

## quant mutual

Corporate Office: 6th Floor, Sea Breeze Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025. | Tel: +91 22 6295 5000 Whatsapp message: +91 9920 21 22 23 | E-mail: help.investor@quant.in | help.distributor@quant.in | www.quantmutual.com

(Use this form	if One Time Bank Mandate Form is	DMMONAPPLICA registered in the folio) To b		d in blue / black ink only.	PP 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-181211			Е		
EUIN Declaration: Declaration for "Execution Only" Trans- trentionally left blank by me/us as this transaction is execu- mployee/felationship manager/sales person of the distribu- all Schemes managed by you, to the above mentioned SEE	Laction (where Employee Unique Identificat ted without any interaction or advice by the tor/sub broker. <b>RIA Declaration</b> : "I/We her I-Registered Investment Adviser/ RIA".	I ion Number-EUIN* box is left bl employee/relationship manager/s eby give you my/our consent to s	ank). Please refer instruction 12 sales person of the above distribu share/provide the transactions da	of KIM for complete details on EUIN. I/W tor/sub broker or notwithstanding the advic ta feed/portfolio holdings/ NAV etc. in resp	Lehereby confirm that the EUIN box has been e of in-appropriateness, if any, provided by the eect of my/our investments under Direct Plan of
Signature of 1 <sup>#</sup> Applicant / Guard Authorised Signatory /PoA/Ka		Signature of 2 <sup>nd</sup> Applica Authorised Signat			" <sup>4</sup> Applicant / Guardian / ed Signatory /PoA
Please ✓ Lumpsum Investmen	t 🔾	Micro Applicat	tion ()	SIPA	Application ()
TRANSACTION CHARGES (Please IAM A FIRST TIME INVESTOR IN MUTU Applicable transaction charges will be deduc investor to the ARN Holder (AMFI registered the ARN Holder. I. EXISTING UNIT HOLDER INFORM)	JAL FUNDS ted in case your distributor has o Distributor) based on the investo	OR ORADA IAMA pted for such charges. U r's assessment of variou	N EXISTING INVESTOR pfront commission shall b s factors including the se	pe paid directly by the Dopt-ir Opt-ir Opt-ir	n Initiative n – Physical Opt-out – Email Refer instruction no. 17
Folio No.	ATION [Please fill in your Po		cation No. (KIN)	ection 7 - Investment Detai	
2. APPLICANT(S) NAME AND INFORI 1 <sup>st</sup> SOLE APPLICANT Mr. / Ms. / M/s. 5. (Please write the name as per PAN Card) CKYC ID No. (KIN)	MATION [Refer Instruction 2		icant is Minor, then p	PAN	tural / legal guardian
GUARDIAN (In case 1 Applicant is a M Mr. / Ms. /				Relationshi	Jo <sup>s</sup> (\$Default if not ✓)         p with Minor (Please ✓)         > Father       C Legal Guardian
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	
GUARDIAN AADHAAR No.				Aadhaar Copy (Plea	se ✓) ○ Enclosed
POA / Custodian Name:				KY	C (Please ✓) ○ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PC	DA / Custodian PAN	
Contact Person for Corporate Investo				Designation:	
FIRST APPLICANT AND KYC DET/ SOLE APPLICANT Individual of the second		fill Ultimate Beneficial	Ownership (UBO) decl	laration Form in Section 11a	& 11b - Refer Instruction No. 15]
Date of Birth/Incorporation		of of Date of Birth(Plea (For minor applicant)			Chool Leaving Certificate / Mark Sheet Others (Please specify)
Place of Birth / ncorporation: Please write the Date of birth as per Aadhaar Ca	Country of Birth / Incorporation:		Nationality:	Gender	O Male O Female O Other
Type: OResident Individual OSole	Prop 🔿 NRI - NRE 🔿 Tr	rust 🔘 Bank / Fls		Society/AOP/BOI OMino	or through Guardian O NRI - NRO
⊖ HUF ⊖ LLP ⊖ Listed Company ⊖ P	rivate Company 🔘 Public Ltd. Co	ompany 🔘 Artificial Juri	dicial Person O Partners	hip Firm 🔘 FOF - MF Schemes	G Others
a*. Occupation Details [Please tick (✔)	O Business	Public Sector Retired	Government Servir     Agriculture	O Proprietorship	Professional Housewife Others
b*. Gross Annual Income (₹) [Please ti	<i>,</i> –	0 1-5 Lakh	0 5-10 Lakh		$>$ >25 Lakh $\bigcirc$ > 1 Crore
d*. Net-worth (Mandatory for Non-Indiv	viduals) ₹		as on		(Not older than 1 year)
e*. Non-Individual Investors involved/ any of the mentioned services		Exchange / Money Cha ending / Pawning		Gaming/Gambling/Lottery/	Casino Services
4. BANK ACCOUNT DETAILS - Mand Name of the Bank:					
Core Banking A/c No.			A/c. Type	PIs. (✓) ○ NRE ○ CU	
Branch Name: Bank	Ad	dress:			
Branch City:	Sta	ite:		Pin Co	ode
MICR Code	Please attac OR a clear p	ch a cancelled cheque hoto copy of a cheque	IFSC Code (Manda Credit via NEFT/RT	atory for	

