

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 for	C m if One Time Bank Mandate Form is	OMMONAPPLICA registered in the folio) To b		nd 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-257030			E-479794		
Upfront commission shall be paid directly b I/We hereby confirm that the EUIN box l above distributor/sub broker or notwithsta	has been intentionally left blank by m	e/us as this transaction is e	xecuted without any intera	ction or advice by the employee/rela	ationship manager/sales person of the
Signature of 1 ^{er} Applicant / Gu: Authorised Signatory /PoA/I		Signature of 2 nd Applican Authorised Signat			[⊯] Applicant / Guardian / ed Signatory /PoA
Please Lumpsum Investme 		Micro Applicat			Application ()
1. EXISTING UNIT HOLDER INFORI	MATION [Please fill in your Fo	olio Number, KIN, Sec	tion 2 & proceed to	Section 7 - Investment Deta	ils]
Folio No.	0	ptional CKYC Identifi	cation No. (KIN)		
1 st SOLE APPLICANT Mr. / Ms. /M/s. Please write the name as per PAN Card)				PAN	
LEI Code for entities					
CKYC ID No. (KIN)			Pls inc		for tax purpose / Resident of Canac No $^{\circ}$ (\$Default if not \checkmark)
GUARDIAN (In case 1 Applicant is a				Relationshi	ip with Minor (Please \checkmark)
Mr. / Ms	. / M/s.		KYC (Please ✓)	GUARDIAN	Father C Legal Guardia
ID No. (KIN)			Proof Attached	Aadhaar Copy (Plea	se √) ○ Enclosed
POA / Custodian Name:				KY	C (Please ✓) ○ Proof Attache
POA / Custodian CKYC ID No. (KIN)			P	POA / Custodian PAN	
Contact Person for Corporate Inves	tor: Name			Designation:	
FIRST APPLICANT AND KYC DE	TAILS				
1 st SOLE APPLICANT \bigcirc Individual	or O Non-Individual [Non In	dividual Investors shou	ld mandatorily fill sep	arate FATCA, CRS & UBO de	etails form]
*Date of Birth/Incorporation (Individual) / (Non-individual) (Please write the Date of birth as per Aadhaar		of of Date of Birth(Plea (For minor applicant)			Chool Leaving Certificate / Mark Shee Others (Please specify)
Place of Birth / ncorporation: Please write the Date of birth as per Aadhaar	Country of Birth / OI	ndia Nationalii	ty:	Gender	○ Male ○ Female ○ Othe
Type: O Resident Individual O So	le Prop 🔿 NRI - NRE 🔿 T	rust 🔘 Bank / Fls	○ FIIs ○ PIO	○ Society/AOP/BOI ○ Minc	or through Guardian 🛛 🔿 NRI - NR
│ HUF │ LLP │ Listed Company │	Private Company O Public Ltd. C	Company O Artificial Jurio	dicial Person 🔘 Partner	ship Firm 🔘 FOF - MF Schemes	s 🔿 Others
a*. Occupation Details [Please tick ()] O Private Sector O Business	 Public Sector Retired 	Government Serv Agriculture		 Professional Others
c*. Politically Exposed Person (PEP) Sta	•	-	- 0	o	m Related to PEP O Not Applica
o*. Gross Annual Income (₹) [Please	tick (✓)] ○ Below 1 Lakh	🔘 1-5 Lakh	O 5-10 Lakh	O 10-25 Lakh	○ >25 Lakh ○ > 1 Crore
d*. Net-worth (Mandatory for Non-Ind	dividuals) ₹		as o	n	(Not older than 1 ye
e*. Non-Individual Investors involve any of the mentioned services		Exchange / Money Cha ending / Pawning	anger Services	Gaming/Gambling/Lottery/None of the above	Casino Services
4. BANK ACCOUNT DETAILS - Man	datory [Refer Instruction No	s. 3 & 4]			
Name of the Bank:					
Core Banking A/c No.			A/c. Type	Pls. (✓) ○ NRE ○ CL	
Branch Name: Bank ~	Ac	ldress:			
Branch City:	St	ate:		Pin Co	ode
MICR Code	Please atta	ch a cancelled cheque	IFSC Code (Mand		

