NFO - QUANTUM FLEXI CAP FUND

Check Your KYC Status

(An open ended dynamic equity scheme investing across large cap, mid cap, small cap stocks)

New Fund Offer Opens on: August 21, 2026 **New Fund Offer Opens on: September 04, 2026**

Scheme Reopens for Continuous Sale & Repurchase on: September 11, 2026

1. Distributor Information

Name & ARN Code	Sub - Broker ARN	Sub - Broker Code	Employee Unique	E-Code/RM Code	RIA Code/EOP Code
ARN -	ARN -	Internal Code	Identication No. (EUIN) E		

***RIA/Declaration:** "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 1st Applicant

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

4. *Applicant Information (To Be Filled In Block Letters)

MODE OF HOLDING (Please tick ✓) ☐ **SINGLE** ☐ **JOINT** ☐ **ANY ONE OR SURVIVOR(S)** (Default option)

NAME OF SOLE/ 1ST APPLICANT Mr. Ms. M/s.

GENDER ☐ Male ☐ Female ☐ Others

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

Mr. Ms. M/s.

RELATIONSHIP WITH MINOR ☐ Father ☐ Mother ☐ Legal Guardian Note: If Guardian is a Legal Gaurdian, please submit duly notorised copy of court order along with application.

RELATIONSHIP PROOF (With specified Guardian) ☐ Birth Certificate ☐ Passport ☐ Other _____

PROOF OF DOB (Incase of Minor) ☐ Birth Certificate ☐ School leaving Certificate ☐ Passport ☐ Other _____

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

LEI code | valid up to D D M M Y Y Y Y

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

CITY | **STATE** | **COUNTRY** | **PIN CODE**

Contact Details of Sole/1st Applicant **Mobile No.** | **Email ID**

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

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

Overseas Address (mandatory for NRI/FII applicant). Applications from investors residing in USA or Canada shall not be accepted 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 Mobile No. belongs to (Mandatory Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ Custodian ☐ PMS ☐ POA

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

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

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

An application for purchase units of Scheme of Quantum Mutual Fund

Date D D M M Y Y Y Y

Scheme and cheque details overleaf. Cheques are subject to realisation.

Collection Center's Stamp & Receipt Date and Time

NAME OF THE 3RD APPLICANT Mr. Ms. M/s

Mobile No. **Email ID**

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

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

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

☐ Resident Individual ☐ FIIs ☐ 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
1st Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
2nd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
3rd Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____

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
1st Applicant	☐	☐	☐	☐	☐	☐	(Net worth should not be older than 1 year)	D D M M Y Y Y Y
2nd Applicant	☐	☐	☐	☐	☐	☐		D D M M Y Y Y Y
3rd Applicant	☐	☐	☐	☐	☐	☐		D D M M Y Y Y Y
Guardian	☐	☐	☐	☐	☐	☐		D D M M Y Y Y Y

PEP Details	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you related to a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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**

NPO DECLARATION (Mandatory for Trust and Society) - For NPO declaration kindly visit our website

6. Power Of Attorney (POA)

POA Name Mr./Ms.

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

7. *Bank Account Details

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

Bank Name

Branch Name Account No

IFSC MICR Code 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

Scheme Name	Plan	Option	Sub Option	Amount
Quantum Flexi Cap Fund	☐ Direct ☐ Regular	Growth	Growth	

Mode of Payment ☐ RTGS/NEFT ☐ Cheque ☐ Fund Transfer ☐ Cash

Date	Amount	Drawn on Bank & Branch	NEFT/RTGS/Cheque No.	Bank Account No. (NEFT/RTGS/Cheque)
D D M M Y Y Y Y				

Cheque should be drawn if favor of Quantum Flexi Cap Fund & Below Bank Details For Funds Transfer

Bank Name	Account Name	Beneficiary Account Number (QUANTUM and PAN Details)	Bank A/c Type	IFSC Code	Branch Address
HDFC Bank	QUANTUM MUTUAL FUND	QUANTUMABCDE1234F	Current A/c	HDFC0000240	Sandoz Branch

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.