\* mandatory fields

Mode of	Holding: O Anyone or	Survivor	Singl	۹	O Joint		(Diago	e note that the	Default option is	s Anvone or	Survivor
	0 - 7				Joint		(1 1005				
	ICANT Mr. / Ms. / M/s. (Nite the name as per PAN Card)	lot Applicable in case of	Minor Applican					Ge	ender 🔾 Male	Female	O Other
PAN Det			F	Pls indicate if US	Person or a re	sident for tax p	ourpose / Re	sident of Canad	a 🔿 Yes 🔿	No* (*Defau	ılt if not ✔)
СКҮС ІД	) No. (KIN)				KYC Pls	✓ O Pro	of Attached	Date of Bir (As per PAN 0	<b>th</b> (Mandatory) Card)		
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a*. Occu	pation Details [Please tick	(✓)]		O Public Sect		ernment	-	Student		onal O	Housewife
b*. Gross	s Annual Income (₹) [Pleas	etick		<ul> <li>Retired</li> <li>1-5 Lakh</li> </ul>	○ Serve ○ 5-10	ice Agricultu		Proprietorship 10-25 Lakh	O Others	0.	>1 Crore
(√)] c*. F	Politically Exposed Person (P				Not Applicat		$\bigcirc$	10-23 Lakii	○ >25 Lakh		ST Crore
Net-worth		,		s on		-	(Not c	older than 1 yea	ar)		
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3 <sup>rd</sup> APPL	ICANT Mr. / Ms. / M/s. (N	ot Applicable in case of	Minor Applicant	:)				Ge	ender 🔾 Male	O Female	O Other
(Please wri	ite the name as per PAN Card)		r	Dia indianta if LIC	Doroon or o ro	ident for toy a		oident of Conod			ult if not v()
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b*. Gross	s Annual Income (₹) [Pleas			1-5 Lakh	0 5-10	-		10-25 Lakh	>25 Lakh	0	>1 Crore
c*. Politic	ally Exposed Person (PEP) St		I am Related to	PEP Not A	pplicable						
d. Net-w	vorth₹			_ as on			(Not	t older than 1 y	ear)		
6a. MAII	LING ADDRESS [Please pr	ovide your E-mail ID	and Mobile I	Number to hel	p us serve y	ou better]					
Local Ad	Idress of 1 <sup>st</sup> Applicant										
			City			State		Р	in Code		
Tel.			-				Mahil				
Off.			Resi.				Mobile	9^^			
E - Mail^											
-	nary email address as prov	-	-							-	
	on form/not available in t e Use Block Letters. Investors										
	, if you still wish to receive ph										
6b. Man	ndatory for NRI / FII Applic	ant [Please provide l	Full Address.	P. O. Box No.	. may not be	sufficient. F	or Overse	as Investors,	Indian Address	is preferre	d]
Oversea	s Correspondence Addres	iS									
7. INV	ESTMENT AND PAYMENT	DETAILS ( For com	olete informa	tion on Invest	ment Details	please refe	r to Instruc	ctions No. 6. )			
Scheme	):			O Regular		Swill U	,		ion cum capital wi		
				O Direct Pl	1 1	, , , , ,			istribution cum ca	•	wal option
Payment	t Type [Please (✓)]	Self (Non-Third P		, .					ent Declaration F		
Chequ	e / DD / UTR No. & Date	Amount of Cheq RTGS / NEFT in fig		DD Charg if any		Net Purch		Drawn on	Durik /	y-In Bank A	
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(that is, a company whose shares are regularly traded on an established securities market)						Nam	e of	f stock	exchang	e:	-	-			-				-	-											
2	Is the Entity a re										() Y	/es	(If ye	s, please	spec	cify na	ame of	he lis	sted o	ompan	y and c	ne sto	ock exc	hange	e on v	which	the stoc	ck is i	regula	rly tra	ade
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	2.PAN:	Occupation Type:	Date Of I	Sirth ·		
	City of Birth:	Nationality:				
	Country of Birth:	Father's Name:	Gender		Female	<ul> <li>Other</li> </ul>
-	3.PAN:	Occupation Type:	Date Of I	Birth:		
	City of Birth:	Nationality:		<u> </u>		
	Country of Birth:	Father's Name:	Gender		○ Female	<ul> <li>Other</li> </ul>

