



- Quantum Long Term Equity Fund (An Open-ended Equity Scheme)
- 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

and only
India's 1st Direct to Investor Mutual Fund

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumAMC.com

Application No: _____

1 DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	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).

2 EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number) (Refer Instruction No. 2)

Folio No. _____
Name of First Applicant _____

3 Mandatory *	PAN (Refer Instruction No.3A) Please attach certified PAN copy	Know Your Customer (KYC) (Refer Instruction No. 3B)
1st Applicant /Guardian	_____	Yes <input type="checkbox"/> (Please submit Proof)
2nd Applicant	_____	Yes <input type="checkbox"/> (Please submit Proof)
3rd Applicant	_____	Yes <input type="checkbox"/> (Please submit Proof)
POA Holder	_____	Yes <input type="checkbox"/> (Please submit Proof)

4 APPLICANT INFORMATION (Refer Instruction No. 4) (TO BE FILLED IN BLOCK LETTERS)*

Name of Sole/ 1st Applicant Mr. Ms. M/s. Others _____ Please Specify _____ Date of Birth/ Date of Incorporation _____
 Mobile No. _____ Email ID _____
 Parent/ Guardian Name of 1st Applicant - (in case of Minor)/Contact person (in case of non individual applicant) _____ Relationship with Minor/ Designation _____
 Name of 2nd Applicant Mr. Ms. M/s. _____ Date of Birth _____
 Mobile No. _____ Email ID _____
 Name of 3rd Applicant Mr. Ms. M/s. _____ Date of Birth _____
 Mobile No. _____ Email ID _____
Mode of Holding Single Joint Any one or survivor(s)(Default option in case of more than one applicant)
Occupation Business Service Professional Agriculturist House Wife Student Defence Bureaucrat
 Forex Dealer Unlisted Company 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 _____ Please Specify _____
Legal Status Please (✓) Resident Individual FII's Society/Club AOP/BOI NRI/PIO FOF Others _____ Please Specify _____
 Partnership Firm HUF Minor Bank Trust Company/Body Corporate
Annual Income (Please ✓) Upto 5 Lacs 5 to 15 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 _____ State _____ Country INDIA Pin code _____
Contact Details of Sole/ First Applicant
 Tel No - STD Code _____ Res. _____ Off. _____ Fax _____
 Overseas Address (mandatory for NRI/FII applicant). Address for correspondence (for NRI applicants) Indian Overseas
 Applications from investors residing in USA or Canada shall not be accepted
 City _____ Country _____ Zip code _____

5 POWER OF ATTORNEY (POA) (Refer Instruction No. 5)

POA Name Mr./Ms. _____
Address _____
City _____ Pin No. _____
If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

6 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
 I / 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)

Quantum Mutual Fund
505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumAMC.com
Date DDMMYYYY
Received from: Mr. / Ms. / M/s _____ an application for allotment
Scheme _____ Option _____ Facility _____
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)

Application No: _____
Collection Center's Stamp & Receipt Date and Time

