



QUANTUM ETHICAL FUND

An open-ended equity scheme following an Ethical Theme

New Fund Offer Opens on: December 02, 2024

New Fund Offer Closes on: December 16, 2024

Scheme Reopens For Continuous Sale & Repurchase on: December 26, 2024

1. INTERMEDIARY INFORMATION

Name & ARN Code	Sub - Broker Code	EUIN	RIA Code	E-Code / RM Code

I/We, have invested in the scheme(s) of Quantum Mutual Fund under Direct Plan. I/We hereby give 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 of Quantum Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.

EUIN Declaration

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)

Folio No. Name of First Applicant

3.	*PAN/PEKRN	Date of Birth (Mandatory)	CKYC Details (KIN Number, if any)
1 st Applicant/Minor		D D M M Y Y Y Y	
2 nd Applicant		D D M M Y Y Y Y	
3 rd Applicant		D D M M Y Y Y Y	
Guardian		D D M M Y Y Y Y	

4. *APPLICANT INFORMATION (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 _____

Gender Male Female Transgender

Proof of DOB (Incase of Minor) Birth Certificate School leaving Certificate Passport Other _____

Guardian (in case of minor) /Authorized 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.

Relationship Proof (With specified Guardian) Birth Certificate Passport Other _____

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

LEI code valid up to

Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for non-Individual investors.

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

City State Country Pin code

Contact Details of Sole/First Applicant Mobile No. Email ID

This Email ID belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

This Mobile No. belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Tel No - STD Code _____ Res. _____ Off. _____ Fax _____

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: QMFP

Quantum Mutual Fund - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.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 purchase units of **Quantum Ethical Fund** _____

along with cheque as detailed overleaf. Cheques / Drafts are subject to realisation.

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)

Overseas Address (mandatory for NRI/Fl applicant)

Address for correspondence (for NRI Applicants) Indian Overseas

City _____ Country _____ Zip code _____

Note: The address provided by you above will be replicated with the address as per KYC record

Name of the 2nd Applicant Mr./Ms./M/s. _____

Mobile No. Email ID _____

This Email ID belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

This Mobile No. belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Name of the 3rd Applicant Mr./Ms./M/s. _____

Mobile No. Email ID _____

This Email ID belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

This Mobile No. belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

5. Tax Status (Applicable for First/Sole Applicant)

Resident Individual Fils NRI-NRO HUF Society Company Body Corporate Club/Society PIO
 Minor Government Body Trust NRI-NRE Bank & FI Proprietorship Firm Partnership Firm QFI
 Provident Fund NRI minor with gaurdian Others _____

Additional KYC Details

Occupation	Professional	Agriculturist	Housewife	Retired	Government Service/ Public Sector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Gross Annual Income Details

	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	Net-worth in Rs.	Date
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Net worth should	DD/MM/YYYY
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not be older	DD/MM/YYYY
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	than 1 year)	DD/MM/YYYY
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD/MM/YYYY

PEP Details

	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Non-Individual Investors (Please ✓)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes No (if No, Mandatory to provide the UBO declaration)
 Yes No Foreign Exchange/Money Charger Services Yes No Gaming/Gambling/Lottery/Casino Services Yes No Money Lending/Pawning

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

POA Name Mr./Ms. _____

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

ACKNOWLEDGEMENT SLIP (To be continued) **Application No: QMFP**

Quantum Mutual Fund - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.com

INVESTMENT DETAILS/ Payment Details (Please ✓) Choice of Scheme/Option/Facility

Separate cheque must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan/Option/Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Payment Details	
					Cheque/DDNo./UTR No. (Incase of NEFT/RTGS)	Bank & Branch
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	Growth		DD/MM/YYYY	

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

*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/ Payment Details (Please ✓) Choice of Scheme/Option/Facility

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option /Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Cheque/DDNo./ UTR No. (Incase of NEFT/RTGS)	Bank Branch, Account Type & Account Number
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	Growth		DD/MM/YYYY	

Applicable to minor (incase payment done other than the minor account)

Payment/ bank account holder name _____ relationship with minor Father Mother Legal Guardian

Note: (1) Relationship proof with minor required (2) If payment done by Legal Guardian, please submit duly notarized copy of court order along with application.

