

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS

Mode of Holding: ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)2nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)Gender ☐ Male ☐ Female ☐ Other

(Please write the name as per PAN Card)

PAN Details Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ✓)CKYC ID No. (KIN) KYC Pls ☒ ☐ Proof AttachedDate of Birth (Mandatory) (As per PAN Card) Place of Birth /
Incorporation:
(Please write the Date of birth as per Aadhaar Card)Country of Birth /
Incorporation: ☐ India
☐ OthersNationality: ☐ Indian
☐Gender ☐ Male ☐ Female ☐ Other

a*. Occupation Details [Please tick (✓)]

☐ Private Sector ☐ Public Sector ☐ Government ☐ Student ☐ Professional ☐ Housewife

b*. Gross Annual Income (₹) [Please tick

☐ Business ☐ Retired ☐ Service Agriculture ☐ Proprietorship ☐ Others☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ >1 Crore

(✓)] c*. Politically Exposed Person (PEP) Status

I am PEP I am Related to PEP Not Applicable

Net-worth ₹ as on (Not older than 1 year)

3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)Gender ☐ Male ☐ Female ☐ Other

(Please write the name as per PAN Card)

PAN Details Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ✓)CKYC ID No. (KIN) KYC Pls ☒ ☐ Proof AttachedDate of Birth (Mandatory) (As per PAN Card) Place of Birth /
Incorporation:
(Please write the Date of birth as per Aadhaar Card)Country of Birth /
Incorporation: ☐ India
☐ OthersNationality: ☐ Indian
☐Gender ☐ Male ☐ Female ☐ Other

a*. Occupation Details [Please tick (✓)]

☐ Private Sector ☐ Public Sector ☐ Government ☐ Student ☐ Professional ☐ Housewife

b*. Gross Annual Income (₹) [Please tick (✓)]

☐ Business ☐ Retired ☐ Service Agriculture ☐ Proprietorship ☐ Others☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ >1 Crore

c*. Politically Exposed Person (PEP) Status

I am PEP I am Related to PEP Not Applicable

d. Net-worth ₹ as on (Not older than 1 year)

6a. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better Refer Instructions 6]

Local Address of 1st Applicant

City	State	Pin Code

Tel. Off.	Resi.	Mobile

Mobile No specified above belongs to ☐ Self or Family, due to Investor being(Please tick any one option from below.)☐ Spouse ☐ Guardian(for Minor Investment) ☐ Dependent Children ☐ Dependent Parents ☐ Dependent SiblingsE - Mail^{^^} ^{^^}Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.Incase if physical copies are required kindly refer instruction no. 16.Email address specified above belongs to ☐ Self or Family, due to Investor being(Please tick any one option from below.)☐ Spouse ☐ Guardian(for Minor Investment) ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings

6b. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]

Overseas Correspondence Address

7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please refer to Instructions No. 6.)

Scheme : ☐ Regular Plan ☐ Growth (Default) ☐ Payout of Income Distribution cum capital withdrawal option ☐ Direct Plan ☐ Reinvestment of Income Distribution cum capital withdrawal optionPayment Type [Please (✓)] ☐ Self (Non-Third Party Payment) ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.

National Securities Depository Limited (NSDL)

Central Depository Services (India) Limited (CDSL)

DP Name	DP Name
DP ID Benef. A/C No.	16 Digit A/C No.

Enclosures - [Please (✓)] ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

* mandatory fields

9. **NOMINATION DETAILS* [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 8]**

In respect of the Units bearing Folio No.

First Holder

Second Holder

Third Holder

PAN

I/We wish to make a nomination and do here by nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

NOMINATION DETAILS

Nominee 1

Name of the Nominee* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB

Nominee 2

Name of the Nominee* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB

Nominee 3

Name of the Nominee* Nomination (%)*

Relationship with applicant* Mobile Number*

Email ID* Residential Address*

Pincode*

Proof of Identity* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No*

Nominee / Guardian (In Case of Minor) DOB

DECLARATION FOR OPTING-OUT OF NOMINATION

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

This nomination shall supersede any prior nomination made by me / us, if any.