Mode of Holding: O Anyone of	or Survivor	○ Single		🔾 Joint		(Please no	ote that the	e Default o	ption is	Anyone c	or Survivor
	(Not Applicable in case of I	Minor Applicant)					G	ender 🔾	Male () Female	e 🔿 Othe
(Please write the name as per PAN Card) PAN Details		Pls ir	ndicate if US P	erson or a res	ident for tax p	ourpose / Reside	nt of Canad	da 🔾 Ye	s 🔿 l	No* (*Defa	ault if not 🗸
CKYC ID No. (KIN)				KYC Pls		of Attached	Date of Bi	rth (Manda	tory)		
Place of Birth / Incorporation: Please write the Date of birth as per Aadh	Country of Bin Incorporation		Natior	nality: O Inc	dian	(,	lale () Female	O Othe
a*. Occupation Details [Please tic			Public Secto			⊖ Stu	dent	O Pr	ofessior	nal O	Housew
b*. Gross Annual Income (₹) [Plea	Busi	-	Retired 1-5 Lakh	Servi	ice Agricultui Lakh	<u> </u>	prietorship 25 Lakh	0.01	hers 5 Lakh	0	>1 Crore
(\checkmark)] c [∗] . Politically Exposed Person (Not Applicabl		0.0		0 72		0	
			า			(Not older		ar) ender 〇	Mala () Female	
3 rd APPLICANT Mr. / Ms. / M/s. (Please write the name as per PAN Card)	(Not Applicable in case of N	vilnor Applicant)									
PAN Details		Pls ir	ndicate if US P	erson or a res	ident for tax p	ourpose / Reside	nt of Canad	da 🔿 Ye	es 🔘	No* (*Defa	ault if not 🗸
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Place of Birth / ncorporation: Please write the Date of birth as per Aadh	aar Card)		Natior	nality: O Inc	dian		Ger	nder 🔿 N	lale 🤇) Female	◯ Othe
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b*. Gross Annual Income (₹) [Plea	Busin OBusin		Retired 1-5 Lakh	 Servi 5-10 	ice Agricultu Lakh	<u> </u>	prietorsnip 25 Lakh	0.01	hers 5 Lakh	0	>1 Crore
c*. Politically Exposed Person (PEP)	Status I am PEP	I am Related to PE									
d. Net-worth ₹								/ear)			
6a. MAILING ADDRESS [Please Local Address of 1 st Applicant	e provide your E-mail I	D and Mobile N	umber to he	ip us serve <u>:</u>	you better f	Refer Instructi	ons 6 j				
		City		s	tate		F	Pin Code			
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Mobile No specified above belongs to [vestor being(Please pendent Children	e tick any one o	option from be	low.)						
				nondont Para	nto		iblinge				
copies are required kindly refer instruct	providing email ID would mation no. 16.	andatorily receive a	all Communica		ent of Account	Dependent S		ort through	e-mail o	nly.Incase	if physical
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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 / G	uardian / Non-Individual)		2 nd A	pplicant		3 rd Applicant	
Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	1/	🔿 Yes 🛛 No	Do you have any no Country(ies) of Birth Citizenship / Nation Tax Residency	on-Indian h / ality and	🔿 Yes 🔿 No	Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	n-Indian 1/ OYes ONo ality	
Country of Birth / Incorporation			Country of Birth			Country of Birth		
Country Citizenship Nationality	1		Country Citizenship Nationality)/		Country Citizenship Nationality	1	
Are you a US specif person?	ïed	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specif person?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specif person?	ied O Yes O No Please provide Tax Payer Id.	
			1		1			
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Individual investor	r have to	fill in below details in case of join	t applicants		
	Countr	y:		Countr	y:		Country:	
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:	
	Туре:			Туре:			Туре:	
	Countr	y:		Countr	y:		Country:	
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:	
	Type:			Туре:			Туре:	
	Countr	y:		Country:			Country:	
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:	
	Type:			Туре:			Туре:	
Address Type			Address Type			Address Type		
						I		