ACKNOWLEDGEMENT SLIP (To be continued)

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

Investment Details / Payment Details

Scheme Name	Plan	Option/ Sub Option	Cheque No.	Amount
Quantum Flexi Cap Fund	☐ Direct ☐ Regular	Growth		

9. FATCA And CRS Details For Individuals (Including Sole Proprietor) (Mandatory) The Below inforamtion is required for all applicants/guardian

	Place/City of Birth	Country of Birth	Country of Citizenship/Nationality
1st Applicant/Guardian			☐ Indian ☐ U.S. ☐ Others Please specify
2nd Applicant			☐ Indian ☐ U.S. ☐ Others Please specify
3rd Applicant			☐ Indian ☐ U.S. ☐ Others Please specify
POA Holder			☐ Indian ☐ U.S. ☐ Others Please specify

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ **Yes** ☐ **NO** (Please tick ✓)

If "YES" please fill for ALL countries (other than indian in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in the respective countries)

	Country of Tax Residency#	Tax Indentification Number or Functional Equivalent	Indentification Type* (TIN or other please specify)	If TIN is not applicable Please tick (✓) the reason [as defined below]
1st Applicant/Guardian				Reason ☐ A ☐ B ☐ C
2nd Applicant				Reason ☐ A ☐ B ☐ C
3rd Applicant				Reason ☐ A ☐ B ☐ C
POA Holder				Reason ☐ A ☐ B ☐ C

#To also include USA, where the individual is a citizen/ green card holder of USA. *In case Tax Identification Number is Not available, kindly provide its functional equivalent.

➤ Reason A ➔ The country where the Account Holder is liable to pay tax does not issue TIN to its residents.

➤ Reason B ➔ No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]

➤ Reason C ➔ Others – Please specify the reasons _____

10. Demat Account Details (Please ✓)

☐ NSDL ☐ CDSL | Enclose: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy

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 | Beneficiary A/c No. (NSDL Only) | | CDSL | |

11. *Nomination Details

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows;

(please tick, as appropriate) ☐ Name of nominee(s) ☐ Nomination: Yes/No.

OR I do not wish to Nominate ☐ I hereby confirm that I do not wish to appoint any nominee(s) to my demat account/ mutual fund folio at this point of time. I understand that – (i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise. (ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s). (iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework. I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee(s)* (as in PAN card/KYC records)			
Date of Birth			
Relationship with Investor*	☐ Father ☐ Mother ☐ Sister ☐ Daughter ☐ Brother ☐ Husband ☐ Wife ☐ Son ☐ Spouse Other _____	☐ Father ☐ Mother ☐ Sister ☐ Daughter ☐ Brother ☐ Husband ☐ Wife ☐ Son ☐ Spouse Other _____	☐ Father ☐ Mother ☐ Sister ☐ Daughter ☐ Brother ☐ Husband ☐ Wife ☐ Son ☐ Spouse Other _____
POI Document/Number*	☐ PAN _____ ☐ Driving Licence _____ ☐ AADHAAR _____ Last 4 digits ☐ Passport _____	☐ PAN _____ ☐ Driving Licence _____ ☐ AADHAAR _____ Last 4 digits ☐ Passport _____	☐ PAN _____ ☐ Driving Licence _____ ☐ AADHAAR _____ Last 4 digits ☐ Passport _____
Address*			
Guardian Name (in case Nominee is a Minor)			
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*			

*Mandatory to provide in case of nomination

12. Email Communication

Default communication mode is through 'email'. If email addressis not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option: ☐ Annual Report Abridged ☐ Annual Report ☐ Other Statutory Information

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 (ü) (Including amount of Additional Purchase Transaction made in future)

Signature(s) Date D D M M Y Y Y Y Place _____

Sole/1st Applicant/Guardian/ Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

SIP REGISTRATION *along with Top-Up Form*

Quantum Mutual Fund - 1st floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400 020 | www.QuantumAMC.com

Distributor ARN	Sub Distributor ARN	Internal sub Code/SOI ID	Employee Code	Employee Unique Identication No. (EUIN)	RIA Code/EOP Code
ARN -	ARN -			E	

