



QUANTUM SMALL CAP FUND

An Open-Ended Equity Scheme Predominantly Investing in Small Cap Stocks)

New Fund Offer Opens on: October 16, 2023

New Fund Offer Closes on: October 27, 2023

Scheme Reopens For Continuous Sale & Repurchase on: November 10, 2023

1. INTERMEDIARY INFORMATION

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

I/We hereby confirm that the EJIN 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) (Refer Instruction No. 3)

Folio No. Name of First Applicant

3.	*PAN/PEKRN (Refer Instruction no. 4A) please attach certified PAN copy	CKYC Details (KIN Number)
1 st Applicant /Minor		
2 nd Applicant		
3 rd Applicant		
Guardian/POA		

4. *APPLICANT INFORMATION (Refer Instruction No. 6) (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

Date of Birth/Date of Incorporate Proof of DOB (Incase of Minor) Birth Certificate School leaving Certificate Passport Other

Guardian/Authorised Person - (In case of Minor)/Authorised 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.

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

Relationship Proof (With specified Guardian) Birth Certificate Passport Other

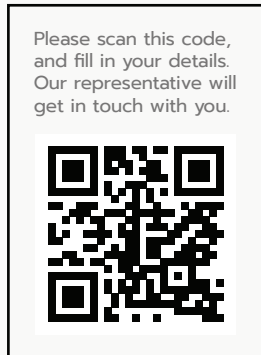
LEI code valid up to

Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for non-Individual investors. Refer instruction no. 16)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: QMFP

Quantum Mutual Fund - 6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. www.QuantumAMC.com



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

an application for allotment Scheme **Quantum Small Cap Fund** Plan: Direct Regular Option: Growth

vide Cheque No./RTGS /NEFT/IMPS Reference No. Dated ___/___/___

Amount (₹)

Drawn on Bank and Branch

Collection Center's Stamp & Receipt Date and Time

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



Address: Mailing Address of Sole/First Applicant (PO 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

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.

DOB Mobile No. Email ID

Gender Male Female Transgender

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.

DOB Mobile No. Email ID

Gender Male Female Transgender

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. *KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory. Please ✓/ Specify. The application is liable to get rejected if details not filled.)

Tax Status (Applicable for First/Sole Applicant)

Resident Individual FII 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 _____

1st Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____
2nd Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____
3rd Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____
Guardian / POA	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Other _____

Gross Annual Income Range (in ₹)

1st Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> (not older than 1 year)
2nd Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> (not older than 1 year)
3rd Applicant	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> (not older than 1 year)
Guardian / POA	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1-5 lacs <input type="checkbox"/> 5-10 lacs <input type="checkbox"/> 10-25 lac <input type="checkbox"/> >25lacs - 1 crore <input type="checkbox"/> > 1 crore OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on <input type="text"/> (not older than 1 year)

For Individuals Investors (Please ✓)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian/POA
I am Politically Exposed Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am Related to Politically Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Changer 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

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 (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 2)

Scheme

Plan Direct Regular

Option

9. *PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment Cheque RTGS/NEFT IMPS Transfer Letter/Direct Credit (DC) DD

Cheque No./ RTGS/NEFT/IMPS/DC/DD Ref. No. Date

Gross Amt (₹) DD Charges (₹) Net Amt (₹)

Bank Account No.

Bank/Branch & City

Account Type SB Current NRO NRE FCNR

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.

FATCA and CRS DETAILS For Individuals (Mandatory) (Non-Individuals are required to submit separate FATCA & CRS information (for non-individuals/Legal entity) and UBO Declaration Form available at www.QuantumAMC.com)

Place & Country of Birth	Sole/First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant / <input type="checkbox"/> POA		
	Country#	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country#	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country#	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)

*Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & Its Identification type e.g: TIN etc

11. *NOMINATION DETAILS (Refer instruction no. 12)

	1 st Nominee	2 nd Nominee	3 rd Nominee
Name (as in PAN card/KYC records)			
PAN			
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
Type of Guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian	<input type="checkbox"/> Natural Guardian <input type="checkbox"/> Court Appointed guardian
Allocation % (Total to be 100%)			

OR

I do not wish to Nominate

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

12. 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 I N BENEFICIARY Account No. (NSDL Only)

CDSL

Enclose: Client Master List Transaction/Holding Statement DIS Copy

13. SOURCE OF INFORMATION

How did you come to know about Quantum Mutual Fund? Advertisement Friend/Relative Sales Team IFA/Intermediary

Name & ARN Code of Intermediary _____ Others _____

14. PHYSICAL COPY OF ANNUAL REPORT

Opt In to receive the physical copy of Annual Report

15. NPO DECLARATION (Mandatory for Trust and Society)

Yes, We are 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).

If yes, please quote Registration No. of Darpan portal of Niti Aayog

Or

No

If not, please register immediately and confirm with the above information. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

Signature(s)

Date

Place _____

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



APPLICATION FORM FOR REGISTRATION OF SYSTEMATIC INVESTMENT PLAN (SIP)

6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021
www.QuantumAMC.com

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	Serial No./Date, Time & Stamp

"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 Please ✓ wherever applicable.

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

PAN No. Folio No. (For Existing Investor)

Scheme Name: Quantum Small Cap Fund Plan: Regular Direct Option: Growth

2. SYSTEMATIC INVESTMENT PLAN (SIP)

Frequency Details (Please ✓)	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Each SIP Amount (₹): _____	All Business Days	<input type="radio"/> 7th, <input type="radio"/> 15th, <input type="radio"/> 21st, <input type="radio"/> 28th of a week	<input type="radio"/> 5th, 21st OR <input type="radio"/> 7th & 25th	<input type="radio"/> 5th OR <input type="radio"/> 21st OR <input type="radio"/> 7th OR <input type="radio"/> 25th OR <input type="radio"/> 15th OR <input type="radio"/> 28th	

From To or No. of installments _____

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.

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

Tick UMRN

Create: Sponsor Bank Code (Office use only) Utility Code (Office use only)

Modify: I/We hereby authorize QUANTUM MUTUAL FUND to debit (Tick ✓) SB/ CA/ CC/ SB-NRE / SB-NRO/ Other

Cancel: From Bank A/C Number:

With (Name of Destination Bank with Branch) IFSC Code: MICR Code:

an amount of Rupees _____ (in words) ₹

FREQUENCY: Mthly Qtly H-yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Phone No.

Schemes **ALL SCHEMES OF QUANTUM MUTUAL FUND** Email ID

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.

PERIOD From To

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

Name as in bank records Name as in bank records Name as in bank records

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.

