

- Quantum Long Term Equity Fund
- Quantum Liquid Fund

 (An Open ended Liquid Scheme)
- Quantum Tax Saving Fund
 (An Open ended Equity Linked Savings Scheme)
- Quantum Equity Fund of Funds
 (An Open-ended Equity Fund of Funds Scheme)

COMMON APPLICATION FORM

Offer of units at Applicable NAV



Application No: 505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumAMC.com 1 DISTRIBUTOR INFORMATION **FOR OFFICE USE ONLY** Name & ARN Code **Sub-Broker Code** E- Code Date of Receipt **Time of Receipt** ARN-96458 E108296 Please read the instructions carefully, before filling up the application (all columns marked* are mandatory). Use this form If you are making a one time investment. For SIP investment use the separate SIP Form (All sections to be filled in English and in BLOCK LETTERS). **EXISTING UNIT HOLDER INFORMATION (PL** Folio No. Name of First Applicant Mandatory * PAN (Refer Instruction No.3A) Please attach certified PAN copy Know Your Customer (KYC) (Refer Instruction No. 3B) 1st Applicant /Guardian Yes (Please submit Proof) 2nd Applicant (Please submit Proof) Yes 3rd Applicant (Please submit Proof) Yes **POA Holder** (Please submit Proof) **APPLICANT INFORMATION (Refer Instruction No. 4) (TO BE FILLED IN BLOCK LETTERS)** Name of Sole/ 1st Applicant Date of Birth/ Date of Incorporation Mr. Ms. M/s. Others $\mathsf{D} \; \mathsf{D} \; \mathsf{M} \; \mathsf{M} \; \mathsf{Y} \; \mathsf{Y} \; \mathsf{Y} \; \mathsf{Y}$ Email ID Mobile No. (in case of Minor)/Contact person (in case of non individual applicant) Relationship with Minor/ Designation Parent/ Guardian Name of 1st Applicant -Name of 2nd Applicant Date of Birth $\mathsf{D} \; \mathsf{D} \; \mathsf{M} \; \mathsf{M} \; \mathsf{Y} \; \mathsf{Y} \; \mathsf{Y} \; \mathsf{Y}$ Mobile No. Email ID Name of 3rd Applicant Date of Birth Mobile No. Joint Any one or survivor(s)(Default option in case of more than one applicant) Mode of Holding Single Agriculturist Service Professional House Wife Student Defence Occupation Business Unlisted Company Forex Dealer Body Corporate Listed Company Politically Exposed Person Private Sector Service Public Sector / Gov. Service Dealers in High Value Commodities (Traders in Precious Metals, Jewellery & Antique Dealers) Others **Legal Status** Please (√) Society/Club AOP/BOI NRI/PIO FOF Others Resident Individual FII's Partnership Firm HUF Trust Company/Body Corporate Minor Bank Annual Income (Please ✓) 5 to 15 Lacs Upto 5 Lacs __15 to 25 Lacs 25 Lacs & above Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address City Country Pin code Contact Details of Sole/ First Applicant Tel No - STD Code Res. Fax Overseas Address (mandatory for NRI/FII applicant). Add Applications from investors residing in USA or Canada shall not be accepted Address for correspondence (for NRI applicants) Indian Overseas Country Zip code POWER OF ATTORNEY (POA) (Refer Instruction No. 5) POA Name Mr./Ms. City Pin No. If investment is being made by a Constitutional Attorney, please submit notarised copy of POA GO GREEN: Electronic Communication / Transactions (Refer Instruction No.6 & 7) I/We have read and understood the Electronic Communication / Transactions: Terms & Conditions, available in the application form for transactions, etc using Quantum AMC website or any electronic / other medium [Facility] and agree to be bound and governed by the same on availing / using any Facility. I / We authorize the Quantum Mutual Fund, Quantum AMC to issue Username; Personal Identification Number (PIN); etc. on my registered email id / mobile number as stated in section 4 above.