***RIA/Declaration:** "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.

1. Investor And Investment Details

PAN _____ Folio No. (For Existing Investor) _____

Sole/First Investor Name _____ (as appearing in ID proof)

2. SIP Details

☐ New Mandate along with SIP form (Fill point no. 4)

SIP Registration Mode ☐ OTM ☐ K-OTM

OTM Reference No. _____ (if Multiple **O**ne **T**ime **M**andate are registered)

Scheme/Plan/Option	Frequency	Enrollment Period	SIP Amount	TOP-UP Facility/Frequency
Quantum Flexi Cap Fund ☐ Direct ☐ Regular Growth Option	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	From D D M M Y Y Y Y To D D M M Y Y Y Y	₹ In Figures In Words	☐ Half Yearly / ☐ Yearly TOP-UP SIP Amount _____ CAP Period D D M M Y Y Y Y or TOP-UP CAP Amount _____

SIP initial payment details (Optional)

Drawn on bank/branch name _____ Bank Account No. _____

Amount _____ ☐ Cheque/DD _____ Dated D D M M Y Y Y Y

Cheque should be drawn if favor of Quantum Flexi Cap Fund.

For Weekly and Fortnightly SIPs, the SIP Day will be determined based on the date selected by the investor at the time of registration. Subsequent instalments will be processed accordingly on a weekly or fortnightly basis.

3. 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.

Place _____ Date D D M M Y Y Y Y

First Account Holders Signature	Second Account Holders Signature	Third Account Holders Signature

4. One Time Mandate Form

UMRN: _____ Date: D D M M Y Y Y Y

Utility Code: _____ 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 _____ ₹ _____

Debit Type: ☒ Fixed Amount ☑ Maximum Amount

Frequency: ☒ Daily ☒ Weekly ☒ Bi-Monthly ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Annually ☑ As and when presented

Reference 1: _____ Reference 2: _____

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 instruction 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. 4) I/we understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/ are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum Period of validity for this mandate is 40 years only

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Signature of primary Account Holder	Signature of Account Holder	Signature of Account Holder
1. _____ Name as in bank records	2. _____ Name as in bank records	3. _____ Name as in bank records

SYSTEMATIC INVESTMENT FORM

TERMS & CONDITIONS

Quantum Mutual Fund - 1st floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400 020 | www.QuantumAMC.com

Systematic Investment Plan (SIP)

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

1. 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 on such discontinuation.
2. 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.
3. The Unitholder(s) cheque/bank account details are subject to third party verification.
4. SIP is offered on daily, weekly, fortnight, monthly and quarterly frequency.
5. Investor/ Unit holders can opt to invest on any day in daily frequency any 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 day in monthly and quarterly frequency.
6. In case the end date is not specified, the SIP will be registered for **40 years**.
7. 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 (for ELSS minimum ₹500 and multiple of ₹500)	30 Business days
Weekly	Any day of the week	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500)	10 instalments
Fortnightly	Any day of alternative Week	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500)	10 instalments
Monthly	Any date (except 29, 30, 31st)	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500) ₹250 and in multiple of ₹1 thereafter (for Quantum Value Fund, Quantum Multi Asset Allocation Fund, Quantum Gold Savings Fund, Quantum Equity Fund of Funds, Quantum Nifty 50 ETF Fund of Fund, Quantum Multi Asset Fund of Funds)	12 instalments
Quarterly	Any date (except 29, 30, 31st)	₹500 and in multiple of ₹1 thereafter (for ELSS multiple of ₹500)	12 instalments

8. 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.
9. 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.
10. 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.
11. The request for discontinuation of SIP in the prescribed form should be received at any official point of acceptance / Investor Service Center at least 10 Calendar days in advance before the execution / commencement date.
12. SIP enrolment automatically terminated in below scenario:
    a. Two for quarterly frequency and three for other than quarterly frequency consecutive payment instructions on submitted by Unit holder is not honored by banker.
    b. Upon receipt of intimation of death of the Unit holder/ 1st Unit holder.
    c. As a result of a stop payment instruction issued by the investor/unitholder.
    d. Bank account closed by investor.
13. Quantum Mutual Fund will not be liable for any transaction failures due to rejection by the investor's bank/branch.
14. The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
15. 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.
16. 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.
17. If any chosen day/date falls on a non-business day, the next business day/date will be considered as the transaction date.
18. 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.

