multi asset, multi manager

quant mutual

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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.

DISTRIBUTOR / BROKER INFORMATION — APP No.

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN-95070	ARN-			E-101834

*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. ++ I/We, have invested in the Scheme(s) of quant Mutual Fund under Direct Plan. I/We hereby give you 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 Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:

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.

APPLICANT DETAILS — **FOLIO NO.**

Name of Sole/1st holder	PAN No / PEKRN.	☐ KYC
Name of 2nd holder	PAN No / PEKRN.	☐ KYC
Name of 3rd holder	PAN No / PEKRN.	☐ KYC

INITIAL INVESTMENT DETAILS

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.)

National Securities Depository Limited	Depository Participant Name _____ DP ID No. I N Beneficiary Account No.	**Central Depository Securities Limited**	Depository Participant Name _____ Target ID No.

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

By providing Email-id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

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)

Scheme / Plan / Option	Frequency (Please ✓ any one)	Enrollment Period (Please ✓ any one)	SIP Date (For Monthly / Quarterly)	SIP Amount	Weekly and Fortnightly SIP Date
☐ Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	From : MM / YYYY To : MM / YYYY	D D (Any date from 1st to 28th of a given month)	₹ _____ (in figures)	For Weekly and Fortnightly fixed day is Wednesday or alternet Wednesday

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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I /We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications /Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting quant Mutual Fund liability. I understand that qMF may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree quant can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

☐ 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. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

× 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)

multi asset, multi manager

UMRN _____ Bank use _____ Date D D M M Y Y Y Y

Sponsor Bank Code _____ Bank use _____ ☑ CREATE ☒ MODIFY ☒ CANCEL

Utility Code _____ Bank use _____ I/We hereby authorize quant Mutual Fund

To Debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other Bank A/c _____

With Bank Name of customers bank IFSC / MICR _____

An Amount Of Rupees _____ ₹ _____

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented

Reference 1 Folio No. Reference 2 Scheme Name

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

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Phone No. _____

× Signature Of Primary Account Holder	× Signature Of Joint Account Holder	Signature Of Joint Account Holder
1. Name Of Primary Account Holder	2. Name Of Joint Account Holder	3. Name Of Joint Account Holder