9. FATCA and CRS DETAILS For Individuals (Including Sole Proprietor) (Mandatory) The Below information is required for all applicants/guardian

Category	1st Applicant	2nd Applicant	3rd Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship/Nationality			
Is your Tax Residency/Country of Birth/Citizenship/ Nationality other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 holder should mandatorily fill Annexure I for complete details.

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

10. *NOMINATION DETAILS

	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee(s) (as in PAN card/KYC records)			
Date of Birth			
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)			
Guardian's relationship with 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
Share of Nominee Allocation % (Total to be 100%)			
Mobile / Telephone no. of Nominee(s) / Guardian in case of minnor			
Email Id of Nominee(s) / Guardian in case of minnor			

OR I do not wish to Nominate

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.

11. DEMAT ACCOUNT DETAILS
(Please ✓) (Please refer Instruction no. 13)

NSDL CDSL

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 BENEFICIARY Account No. (NSDL Only)
CDSL

Enclose: Client Master List Transaction/Holding Statement DIS Copy

12. PHYSICAL COPY

Opt In to receive the physical copy of Annual Report/Statement of Account (SOA)

13 NPO DECLARATION (Mandatory for Trust and Society)

I/We hereby confirm that above stated entity / organization is falling under "Non-profit organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

Enclosed relevant documentary proof evidencing the above definition.

I/We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

Declaration and Signature(s)

I/We read and understood the contents of the Scheme Information Document and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to Quantum Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents.

I hereby give my consent to receive various Communications, emails, SMS, alerts and notifications statutory or otherwise including of products of Quantum Mutual Fund and also to receive call from Quantum AMC related to products and transactions in Quantum Mutual Fund even though my mobile number is registered under the National Do Not Call Registry (NDNC). Please read our complete private policy here <https://www.quantumamc.com/privacy-policy>.

Applicable to NRI only: 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 approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (i) (Including amount of Additional Purchase Transaction made in future)

Signature(s)

Date

Place _____

Sole/1st Applicant/Guardian/Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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APPLICATION FORM FOR REGISTRATION OF SYSTEMATIC INVESTMENT PLAN (SIP)

Name & ARN Code	Sub - Broker Code	EUIN	RIA Code	E-Code / RM Code

"I/We, have invested in the scheme(s) of Quantum Mutual Fund under Direct Plan. I/We hereby give 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 of Quantum Mutual Fund, to the above mentioned SEBI Registered Investment Adviser."

<input type="checkbox"/> EUIN Declaration	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.
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1. INVESTOR AND INVESTMENT DETAILS Please ✓ wherever applicable.

Sole/First Investor Name (as appearing in ID proof)
 PAN No. Folio No. (For Existing Investor)

2. INVESTMENT DETAILS/ Payment Details (Please ✓) Choice of Scheme/Option/Facility

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option /Sub Option.

Sr. No.	Scheme Name	Plan	Option	Amount Invested (₹)	Frequency Details (Select any one frequency)
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	Growth		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly _____ (Any week - Monday to Friday) <input type="checkbox"/> Fortnightly _____ (Any day of alternative Week) <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Quarterly <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Payment Details

Sr. No.	Scheme Name	Cheque Amount (₹)	Cheque / DDNo.	Bank Name	Account Number
1.					

4. SIP PERIOD

From To OR No. of installments _____

5. DECLARATION

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in National Automated Clearing House (NACH)/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I/We would not hold Quantum Mutual Fund/Quantum Asset Management Company Pvt. Ltd responsible. I/We will also inform Quantum Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. This is to inform that I/We have registered for Auto Debit Facility and that my payment towards my investment in Quantum Mutual Fund shall be made from my/our bank account registered with Quantum Mutual Fund. I/We authorize Quantum Mutual Fund/Quantum Asset Management Company Pvt Ltd/representative of Quantum Asset Management Company Pvt Ltd carrying this Form to debit my bank account as per instructions given above.

First Account Holders Signature	Second Account Holders Signature	Third Account Holders Signature
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ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: **QMFP**

Quantum Mutual Fund - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.com

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

An SIP application for purchase of units in _____ along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

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)



SYSTEMATIC INVESTMENT FORM

TERMS & CONDITIONS

Systematic Investment Plan (SIP)

This mandate registration form will be submitted through National Automated Clearing House (NACH).