19. **SIP Top-Up**

It is a facility wherein an investor who is enrolling for SIP has an option to increase the amount of the SIP instalment by a fixed amount at predefined intervals. Thus, an investor can progressively start increasing the amount invested, allowing him/her to gradually increase the investment corpus in a hassle-free manner. The silent features of the said facility are as follows:

- SIP Top-Up facility is available in Monthly and Quarterly frequency only.
- Investor can Top-Up the SIP amount in fixed intervals with minimum amount of Rs. 100/- in multiple of Re.1/-. For Quantum ELSS Tax Saver Fund, Top-Up minimum amount is Rs. 500/- in multiples of Rs. 500/- only.
- At presently, SIP Top-UP facility is applicable to an Investor who is enrolling for a new SIP.
- The investor can choose a frequency for the Top-Up depending on the SIP frequency being opted. In case of a Monthly SIP, the investor can choose either a 'Half-yearly' or 'Yearly based Top-Up frequency; in case of a Quarterly SIP, the Top-Up is available in "Yearly' frequency only. In case SIP Top-Up frequency is not mentioned, the default frequency will be considered as 'Yearly' for both Monthly and Quarterly SIP.
- Investor shall have flexibility to choose either Top-Up Cap on **Amount or Period** (month-year). In case of multiple selection, Top-Up Cap Amount will be considered as default selection. **Cap Amount:** Investor opts to freeze the SIP Top-Up amount on reaching the Cap Amount limit. Once it reaches the limit, the same amount will be considered as the SIP instalment amount until the end of the SIP tenure. The Cap Amount should be same as the maximum amount mentioned by the investor in the debit mandate. In case there is a difference between the Cap Amount & the maximum amount mentioned on debit mandate, amount which is lower of the two amounts shall be considered as the default amount of SIP Cap amount. **Cap Period:** Investor opts to freeze the SIP Top-Up tenure on reaching the Cap Period limit. Once it reaches the said period, the SIP Top-Up will be stopped, and SIP amount will be considered as the SIP instalment amount until the end of SIP tenure. The Cap Period should be same as the end period mentioned by the investor in the debit mandate. In case there is a difference between the Cap Period & the maximum period mentioned on debit mandate, end date will be the earlier of the two dates.
- In case Top-Up Cap Amount or Period is not selected, then default amount of Rs. 10 Lakhs will be considered as Cap Amount. Under the said facility, SIP amount will remain constant from Top - Up Cap date/ amount till the end of SIP Tenure.
- The Top-Up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and enrol for a fresh SIP with Top-Up option.
- For further details and Forms, investors are requested to refer our website (www.QuantumAMC.com) or visit nearest collection centre of our Registrar viz. KFin Technologies Limited

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 in-appropriateness, 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

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

Name of 3rd Applicant ☐ Mr. ☐ Ms.

Date of Birth D D M M Y Y Y Y

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

1st Applicant	2nd Applicant	3rd Applicant

2. SCHEME DETAILS

☐ Quantum Flexi Cap Fund | Direct Plan - Growth ☐ Quantum Flexi Cap Fund | Regular Plan - Growth

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
	☐ Savings ☐ Current	☐ NRO ☐ NRE ☐ Repatriable ☐ 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 designed 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)				

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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

ACKNOWLEDGEMENT SLIP FOR SCSB

Received from Mr./Ms.

Address

Tel/Fax Mobile

E-mail

SCSB Account Details

Bank Name

Bank Account Number

Branch Address

Total Amount to be blocked (₹)

SIGNATURE(S)			

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

ACKNOWLEDGEMENT SLIP FOR INVESTOR

INVESTMENT DETAILS

Scheme Name:	**Quantum Flexi Cap Fund**	Plan:	☐ Regular ☐ 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.