I/We would like to receive various communications / updates / alerts from Quantum Mutual Fund, Quantum AMC etc. on my registered email id / mobile number as stated in section 4 above. 1/We wish to go green and do not wish to receive the following document in paper format (Please 🗸) Account Statement Annual Report Other Statutory Information **%**< ACKNOWLEDGEMENT SLIP (To be filled in by the investor) **Application No:** Quantum Mutual Fund 505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumAMC.com Collection Center's Stamp & Receipt Date and Time Date D D M M Y Y Y an application for allotment Received from: Mr. / Ms. / M/s ___ Facility — Scheme — — Option vide Cheque No ____ __ Dated ____/____ Amount (₹) Drawn on Bank and Branch Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

7	BANK ACC	COUNT	DETA	ILS*	(Re	fer Ir	ıstru	ctior	ı No	. 8 aı	nd lis	st of	bank	cs wit	h Di	rect (cred	it Fac	ility) –									
	A/c Type [olease .	4 1	SB		C	rrent		NRC)	NRE		FCN	P				TYFE										
	Account No		++	755		TT	110111		1 1100		1 111		101	<u>``</u>	TT		P	DAY C	UANTL	л м	JTUA	L FU	JND	PAN	XXXX	XXXX	X ORI	BEARER
	Bank Name		++	+	-	++	++			++	+-+		-	-	++	+		1/A1									_ 0.11	DEATTETT
		6		+-+		++-	+-+			+-+					+			RUPEE	s							₹		
	}	Branch Address								+																		
		Branch Address													(11 DIGIT IFSC Code) 9 DIGIT MICR Code							ode	de					
	City								Pin		-																	
		IFSC Code MICR Code										Щ.,	<u> </u>	.11.			IFSC QTMF7654321											
	Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfe											nsfer tl	ne amo	ount to)		"4153872" 265291538 123456" 23											
	your bank account quicker, electronically.													different Development of Control														
	unit holder no	ime on the	face of	the ch	neque	/ Bank	Pass E	Book/	Bank	tatem	ent) is	requir	ed as c	in incre	ment	al addit	ional	docum	ent in co	se of:	a. Reç	gistrat	tion c	fthe	invest	or's Bo	ank Mo	indate at
*Mandatory – Please attach cancelled original cheque / self certified copy of blank cheque / self certified Bank Statement / first page of the Bank Pass book (bearing account number and first unit holder name on the face of the cheque / Bank Pass Book / Bank Statement) is required as an incremental additional document in case of: a. Registration of the investor's Bank Mandate of the time of investment b. Subsequent change in the investor's Bank Mandate of the time of investments. Subsequent change in the investor's Bank Mandate of the time of investments. Subsequent change in the investor's Bank Mandate of the time of investments. Subsequent change in the investor's Bank Mandate of the time of investments. Subsequent change in the investor's Bank Mandate of the Bank Pass book (bearing account number and first page																												
8	INVESTME	NT DET	AILS*	—(P	leas	e 🗸)) Ch	oice	of	schei	me/C	Optic	n/Fa	cility	—(R	efer l	nstr	uctio	n No.	9)								
	Ougatu	m Long T	orm E	aitv	Fund			antun	n Tav	Savin	a Eur	٠,	7 [
	Quantum Long Term Equity Fund Quantum Tax Saving Fund															Quantum Liquid Fund												
	Quantum Equity Fund of Funds									╛			$\overline{}$															
				Dividend Option							n				rowth		F	Daily Dividend				Mont			ابراطهم	hly Dividend		
	Growth	• 1 1						Орнон				-		ption	- 1	i									,	<i>'</i>		
				lend Reinvestment				D	Dividend Payout Facility				y	Oplic	piloli			Kein	vestme	ment Option		Payout Option						
L	Option Facility Environmental Taylor Facility																											
	DAVAGENIT	DETAIL	C /D-	tou I			- N-	10																				
9	PAYMENT	DETAIL	.5 (Ke	rer i	nstru	JCTIO	n No	. 10																				
	Mode of Payment RTGS/NEFT Transfer Letter Cheque DD																											
