

- Quantum Long Term Equity Fund
- Quantum Liquid Fund
- (An Open ended Equity Linked Savings 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



505,	Regent Chambers, 5th Floor, Nari	iman Point, Mumbai - 400021.		Application No:								
1	DIST	TRIBUTOR INFORMATIO		FOR OFFICE USE ONLY								
	Name & ARN Code	Sub-Broker Code	E- Code	Registrar/Ba	ınk Serial No. D	ate of Receipt	Time of Receipt					
	103807		E133071									
	Please read the instructions investment. For SIP investmen	carefully, before filling up	the application (all co	lumns marked*	are mandatory). Us	e this form If you	are making a one time					
2	EXISTING UNIT HOLDER											
	Folio No.											
	Name of First Applicant											
3	Mandatory *	PAN (Refer Instruction No	o.3A) Please attach ce	rtified PAN copy	Know Your Cus	tomer (KYC) (Refe	Instruction No. 3B)					
	1st Applicant /Guardian				Yes	(Please sub	mit Proof)					
	2nd Applicant				Yes	(Please sub	mit Proof)					
	3rd Applicant				Yes	(Please sub	mit Proof)					
	POA Holder				Yes	(Please sub	mit Proof)					
4	APPLICANT INFORMATION	ON (Refer Instruction N	o. 4) (TO BE FILLED	IN BLOCK LETT	ERS)*							
	Name of Sole/ 1st Applica	ınt Mr. Ms.	M/s. Others_	Pleas	e Specify	_ Date of Birth/	Date of Incorporation					
						D D M	NMYYYY					
	Mobile No. Parent/ Guardian Name of	f let Appliagnt (in ages)	- : : : - : - : - : - : - : - : - :	Poletionship	ith Minor/ Designation					
	raremi/ Guardian Name of	1 TSI Applicani - (in case o	or Minor)/Confact pers	SOII (in case of no	n individual applicant)	Relationship w	iiii Minor/ Designation					
	Name of 2nd Applicant	Mr. Ms.	M/s.			Do	ite of Birth					
						D D N	IM Y Y Y Y					
	Mobile No.	Email ID										
	Name of 3rd Applicant	Mr. Ms.	M/s.	· · · · · · · · · · · · · · · · · · ·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ite of Birth					
	Mobile No.	Email ID				D D N	IM Y Y Y Y					
	<u> </u>		one or survivor(s)(D	efault option ir	n case of more than	n one applicant)						
	Occupation B	Business Service	Professional A	Agriculturist	House Wife	Student Defe	ence Bureaucrat					
	1 1			/ Corporate	Listed Company	Politically Expo	sed Person					
	1	L	Public Sector / Gov.		I	- Darland Other	- Places Specify					
		Dealers in High Value Cor Resident Individual FII		,		Others	s Please Specify Please Specify					
	Diament ()	Partnership Firm HL			C	any/Body Corpora						
	Annual Income (Please ,					Lacs & above						
	Mailing Address of Sole/Fi	rst Applicant (P.O. Box alo	ne may not be sufficie	ent) Overseas In	vestor must provide	Indian Address						
	City		State		Country	N D I A Pin co	de					
	Contact Details of Sole/ Fig		0"		E							
	Tel No - STD Code Overseas Address (manda	Res.	Off.		Fax espondence (for NR	l applicants)	ndian Overseas					
	Applications from investors	s residing in USA or Cana	ida shall not be accep	ted		. app.:ea, [],	Total Overseus					
	City		Country			Zip co	de					
5	POWER OF ATTORNEY (F	POA) (Refer Instruction	No. 5)									
	POA Name Mr./Ms.											
	Address		City			Pin	No.					
	If investment is being mad	de by a Constitutional Att		notarised copy o	f POA	<u> </u>						
6	GO GREEN : Electronic		<u>, </u>									
	I/ We have read and understoo website or any electronic / oth	od the Electronic Communicat	ion / Transactions : Terms ee to be bound and gover	& Conditions, avai	lable in the application	form for transactions Facility. I / We author	, etc using Quantum AMC					
	website or any electronic / oth Fund , Quantum AMC to issue I /We would like to receive vari	Username; Personal Identifications communications / update	ation Number (PIN); etc o	n my registered en Mutual Fund, Qua	nail id / mobile numbér intum AMC etc on my r	as stated in section 4 egistered email id / n	above. nobile number as stated in					
	section 4 above I / We wish to go green and do	not wish to receive the followi	ng document in paper for	mat (Please 🗸)	Account Statement	Annual Report Of	ther Statutory Information					
><												
	ACKNOWLEDGEMENT SI	LIP (To be tilled in by th	ie investor)		Application	No:	-					
	Quantum Mutual Fund 505, Regent Chambers,	5th Floor, Nariman Po	int, Mumbai - 4000				enter's Stamp &					
					MYYYY	Keceipt Do	ate and Time					
	Received from: Mr. / Ms. /											
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	vide Cheque No											
	Drawn on Bank and Branc	:h										
	Please note: All purchases	are subject to realization	of cheques and as pe	r applicable loa	id structure (please	refer Scheme Info	rmation Document)					

