



- **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 1<sup>st</sup> Direct to Investor Mutual Fund

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

Application No: \_\_\_\_\_

DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date of Receipt	Time of Receipt

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 \_\_\_\_\_

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)

Application No: \_\_\_\_\_  
**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)

Collection Center's Stamp & Receipt Date and Time