Name and Signature of Holder	Signature(s) of holder/ Thumb impression	Witness Name and Address**	Witness Signature**
Sole / First Holder (Mr./Ms.) 		 	
Second Holder (Mr./Ms.) 		 	
Third Holder (Mr./Ms.) 		 	

** Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

* mandatory fields

10. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA, CRS & UBO details form

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

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

1 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	☐ Yes ☐ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	☐ Yes ☐ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	☐ Yes ☐ No
Country of Birth / Incorporation		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	☐ Yes ☐ No Please provide Tax Payer Id. _____	Are you a US specified person?	☐ Yes ☐ No Please provide Tax Payer Id. _____	Are you a US specified person?	☐ 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

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

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.

11. 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, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in 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 nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of quant Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by quant Money Managers Ltd./ Fund and undertake to update the information/details with the AMC / Fund/Registrars 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 regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (F) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA /CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio.

I/we have read the point number 16 and we will participant Go Green initiative

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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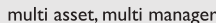
ACKNOWLEDGMENT SLIP

Received Application from Mr. / Ms. / M/s. _____

For ☐ Lumpsum 'OR' ☐ SIP as per details below:

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs.) _____ Cheque / DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation



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

quant mutual

SIP ENROLLMENT DETAILS

(Use this form if One Time Bank Mandate Form is registered in the folio) To be filled in capital letters and in blue / black ink only.

DISTRIBUTOR / BROKER INFORMATION				APP No.
Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN- (ARN stamp here)	ARN-			

*Please sign below in case the EUIN is left blank/not marked. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. ++ I/We, have invested in the Scheme(s) of Quant Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered, Investment Adviser.

First / Sole Applicant / Guardian Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

[illegible]

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____

Net Amount ₹ _____ Bank Name: _____ Branch: _____ City: _____

UNITHOLDING OPTION

☐ **Demat Mode** ☐ **Physical Mode** (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited	Depository Participant Name _____								Central Depository Securities Limited	Depository Participant Name _____									
	DP ID No.		I	N						Target ID No.									
	Beneficiary Account No.																		

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

By providing Email-id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

SIP DETAILS

(Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option		Frequency (Please, any one)	Enrollment Period (Please, any one)	SIP Date (For Monthly / Quarterly / Half Yearly)	SIP Amount	Weekly and Fortnightly SIP Date
☐ Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly	From : MM / YYYY To : MM / YYYY	 (Any date from 1st to 28th of a given month)	₹ (in figures)	For Weekly and Fortnightly fixed day is Wednesday or alternet Wednesday

DECLARATION: I/We would like to invest in quant _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services, by filling up this form. I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting quant Mutual Fund liability. I understand that QMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree quant can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model, payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us). I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

☐ I confirm that I am resident of India. ☐ 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 normal banking channels or from funds in mv/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in mv/ our NRE/FCNR Account.

First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form. Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of aMF on any transaction day.



UMRN

Sponsor Bank Code

Bank use

Utility Code

Bank use

To Debit (tick ✓)

☐ SB
 ☐ CA
 ☐ CC
 ☐ SB-NRE
 ☐ SB-NRO
 ☐ Other

Bank A/c

With Bank

Name of customers bank

IFSC / MICR

An Amount Of Rupees

₹

DEBIT TYPE

☒ Fixed Amount
 ☒ Maximum Amount

FREQUENCY

☒ Mthly
 ☒ Qtly
 ☒ H-Yrly
 ☒ Yrly
 ☒ As & when presented

Reference 1

Folio No.

Reference 2

Scheme Name

Date

☒ CREATE

☒ MODIFY

☒ CANCEL

I/We hereby authorize

quant Mutual Fund

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

PERIOD

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Maximum period of validity of this mandate is 40 years only

Phone No. | | | | | | | | | |

1. Name Of Primary Account Holder

2. Name Of Joint Account Holder

3. Name Of Joint Account Holder

WACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)