- This SIP facility is offered to investors having bank accounts in select banks mentioned in the link <http://www.npci.org.in/>. The banks in the list may be modified /updated /changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation.
- Investor/Unitholder(s) should submit original Cancelled Cheque (or a copy) along with mandate form with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted.
- The Unitholder(s) cheque/bank account details are subject to third party verification.
- SIP is offered on daily, weekly, fortnight, monthly and quarterly frequency.
- Investor/ Unit holders can opt to invest any day of the week in weekly and fortnight frequency (for fortnight alternative week transaction will be processed example if investor selected as Monday the SIP will be processed alternative Monday) and any date (except 29,30,31) in monthly and quarterly frequency.
- In case the end date is not specified, the SIP will be registered for **40 years**.
- Minimum installments and frequency wise minimum amount can be referred below table.

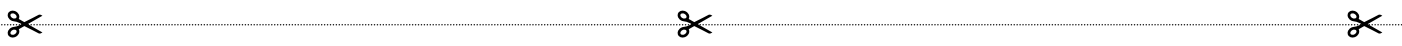
Systematic Investment Plan (SIP)			
Frequency of SIP	Eligible dates for effect	Minimum amount per Instalment	Minimum term/duration applicable
Daily	All Business days	₹100 and in multiple of ₹1 thereafter	30 Business days
Weekly	Any day of the week	₹500 and in multiple of ₹1 thereafter	10 instalments
Fortnightly	Any day of alternative Week	₹500 and in multiple of ₹1 thereafter	10 instalments
Monthly	Any date (except 29, 30, 31st)	₹500 and in multiple of ₹1 thereafter	12 instalments
Quarterly	Any date (Any date (except 29, 30, 31st)	₹500 and in multiple of ₹1 thereafter	12 instalments

- In case the frequency is not specified / ambiguity, in the application/enrolment form, it will be deemed as an application for monthly frequency and will be processed accordingly. In case the SIP date is not specified or in case of ambiguity for monthly or quarterly frequency, the SIP transaction will be processed as of 10th of every month/ first month of every quarter default day for weekly/ fortnight will be Tuesday.
- The units will be allotted to the investor at applicable NAV of the respective business day on which the investment is sought to be made as per the applicable cut-off timing subject to the funds available for utilization.
- The request for enrollment of SIP in the prescribed form should be received at any official point of acceptance / Investor service center at least 21 Calendar Days in advance before the execution / commencement date.
- The request for discontinuation of SIP in the prescribed form should be received at any official point of acceptance / Investor Service Center at least T+2 working days in advance before the execution / commencement date.
- SIP enrolment automatically terminated in below scenario:
 - Two for quarterly frequency and three for other than quarterly frequency consecutive payment instructions on submitted by Unit holder is not honored by banker.
 - Upon receipt of intimation of death of the Unit holder/ 1st Unit holder.
 - As a result of a stop payment instruction issued by the investor/unitholder.
 - Bank account is closed by investor.
- Quantum Mutual Fund will not be liable for any transaction failures due to rejection by the investor's bank/branch.
- The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
- Investor will not hold Quantum Mutual Fund and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration/Cancellation/Rejections.
- Investors are required to ensure adequate funds in their bank account on opted date. Quantum Mutual Fund will endeavor to debit the investor bank account on opted date, however if there is any delay all such transactions are debited subsequently. Quantum Mutual Fund/Sponsor / Bank/NPCI are not liable for the bank charges, if any debited from investor's bank account by the destination bank, on account of payment through NACH.
- If any chosen day/date falls on a non-business day, the next business day/date will be considered as the transaction date.
- In case of investments in the name of a minor, no new transactions / standing instructions / SIP / STP / SWP or cancellation of such requests will be allowed by the guardian from the date of minor attaining majority till instruction from the major is received by the AMC/Mutual Fund along with the prescribed documents for change of account status from minor to major.