	Cheque No	o.Date:																	D	ate	D D	M	М	′ Y	ΥY	7		
—	Cheque No.Date: Date D D M M Y Y Y Y Gross Amt (₹) Image: Control of the properties of the propert																											
_		DD Charges (₹)																										
<u> </u>																												
<u> </u>	Net Amt (₹) Bank /Branch & City																											
—			ary .	 		 			 	ID 7	·			7 = -:														
L	Account Ty	pe		S	В	C	urrer	nt		IRO		NRE		FCN	1R													
10	NOMINAT	ION DE	TAILS	(If y	OU W	vish to	o nor	ninat	te mo	re th	an o	ne no	omine	e ple	ase f	ill up	sepo	rate f	orm fo	r nor	mina	tion)	(Re	fer i	nstru	ction	no.	11)
	I/We hereb	v nomin	ate th	e un	der r	nentic	oned	nom	inee	to re	ceive	the	amou	nts to	mv/	our cr	edit	in eve	ent of r	nv/oı	ur de	ath.	I/W	e al	so ur	nders	tand ·	that all
	payments a																						-,	· · · · ·				
	Name of N			TT	1	TT	T			TT	T		gc	1 1	TT				rth (if ı				inor	TE	D D	A A A A	VV	TVTV
		vominee	2	++						+					++		Duie	: OI DI	1111 (11 1	1011111	ilee i	15 1111	11101)		י ע	/V\ /V\	+	1 1
	Address			+-+						+	C:1								 		+-+		D:					
											Cit	у						-			-		Pir	ı Co	de			
	State	بإبليا	ــلـــلـــــــــــــــــــــــــــــــ	44						-											4-4						↓	44
	Name of C			nt:		<u> </u>				ļļ.					4				nship \	Vith	-		4				<u> </u>	44
	(If Nomine										4-4						n	omine	е		1		4					
	Address of	f Guardi	an																									
											Cit	у											Pir	ı Co	de			
11	DEMAT A	CCOUN	T DET	AILS	(P	lease	· ~)	(Ple	ease	efer	Instru	oito	ı no.	12)		NSE)I	CDS	I									
					•		•	•						•				•						1	1	f		
	I would like																							n ph	ysical	form)	j•	
	Please ensure that the name of the investor in the application form matches with the account held with the depository participant. DP ID No I N BENEFICIARY Account No																											
	DP ID No	I N	1			┼-┼-	REME	FICIA	ARY A	ccour	nt No				4-4			-	 				·,····				· · · · · ·	·
	DP Name																						Ш				<u> </u>	
12	DOCUMEN	T ENCLO	SED (F	'lease	₃ √) T	otal n	umbe	r of d	locum	ents	:		R	esoluti	on/ A	uthori	satio	n to in	est .	List	of a	uthor	ised	sign	atorie	s with	ı speci	men
	signatures	Mon	oorand	um 8	Articl	loc of i	اندمدن	ation		Truct	Dood	m	Bve-la	ws	Par	tnersh	in De	ed	Over	roar A	\di+c	vr Co	rtifica	ato		lotaria	rod PC	١٨
	signatores	Men																								ioiuris	eu ro	/A
	Proof of	Address	C	ору с	ot PAN	۷ Card	dt	KYC	Com	plianc	е	PIO	Card		oreig	ın Inwo	ard R	emitta	nce Cer	titicat	е	Tri	gger	Forn	n			
12																												
13	SOURCE (OF INFO)RMA	HOI	4:Ho	w did	l you	com	e to l	now	abou	t Qu	antur	n Mut	ual F	und?	L	Ad۱	ertiser	nent	لسا	Frie	nd/I	Relat	live	১	Sales	leam
	Distributor	(Name	& ARN	Cod	e													_ Oth	ers									
	DECLARATION	AND SIGN	JATURE(S) : I/V	Ve hav	e read a	and und	erstoor	d the te	rms & c	ontents	of the	Scheme	Informo	tion D	ocumen	t(s) of t	he resne	ctive sche	me(s) n	ınd Sta	temen	nt of A	dditior	nal Info	rmation	n and A	ddenda of
	Quantum Mutua	al Fund ther	eto. I/We	hereby	y apply	y to the 1	Trustee	of Quo	antum /	Λυtual f	und for	units o	f the sch	neme as	indicat	ed abov	e and	agree to	abide by	the ten	ms and	d condi	itions	, rules	and re	egulation	ns of the	e Scheme.
	I/We further ded contravention of	lare, I am /	we are a lles, reau	uthorise	ed to in	vest the	or leais	nt & the slation	at the a or anv	mount i other a	nvested	l by me e laws	/us in th or notific	e above	mentio	oned sch ns issue	neme is d by th	derived	through I mental o	egitima r statuta	ate sou	rces ar	nd is n from t	ot held ime to	d or des	signed t	for the p	ourpose of nderstood
	that I/We have t	he express of	authority	from o	our cons	stitution	al docu	ments t	to inves	t in the	units of	f the sc	heme a	nd the A	MC/Tru	ustee/Fu	nd wo	uld not k	e respon	sible if t	he inve	estmer	nt is ul	ltra vir	es there	eto and	the inv	estment is
