



multi asset, multi manager

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quant mutual

SIP ENROLLMENT DETAILS

(Use this form if One Time Bank Mandate Form is registered in the folio) To be filled in capital letters and in blue / black ink only.

Table with 5 columns: Name & Broker Code / ARN, Sub Broker / Sub Agent ARN Code, *Employee Unique Identification Number, Sub Broker / Sub Agent Code, RIA Code**

*Please sign below in case the EUIN is left blank/not provided. 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...

Table with 3 columns: First / Sole Applicant / Guardian Authorised Signatory, Second Applicant / Authorised Signatory, Third Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

Table with 2 columns: APPLICANT DETAILS (Name of Sole/1st holder, Name of 2nd holder, Name of 3rd holder) and FOLIO NO. (PAN No / PEKRN., KYC checkboxes)

Table with 4 columns: Cheque / DD No./Cash Deposit Slip No., Cheque / DD / Cash Deposition Date, DD Charge ₹, Net Amount ₹, Bank Name, Branch, City

UNITHOLDING OPTION Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

Table with 4 columns: National Securities Depository Limited, Central Depository Securities Limited, Depository Participant Name, DP ID No., Beneficiary Account No., Target ID No.

Enclosures (Please tick any one box) : Client Master List (CML), Transaction cum Holding Statement, Cancelled Delivery Instruction Slip (DIS)

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Table with 5 columns: Scheme / Plan / Option, Frequency (Weekly, Fortnightly, Monthly, Quarterly, Half Yearly), Enrollment Period (From, To), SIP Date (For Monthly / Quarterly / Half Yearly), SIP Amount, Weekly and Fortnightly SIP Date

DECLARATION: I/We would like to invest in quant subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services...

I confirm that I am resident of India. 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 normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account...

Table with 3 columns: First / Sole Applicant / Guardian Authorised Signatory, Second Applicant Authorised Signatory, Third Applicant Authorised Signatory

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form. Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of qMF on any transaction day.

NACH MANDATE INSTRUCTION FORM (Refer guidelines / instruction over leaf before filling)

NACH MANDATE INSTRUCTION FORM fields: UMRN, Sponsor Bank Code, Utility Code, To Debit (tick), With Bank, An Amount Of Rupees, DEBIT TYPE, FREQUENCY, Reference 1, Reference 2, From, To, Signature Of Primary Account Holder, Signature Of Joint Account Holder, Phone No., Name Of Primary Account Holder, Name Of Joint Account Holder, Name Of Joint Account Holder

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 instructions 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.

PERIOD

Table with 2 columns: From, To (DDMMYYYY)

Signature Of Primary Account Holder, Signature Of Joint Account Holder, Signature Of Joint Account Holder

Phone No., 1. Name Of Primary Account Holder, 2. Name Of Joint Account Holder, 3. Name Of Joint Account Holder