Additional for MICRO Systematic Investment Plans (MICRO SIPs)

As per SEBI guidelines, Lumpsum and SIP investments in mutual funds upto Rs. 50,000 per year, per investor, per mutual fund shall be exempted from the requirement of PAN subject to other operational guidelines. Any investment, lumpsum or through Systematic Investment Plans (SIPs) by investors, where aggregate of investments/installments in a rolling 12-month period, does not exceed Rs. 50,000/- per investor will be treated as Micro investments for the above purpose. Micro investments will be accepted subject to PAN exemption in KYC process. This exemption will be applicable ONLY to investments by individuals (not NRI & PIOs), Minors and Sole proprietary firms. HUFs and other categories will not be eligible for Micro Investments. The exemption is applicable to joint holders also. In case under MICRO SIP, the first SIP instalment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will cease for future instalments. No refund to be made for the units already allotted. However, redemptions will be allowed based on the submission of normal prescribed Redemption Transaction Slip. Investors may submit any one of the PHOTO IDENTIFICATION documents (please refer paragraph titled PAN under the General instructions) along with KYC form and proof of address (self-attested). No separate address proof is required if Photo ID with address mentioned on it is submitted. The photo identification documents have to be current and valid and also to be either self -attested. All the applicants including second and third applicant (if any) is mandated to submit any of the above documents.

Systematic Investment Plan for Corporate Employees: In this case, the concerned employer is required to forward to the AMC the Scheme application cum SIP registration mandate form of the corporate employee who desires to invest in the Scheme. The application amount for the corporate employees would also be forwarded by the employer on specific request from the concerned employee. The concerned employee has to authorize the employer to deduct the application amount from his salary and remit the same to the Fund at regular intervals to ensure receipt of funds by the AMC on or before the next due date. This facility allows Unitholders to transfer specified fixed sums on periodic basis from one scheme to other schemes launched by the Mutual Fund from time to time by giving a single instruction. A Unitholder may effect a Systematic Transfer Plan (STP) by redeeming units of the transfer-out (transferor) Scheme at the prevailing NAV, subject to Exit Load, if any and investing the same amount in the transfer-in (transferee) scheme at prevailing NAV of the transfer-in Scheme. To seamlessly facilitate STP between two Schemes of the Mutual Fund, the Unitholder must comply with the redemption requirements of the transferor scheme and subscription requirements of the transferee scheme.



ACKNOWLEDGEMENT SLIP (To be continued)

Application No: QMFP

Quantum Mutual Fund - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.com

INVESTMENT DETAILS/ Payment Details (Please ✓) Choice of Scheme/Option/Facility					
Separate cheque must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan/Option/Sub Option.					
Sr. No.	Scheme Name	Cheque Amount (₹)	Cheque / DDNo.	Bank Name	Account Number
1.					
2.					
3.					

ONE TIME MANDATE FORM



UMRN:

Date:

Utility Code: (Office use only)

Create: Modify: Cancel:

Sponsor Bank Code: (Office use only)

I/We authorize: QUANTUM MUTUAL FUND

To debit (Tick ✓) SB/ CA/ CC/ SB-NRE / SB-NRO/ Other Bank A/C number:

With Bank: _____ IFSC/ MICR:

an amount of Rupees _____ (in words) ₹

Debit Type: Fixed Amount Maximum Amount Frequency: Mthly Qtly H-yrly Yrly As & when presented

Reference 1:

Reference 2:

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. 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 instruction 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.

From

Maximum period of validity of this mandate is 40 years only

To

Phone No.

Signature of 1st Account Holder Signature of 2nd Account Holder Signature of 3rd Account Holder

1 _____ 2 _____ 3 _____
Name as in bank records Name as in bank records Name as in bank records

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) **Application No: QMFP**

Quantum Mutual Fund - 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 4000201. www.QuantumAMC.com

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

An application for _____ under the Folio No.

Collection Center's Stamp & Receipt Date and Time



ASBA FORM

APPLICATION SUPPORTED BY BLOCKED AMOUNT

1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020 | www.QuantumAMC.com

BROKER/AGENT INFORMATION			FOR OFFICE USE ONLY			
Broker Name & AMFI Regn. No.	Sub-Broker Name & ARN Code	EUIN (Employee UIN)	SCSB (Name & Code)	SCSB IFSC Code (11 digit code)	Syndicate Member Code (Name & Code)	S. No.

