

quant mutual

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(Use this form if	CC One Time Bank Mandate Form is	DMMONAPPLICA registered in the folio) To b		d in blue / black ink onlv.	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.
EUIN Declaration: Declaration for "Execution Only" Transa Intentionally left blank by melus as this transaction is execute employee/relationship manager/sales person of the distribut all Schemes managed by you, to the above mentioned SEBI-	ction (where Employee Unique Identificat d without any interaction or advice by the rysub broker RIA Declaration : "(We her Registered Investment Adviser/ RIA".	on Number-EUIN* box is left bla 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	le hereby confirm that the EUIN box has been ce of in-appropriateness, if any, provided by the pect of my/our investments under Direct Plan of
Signature of 1 ^{er} Applicant / Guardi	an /	Signature of 2 nd Applica	nt / Guardian /	Signature of 3	" ^d Applicant / Guardian /
Authorised Signatory /PoA/Kart	ta	Authorised Signat	ory /PoA	Authoris	ed Signatory /PoA
Please ✓ Lumpsum Investment TRANSACTION CHARGES (Please (IAM A FIRST TIME INVESTOR IN MUTU, Applicable transaction charges will be deducte investor to the ARN Holder (AMFI registered I the ARN Holder.	○ any one of the below. Ref AL FUNDS ed in case your distributor has o	OR OR AMA oted for such charges. U)) N EXISTING INVESTOR pfront commission shall I	R IN MUTUAL FUNDS Go Gree	Application () n Initiative n – Physical () Opt-out – Email Refer instruction no. 17
1. EXISTING UNIT HOLDER INFORMA	TION [Please fill in your Fo	lio Number, KIN, Sec	tion 2 & proceed to S	Section 7 - Investment Detai	ils]
Folio No.		CKYC Identifi	cation No. (KIN)		
2. APPLICANT(S) NAME AND INFORM	IATION [Refer Instruction 2] If the 1 ^{₅t} / Sole Appl	icant is Minor, then p	lease provide details of na	tural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. / M/s. S.(Please write the name as per PAN Card)				PAN	
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canada No ^s (\$Default if not ✓)
GUARDIAN (In case 1 Applicant is a Mi Mr. / Ms. / I				Relationshi	ip with Minor (Please ✓)) Father O 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)			P	OA / Custodian PAN	
Contact Person for Corporate Investor 3 FIRST APPLICANT AND KYC DETA				Designation:	
1 st SOLE APPLICANT O Individual or	O Non-Individual [Please	fill Ultimate Beneficial	Ownership (UBO) dec	laration Form in Section 11a	& 11b - Refer Instruction No. 15]
*Date of Birth/Incorporation (Individual) /(Non-individual) / (Please write the Date of birth as per Aadhaar Car		of of Date of Birth(Plea (For minor applicant)			School Leaving Certificate / Mark Sheet Others (Please specify)
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Car	Country of Birth / Incorporation:	!	Nationality:	Gender	○ Male ○ Female ○ Other
Type: O Resident Individual O Sole P	Prop 🔿 NRI - NRE 🔿 Tr	ust 🔘 Bank / Fls	○ FIIs ○ PIO	Society/AOP/BOI OMino	or through Guardian O NRI - NRO
│ HUF │ LLP │ Listed Company │ Pri	ivate Company 🔘 Public Ltd. Co	ompany 🔘 Artificial Juri	dicial Person 🔘 Partners	ship Firm 🔘 FOF - MF Schemes	s 🔿 Others
a*. Occupation Details [Please tick (\checkmark)]	Private SectorBusiness	Public SectorRetired	 Government Servi Agriculture 	- - - - - - - - - -	 Professional Housewith Others
c*. Politically Exposed Person (PEP) Status	(Also applicable for authorised	signatories/Promoters/Ka	arta/Trustee/Whole time [Directors) 🔿 I am PEP 🔾 I a	m Related to PEP 〇 Not Applicabl
b*. Gross Annual Income (₹) [Please tic	k (✓)]	🔘 1-5 Lakh	○ 5-10 Lakh	10-25 Lakh	○ >25 Lakh ○ > 1 Crore
d*. Net-worth (Mandatory for Non-Indivi	iduals) ₹		as or	I	(Not older than 1 year
e*. Non-Individual Investors involved/p any of the mentioned services	0	xchange / Money Cha ending / Pawning	anger Services	Gaming/Gambling/Lottery/None of the above	Casino Services
4. BANK ACCOUNT DETAILS - Manda	tory [Refer Instruction Nos	. 3 & 4]			
Name of the Bank: Core Banking A/c No.			A/c. Type	Pls. (✓) ○ NRE ○ CL	
Branch Name: Bank	Adv	dress:		·	
Branch City:	Sta	te:		Pin Co	ode
MICR Code		h a cancelled cheque	IFSC Code (Manda		

* mandatory fields

5. JOINT APPLIC	, ,			🔿 Sii	ngle		0.	Joint		(P	lease no	ote that	the D	efault o	ption	is Any	one or	Survivor
2 nd APPLICANT M Please write the name		ot Applicable in c	case of Mi	inor Applic	cant)								Gend	er 🔿	Male	⊖ F	emale	◯ Othe
PAN Details					Pls ind	dicate if US	Person o	r a reside	ent for tax	purpose	/ Reside	nt of Car	nada	⊖ Ye	s C) No*	(*Defau	It if not 🗸
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a* Occupation De	etails [Please tick ((√)]	 Private 	e Sector	OF	Public Sec	tor O	Govern	ment		⊖ Stu	dent		O Pr	ofessi	ional	0	Housewi
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Mode of Holding:	O Anyone or	Survivor		⊖ Sii			0.	Joint						efault o	ption	is Any	one or	Survivo
3 rd APPLICANT M	. / Ms. / M/s. (No	ot Applicable in c	case of Mir	nor Applic	ant)								Gend	er 🔿	Male	⊖ F	emale	◯ Othe
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PAN Details					Pis ind	dicate if US	Person o	r a reside	ent for tax	purpose				-) N0*	(*Defai	ılt if not ✓
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d. Net-worth ₹					as	on					(Not old	er than	1 yea	r)				
6a. MAILING ADD	ORESS [Please pro	ovide your E-n	mail ID ai	nd Mobil	le Numb	ber to he	p us ser	ve you l	better]									
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	2.PAN:	Occupation Type:	Date Of I	Sirth ·		
	City of Birth:	Nationality:				
	Country of Birth:	Father's Name:	Gender		Female	 Other
-	3.PAN:	Occupation Type:	Date Of I	Birth:		
	City of Birth:	Nationality:		<u> </u>		
	Country of Birth:	Father's Name:	Gender		○ Female	 Other

_____ _____ # 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.

	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 SD 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 dees 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 equaloxy 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 the AMC/Fund shall have the right to declare that "The ARN holder has disclosed to melvis all the commissions 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 Investors. (E) I/We hereby confirm that IWe have not been offererd) (I) Applicable to Foreign Resident's Residing in India:- I/We are advillence to the site services or other or site of any indicative regarding the eligibility. validly and regulations. (J) I we confirm that I We have end where the All C bester or any indicative stalling the online facility: I/We have read any undecative portfolic and or any indicative validly the register or the veloce induced by any rebate or grifs. Girectly or indirectly in making this investiment. (G) Applicable to Foreign Resident's Residing in India:- I/We have understood the All C haves and thereby

Signature of 1 [#] Applicant / Guardian /	Signature of 2 rd Applicant / Guardian /	Signature of 3 ^{et} 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