of the con	isions of the Ir / with this app Fund shall hav ons. (E) I/We fi me/us. (F) I/We strent. (G) Ap pistered investr vest into the S on which event / us on this Fo eclaration to s	ncome Tax Act, Anti Money Laundering Laws or any licitation form is true and correct and further agrees to we the right to share my information and other details urther declare that "The ARN holder has disclosed he hereby confirm that IWe have not been offered/ plicable to Investors availing the online facility: I/ ment advisor (RIA) through the registra or otherwise. Scheme as per the said FEMA regulations and other to the AMC reserves the right to redeem my / our rm is true, correct, and complete. I View also confirm ubmit. In such case, the concerned SEBI registered			
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