\_\_\_\_\_ \_\_\_\_\_ # 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

## 12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 14)

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? (If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below

🔿 Yes 🔿 No									
○ Yes ○ No Please provide Tax Payer Id.									
Individual or Non-Individual investors fill this section if ticked Yes above. Individual investor have to fill in below details in case of joint applicants									

	Country:		Country:		Country:	
Tax Residency Status: 1	No.:	Tax Residency Status: 1	No.:	Tax Residency Status: 1	No.:	
	Туре:		Туре:		Туре:	
	Country:		Country:		Country:	
Tax Residency Status: 2	No.:	Tax Residency Status: 2	No.:	Tax Residency Status: 2	No.:	
	Туре:		Туре:		Туре:	
	Country:		Country:		Country:	
Tax Residency Status: 3	No.:	Tax Residency Status: 3	No.:	Tax Residency Status: 3	No.:	
	Туре:		Туре:		Туре:	
Address Type		Address Type		Address Type		

(Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio)

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

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## 13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2]

To the Trustees, quant Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme (s)) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, or any other applicable laws enacted by the Scheme (s) I/We hereby apply for units of the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the norinee achanoldealisi with the AMC / FundRegistrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the equalatory and government autorities as and when needed. I/We will indemnify the Fund. AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validly and autorization of mylour transactions. (E) I/We hereby confirm that We have no these on fiftered to any indicative provided by the terms details with the equalatory and government autorities as and when needed. I/We will indemnify the Fund. AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validly and autorization of mylour transactions. (E) I/We hereby confirm that We have no to been offeered to meritical any indicative yield by the turnel/AMC/trist distributor for this investment. I/We have not necescied nor have been induced by any robate or grifs, directly or indirectly in making this investment. (G) Applicable to Foreign Resident's Residing in India:- I/We are not United States person(s) under the laws of United States person(s) under the laws of United States or resident (H RA). (I/We shall notify the AMC, in which event the AMC reserves the erglite noring and ender details in the scheme any ergle as an eng

Signature of 1 <sup>#</sup> Applicant / Guardian /	Signature of 2 <sup>rd</sup> Applicant / Guardian /	Signature of 3 <sup>et</sup> Applicant / Guardian /
Authorised Signatory /PoA/Karta	Authorised Signatory /PoA	Authorised Signatory /PoA

For O Lumpsum 'OR' O SIP

2	Received Application from Mr. / Ms. / M/s.		as per details below:
	Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
5		Amount (Rs.)	
		Cheque / DD No.:	
Ş		Dated	
22		Bank & Branch	
-	5		

Cheque / DD is subject to realisation