Declaration for "execution-only" transaction (only where EUIN box is left blank): I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

1. APPLICANT INFORMATION (TO BE FILLED IN BLOCK LETTERS)*

Name of Sole/ 1st Applicant Mr. Ms. M/s. Others _____ Please Specify _____ Date of Birth/ Date of Incorporation

D	D	M	M	Y	Y	Y	Y
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Parent/Guardian Name of 1st Applicant - (in case of Minor)/Contact person (in case of non individual applicant) _____ Relationship with Minor/ Designation _____

Name of 2nd Applicant Mr. Ms. _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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Name of 3rd Applicant Mr. Ms. _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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PAN No. (Irrespective of Size of the investment) (Application without this information are liable to be rejected)

1st Applicant	2nd Applicant	3rd Applicant

2. ISIN DETAILS

Quantum Ethical Fund Direct Plan - Growth - ISIN _____

Quantum Ethical Fund Regular Plan - Growth - ISIN _____

3. DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS (Bank Account should be in the name of First Applicant only)

Bank Account No: _____

Bank Name _____

Branch Name _____

Account Type (Please ✓)	For Residents	For Non-Residents
	<input type="checkbox"/> Savings <input type="checkbox"/> Current	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Repatriable <input type="checkbox"/> Others

Total Amount to be blocked (₹ in figures) _____ (₹ in words) _____

4. DEMAT ACCOUNT DETAILS

	NSDL	CDSL
DP Name		
DP ID*	IN _____	
Beneficiary Account No.		

*In case Unit holders do not provide their Demat Account details application will to be rejected.

UNDERTAKING BY ASBA INVESTOR/ ACCOUNT HOLDER

1) I/We hereby undertake that I/We am/are an ASBA investor(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009. 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009, I/We authorize (a) the SCSB to do all acts as are necessary to make an application for purchase of units in the NFO of the Company, blocking the amount to the extent mentioned above in the "SCSB details" or unblocking of funds in the bank account maintained with the SCSB specified in the ASBA form, transfer of funds to the Issuer's account designated for this purpose on receipt of instruction from the Registrar to the Issue after finalisation of the basis of allotment entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar to the Quantum AMC to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon finalisation of the basis of allotment and to transfer the requisite money to the Issuer's account designated for this purpose. 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application. 4) If the DP ID, Client ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the ASBA Application shall be rejected and the AMC, R&TA and SCSB shall not be liable for losses, if any. 5) I/We hereby authorise the SCSB to make relevant revisions as may be required to be done during the NFO, in the event of price revision. I/ We hereby undertake that, I/ we have read and understood the instructions contained in this Form and Terms and Conditions concerning ASBA as contained in the Scheme Information Document (SID) / Key Information Memorandum (KIM) of the above mentioned Scheme and Statement of Additional Information (SAI) of Quantum Mutual Fund. Further, I/we understand that if the details as provided by me/us in this Form are different from those in the NFO Application Form, then in such a case; the application is liable to be rejected.

Signature of the Applicant(s)				Attention: NRI Investors: Payment should be made through their NRE/FCNR accounts.
Signature of the Bank Account Holder(s)				




	1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020 www.QuantumAMC.com	TO BE RETAINED BY THE BANKER www.QuantumAMC.com (To be filled by the Sole/First Applicant)	D D M M Y Y Y Y
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ACKNOWLEDGEMENT SLIP FOR SCSB

Received from Mr./Ms. <input type="text"/>	SCSB Account Details
Address <input type="text"/>	Bank Name <input type="text"/>
<input type="text"/>	Bank Account Number <input type="text"/>
Tel/Fax <input type="text"/> Mobile <input type="text"/>	Branch Address <input type="text"/>
E-mail <input type="text"/>	Total Amount to be blocked (₹) <input type="text"/>

SIGNATURE(S)			
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	1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020 www.QuantumAMC.com	TO BE GIVEN BY THE SCSB www.QuantumAMC.com (To be filled by the Sole/First Applicant)	D D M M Y Y Y Y
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ACKNOWLEDGEMENT SLIP FOR INVESTOR

INVESTMENT DETAILS

Scheme Name:	Quantum Ethical Fund	Plan:	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option:	Growth		
Amount in figures:		Amount in words:	
Name (Mr./Ms.)			
Address			
	Pin Code	Telephone	
Bank Account Number:			SCSB Stamp Signature, Date & Time of Bid Form Submission
Bank Name & Branch Address:			
Total Amount to be blocked (₹)			(Cheques/Drafts are subject to realisation)

Note : Only purchases registered on the electronic system will be considered for allocation. Therefore, kindly ensure that you get a computerised TRS for every Investment from the SCSB. Please note that validity of the purchases or any allocation thereon, is subject to realisation of the correct amount. Please retain photocopy of this form for future reference.