	Contrary to the re Manager to the	eievant con: Quantum M	stitutiona Autual Fu	nd, has	nents. I s full ric	ı/we ag ıht to ref	ree tna fund the	it in cas e exces	se my/c s to me	or inve: /us to b	stment i rina mv	n the s our in	cneme vestmer	is equal it below:	to or n 25%. I/	nore tna We hav	n 25% e not r	ot tne c eceived i	orpus ot t nor been i	ne scne nduced	eme, tn I bv an	v rebat	Jantur te or c	n Asse ıifts. di	ा Manc irectly o	agemer or indire	nt Lta., It ectly in m	nvestment nakina this
	investments. I /V application, reve	Ve herebv a	uthorise (Quantu	um Mut	tual Fun	ıd. its In	vestme	ent Man	aaer an	ıd its aa	ents to	disclose	details o	of mv ir	nvestmei	nt to m	v bank(s) / Quant	um Mu	tual Fu	nd's b	ank(s)	. I/We	author	rise this	Fund to	reject the
	take any approp	riate action	against n	me/us ir	n case t	the chec	que(s)/	payme	nt instru	ıment is	/are ret	turned	by my/o	ur bankı	er for a	ny reaso	on wha	tsoever.	/We unde	ertake tl	hat the	se inve	estme	nts are	e my/ou	ur own o	and ack	nowledge
	that AMC reserve	es the right t ank details o	to call for given abo	such o	ther ad √e here	lditional by decla	l inform are that	ation/a	docume Inticular	nts as re above	equired are cor	to com	ply with ARN h	KYC noi older ha	rms. I/V s disclo	We herel sed to n	oy, furtl ne/us c	ner agre all the co	e that the mmission	Fund co	an dire	ctly cre of trail	edit all comn	the di	vidend or any	payout other r	s and re mode). r	demption
	amount to my bank details given above. I/We hereby declare that the particulars above are correct. The ÁRN holder has disclosed to mé/us all the commissions (in the form of frail commission or any other mode), payable him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.																											
	Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved bank channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. (Including amount of Additional Purchase Transaction made in future)												d banking															
												nt of Additional Purchase Iransaction made in future)																
	Repatriat	ion	Non	Repo	atriati	on						:	Signa	iture(s)		Do	ate DDMMYYYY Pla							:e			
									T				_				_	_			_							
	C-1-/1 + 4 P		/ A :	al	.1.01		DO + C				_	l. A	Ban e d	A at							2. 1.	A 1*		A e1				
	Sole/1st Applic	ant/Guard	ian / Au	inorise	a Sign	atory /	yua Si	ignatoi	гу		2r	1а Арр	ııcant /	Authori	sed Sig	gnatory					3rd A	Applic	ant / I	autho	orised S	ignatoi	ГУ	
٥.																												٥_
⊱ <	CHECKLIST (Please sub	mit the fo	ollowir	ng doc	uments	with v	our an	plication	n (whe	re apn	licable). All do	cumen	ts shou	ıld be oı	riginal	/true co	pies cert	fied by	a Dire	ector/	Truste	e/Cc	mpan	y Secre	etarv/A	uthorised
	signatory / No	otary Public	:.)				.,																					
	Resolution/		ion to in	ivest				+	Inc	lividu	al	Con	panie:	S SOCIE	ries	-artner	snip	rırms I	nvestme	nt thr	ough	POA		usts ✓	NRI	+	FIIs	PIO
	List of autho	orised sign	atories v	with sp		n signa	itures						·	-	\Box		v			~			-	~	_	丰	~	
	Memorandu Trust Deed	ım & Articl	es ot Ass	sociatio	on			+					~	+	+			+					\vdash	, 		+	\rightarrow	
	Bye-laws			_	_									_				\Rightarrow						\rightrightarrows	_	=	=	
	Partnership Overseas A		ificate					+				 		+	\dashv		~	+					\vdash	\dashv		+	_	
	Notarised P	OA												1	\Rightarrow					~				\rightrightarrows	_	=	\equiv	
	Proof of Add Copy of PAN	dress V Card						+						1				+		,,,				, 		+		~
	KYC Compli	ance								Ž			Ž	Ť			Ž			Ž				Ž	Ť	士	Ž	~
	PIO Card Foreign Inw		anac C	-4:£:	t-a			1				<u> </u>		+-	-+			-					<u> </u>	-		+		
		uru kemitt													- 1													~