(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); IWe hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWe hereby declare that the amount invested in the scheme is intrough legitimate sources only and dees not involve and is not designed for the purpose of the contravention of any provisions of the horms to time. (D) Signature of the nominee acknowledging receipts of mylour credit will consultate full distances of quart Mutual Fund. (D) The information given in with this application forms is true and correct and further agrees to furnish additional information sought by quant Money Managers Ltd. / Fund Area and when redeeld. UWe will indemnify the Fund, AMC. Trustee, RTA and other intermetiones in a sol or any dispute regarding the eligibility, validity and authorization of mylour transactions. (E) IWe hereby confirm that IMA hore the numerity the Fund/AMC/Its distributor for this investment. I. We have bo confirm that I we have to here induces to any dispute regarding the eligibility, validity and authorization of mylour transactions. (E) IWe hereby confirm that IWe 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. (I) Applicable to foreign Resident's Residing in India:- I/ We are not United State person(s) under FEMA provisions. IWe further declare that IWe have not aver advisor (RIA) through the registrar or otherwise. (I) Applicable to foreign Resident in India" and real allows the wet find to the account in the AMC Cost and the scheme as per the said SEMA regulations and hereby acceuting the elistes of the saft as a set of the scheme as a rescheed by a solure de 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,

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

1 st Applicant /	

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For O Lumpsum 'OR' O SIP

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

Cheque / DD is subject to realisation



quant Mutual Fund

(Formerly known as Escorts Mutual Fund)

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

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DISTRIBUTOR / BROKER INFORMA Name & Broker Code / ARN	Sub Broker / Sub Ag	ent ARN Code	*Employee Unique	Identification Nu	mber Sub B	roker / Sub Agent Co		RIA Code	e**
AR ARN-257030 here)			E-47	79794					
Please sign below in case the FUIN is left t	olank/not provided I/We	hereby confirm t			off blank by me/us as	this transaction is exe	cuted without any i	nteraction or advi	ce by the
Please sign below in case the EUIN is left b employee/relationship manager/sales pers sub broker. ++ I/We, have invested in the S our investments under Direct Plan of all Sche	on of the above distribute cheme(s) of quant Mutual	r/sub broker or i Fund under Dire	notwithstanding the adv ect Plan. I/We hereby give	ice of in-appropr you my/our cor	iateness, if any, provi isent to share/provide	ided by the employee/ e the transactions data	relationship manag feed/ portfolio hol	ger/sales person dings/ NAV etc. in	of the distributor/ respect of my/
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Name of 2nd holder				PAN	I No / PEKRN.				KYC
lame of 3rd holder				PAN	I No / PEKRN.				КҮС
INITIAL INVESTMENT DETAILS									
Cheque/ DD No./Cash Deposit Slip No.	•		Cheque / DD / Cash	Deposition Dat	e	(DD Charge ₹_		
Net Amount ₹	Bank Name	e:			Br	ranch:	(:ity:	
UNITHOLDING OPTION	Demat Mode	Physical	I Mode (Ref. Instruction	on No. 24) Dem	at Account details c	are compulsory if der	nat mode is opte	d.)	
National Depository				Central	Depository				
Securities Participant Name _ Depository DP ID No.			<u> </u>	Depositor Securities	 Funcipum 	lame			
Limited Beneficiary Account				Limited	Target ID No).			
nclosures (Please tick any one b	pox) : Client Me	aster List (C <i>l</i>	ML) Trans	saction cum	Holding Statem	nent 🗌 Ca	incelled Delive	ery Instruction	n Slip (DIS)
nvest Easy Registration for Trar	nsaction over SMS,	, Call, Mobile	le, Internet etc (Ap	plicable for indi	vidual investor only)				
Email ID					Mobile no.				
mail id & Mobile no. provided in th	nis form will superce	de the existin	ng details in our rec	ords. Please re	gister your Mobile No	o & Email Id to get inst	ant alerts via SMS	& Email.	
y providing Email-id, I understand that II	PIN will be issued to me	by default throu	ough Online Mode, unle	ess I have alrea	dy opted for IPIN in t	the past and have cre	eated a username	Э.	
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This is to confirm that the declaration (as mentioned overleaf) 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. 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.