7	BANK ACC	COUNT DI	ETAILS*	(Re	fer In	struc	tion l	No. 8	and	d list	of bo	ank	s with	Dir	ect C	red	t Fac	ility) –										
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	your bank account quicker, electronically. *Mandatory – Please attach cancelled original cheque / self certified copy of blank cheque / self cer unit holder name on the face of the cheque / Bank Pass Book / Bank Statement) is required as an inc the time of investment b. Subsequent change in the investor's Bank Mandate														al Ctat	omor	+ / fire+		tha Ba	ınlı Do	cc bo	ak (b	oarin	a acc	nt r	umbo	r and first	
	unit holder no	ime on the fa	ce of the	cheque	3/ Bank	Pass Bo	ook/ Ba	nk Sta	temer	nt) is re	quired	as a	n increm	ental	l additi	ional	docum	ent in co	se of:	a. Reg	gistra	tion c	of the	invest	or's B	ank Mo	andate at	
8	INVESTMENT DETAILS* (Please >) Choice of Scheme/Option/Facility														cility (Refer Instruction No. 9)													
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10	NOMINAT																											
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12	DOCUMEN	T ENCLOSE	D (Pleas	se √) T	īotal nı	umber	of doc	umen	ıts			Re	solution	ı/ Au	thoris	sation	to inv	est	List	of a	uthor	ised	sign	atorie	s witl	h spec	imen	
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	Distributor	(Name & A	ARN Co	de													Oth	ers										
	DECLARATION	AND SIGNAT	URE(S) : 1/	We hav	e read a	nd unde	rstood th	ne term	s & cor	ntents of	the Sch	eme	Informatio	n Do	cument	(s) of t	ne resne	tive sche	me(s) c	ınd Sto	temer	nt of A	dditio	nal Info	rmatio	n and A	ddenda of	
	Quantum Mutua	al Fund thereto.	. I/We here	by apply	y to the T	rustee of	f Quantu	ım Mut	ual fur	nd for ur	nits of th	e sch	eme as in	dicate	d above	e and	agree to	abide by	the ten	ms and	d cond	itions	, rules	and re	egulatio	ons of th	e Scheme.	
	I/We further ded contravention of	any acts, rules	, regulation	ns or any	y statute o	or legisla	ation or c	any oth	er app	licable l	aws or r	notific	ations, dir	ection:	s issued	by the	govern	mental o	r statute	ory aut	hority	from t	time to	o time.	It is exp	pressly u	inderstood	
	that I/We have t	he express auth	hority from	our cons	stitutiona	al docum	nents to i	nvest in	the u	nits of th	ne schen	ne an	nd the AM	C/Trus	stee/Fur	nd wo	ıld not b	e respon	sible if t	he inv	estme:	nt is ul	ltra vir	es ther	eto and	d the inv	estment is	
	contrary to the re Manager to the	Quantum Mutu	Jal Fund, hr	as full ric	aht to ref	und the	excess to	me/us	to brin	nenr in i ng my/o	ine sche ur invest	tment	s equal to t below 25	%. I/V	Ve have	not re	or me co ceived r	or been i	ne scne nduced	me, ir I by an	y reba	te or c	n Asse ifts, di	irectly c	ageme or indire	nt Lta., i ectly in n	nakina this	
	investments. I /V application, reve	Ve hereby autho	orise Quan	ntum Mut	ıtual Func	d. its Inve	estment /	Manaa	er and	its agen	its to disc	close	details of	mv inv	/estmen	nt to m	v bank(s	/ Quant	um Mu	tual Fu	nd's b	ank(s)	. I/We	: autho	rise this	Fund to	reject the	
	take any approp	riate action ago	ainst me/us	s in case	the cheq	iue(s)/ po	ayment iı	nstrume	ent is/c	ire retur	ned by r	my/οι	ur banker	for an	y reason	n wha	soever. I	∕We und∈	ertake t	hat the	se inv	estme	nts are	e my/o	ur own	and ack	knowledge	
	take any appropriate action against me/us in case the cheque(s)/ payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with NCT consus. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars above are correct. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any of the commission of the commission or any of the comm																											
	him for the differ	ent competing	Schemes of	f various	Mutual I	Funds fro	om amoi	ngst wh	ich the	Schem	e is bein	g reco	ommende	d to m	ne/us.													
	Applicable to N																			been	remitt	ed fro	m abr	oad th	rough	approve	d banking	
	channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. (Including amount of Ac												_00 IIUI					· · · · · · ·		n								
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