



COMMON APPLICATION FORM

(Continuous Offer of units at Applicable NAV)

6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021
www.QuantumAMC.com

Application No: **QMFP**

1. INTERMEDIARY INFORMATION

Name & ARN Code	Sub - Broker Code	EUIN	RIA Code	E-Code / RM Code
ARN-106392 BLUECHIP STOCKS		E-107715		

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. (All sections to be filled in English and in BLOCK LETTERS). Fields marked with (*) are mandatory.

2. EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number) (Refer Instruction No. 3)

Folio No. Name of First Applicant

3.	*PAN/PEKRN (Refer Instruction no. 4A) please attach certified PAN copy	CKYC Details (KIN Number)
1 st Applicant /Minor		
2 nd Applicant		
3 rd Applicant		
Guardian		
POA Holder		

4. *APPLICANT INFORMATION (Refer Instruction No. 6) (TO BE FILLED IN BLOCK LETTERS)

Mode of Holding Single Joint Any one or survivor(s) (Default option in case of more than one applicant)

Name of Sole/ 1st Applicant Mr. Ms. M/s. Other Please Specify

Date of Birth/Date of Incorporate Proof of DOB (Incase of Minor) Birth Certificate School leaving Certificate Passport

Other

Guardian/Authorised Person - (In case of Minor)/Authorised Person (In case of non individual applicant)

Relationship with Minor Father Mother Legal Guardian

Note: If Guardian is a Legal Gaurdian, please submit duly notarised copy of court order along with application.

Type of Guardian Natural Guardian Court Appointed guardian

If the sole/first applicant is differently abled; then please tick the preferred mode of communication: Email & SMS Voice Both

Relationship Proof (With specified Guardian) Birth Certificate Passport Other

Address: Mailing Address of Sole/First Applicant (P.O Box alone may not be sufficient) This address will be replaced with the address as per your KYC records on validation of your KYC data. Overseas Investor must provide Indian Address

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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Quantum Mutual Fund - 6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumMF.com

Please scan this code, and fill in your details. Our representative will get in touch with you.

Date Received from: Mr./Ms./M/s

an application for allotment Scheme

vide Cheque No./RTGS /NEFT/IMPS Reference No. Dated ___/___/___

Amount (₹)

Drawn on Bank and Branch

Collection Center's Stamp & Receipt Date and Time	
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Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)



6. POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2 (f) & 7)

POA Name Mr./Ms.

Address

City Pin Code

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

7. *BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type [please ✓] SB Current NRO NRE FCNR

Bank Name IFSC MICR Code

Account No Branch City Pin Code

Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically.

*Mandatory - Please attach either a Cancelled Cheque with first applicant name and account number pre-printed on the face of the cheque or a Bank statement/certified bank passbook with current entries not older than 3 months or a bank letter/Certificate duly signed by Bank Branch Manager/ Authorized Personnel.

8. *INVESTMENT DETAILS (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 2)

Scheme

Plan Direct Regular

Option

Transfer of Income Distribution to Scheme
(Available only if invested scheme has Payout of Monthly IDCW Option/ Facility)

9. *PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment Cheque RTGS/NEFT IMPS Transfer Letter/Direct Credit (DC) DD

Cheque No./ RTGS/NEFT/IMPS/DC/DD Ref. No. Date

Gross Amt (₹) DD Charges (₹) Net Amt (₹)

Bank/Branch & City

Account Type SB Current NRO NRE FCNR

10. *FATCA and CRS Details for Individuals (Including Sole Proprietor) (Mandatory)

The below information is required for all applicants/guardian

Category	1 st Applicant / Guardian	2 nd Applicant	3 rd Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship/Nationality			

Is your Tax Residency/Country of Birth/Citizenship/Nationality other than India? Yes No (Please ✓)

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorily fill Annexure I for complete details.

Category	1 st Applicant / Guardian	2 nd Applicant	3 rd Applicant
Country of Citizenship/Nationality			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

11. *NOMINATION DETAILS (Refer instruction no. 12)

	1 st Nominee	2 nd Nominee	3 rd Nominee
Name (as in PAN card/KYC records)			
PAN			
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian

Type of Guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian
Allocation % (Total to be 100%)			

OR

I do not wish to Nominate

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
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Place _____

✓ Sole/1 st Applicant/Guardian/Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory
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12. DEMAT ACCOUNT DETAILS

(Please ✓) (Please refer Instruction no. 13)

NSDL CDSL

(On unit conversion into dematerialized form, switch will not be allowed for redemption of units in NSDL demat folios, please apply through Stock Exchange / Depository Participant (DP) only)

I would like to be allotted units in DEMAT mode. Yes No (Please ✓) (Non - ticking of this box would result in allotment of units in physical form).

Please ensure that the name of the investor in the application form matches with the account held with the depository participant.

NSDL

I	N	
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 BENEFICIARY Account No. (NSDL Only)

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CDSL

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Enclose for Demat Option: Client Master List Transaction/Holding Statement DIS Copy

13. SMILE Facility (Please refer Instruction no. 15)

Opt for SMILE Facility Yes No Contribution to SMILE Facility (For Indian Citizens Only*): 10% OR Investor Advised

Contribution to SMILE Facility (For Other Citizens*): Investor Advised

	NGO Name	Distribution Share to each NGO (%)
NGO1 Name		
NGO2 Name		
TOTAL		100%

*Note: Resident/Non Resident Indian holding foreign citizenship can opt for SMILE Facility on any date through Investor Advised Option. However, contribution to NGOs can be done either on the investors getting their Indian Citizenship or on receipt of FCRA approval by HYNGO Foundation which is currently in the process for approval with the Ministry of Home Affairs.

14. SOURCE OF INFORMATION

How did you come to know about Quantum Mutual Fund? Advertisement Friend/Relative Sales Team IFA/Intermediary

Name & ARN Code of Intermediary _____ Others _____

15. PHYSICAL COPY OF ANNUAL REPORT

Opt In to receive the physical copy of Annual Report