



ARN-64917 EUIN - E434563

**QUANTUM
MUTUAL FUND**

Folio No.: _____		Scheme: _____		Option/Facility: _____	
First Unit Holder Name: _____		Advisor Name : _____		Advisor Code : _____	
Second Unit Holder Name: _____		Sub Advisor Code : _____		EUIN No. : _____	
Third Unit Holder Name: _____		RIA Code : _____		E-Code / RM Code : _____	
Mode of Holding: _____					
Status: _____					

<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST Investment Amount(Rs.) _____ Cheque No. _____ Dated. ____/____/____ Drawn on Bank _____ Branch & City _____	<input type="checkbox"/> REDEMPTION REQUEST I/We would like to redeem from the above mentioned Scheme/Option <input type="checkbox"/> All Units OR <input type="checkbox"/> No. Of Units _____ OR Amount (Rs.) (in figure) _____ Amount / units (in words) _____ <input type="checkbox"/> Redemption Proceeds should not be Credited to my Default Bank A/C but be Credited to A/C No.: _____ with _____ Bank which is already registered with Quantum Mutual Fund.
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<input type="checkbox"/> SWITCH REQUEST	
I/We would like to switch <input type="checkbox"/> All Units OR <input type="checkbox"/> No. Of Units _____ OR Amount(Rs.) (in figure) _____	
Amount / Units (in words) _____ from the above mentioned Scheme	
to Scheme _____ Option _____	

<input type="checkbox"/> Change Mobile No.	Old Mobile No.: _____	New Mobile No.: _____
<input type="checkbox"/> Change Email ID	Old Email ID: _____	New Email ID: _____

I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/Key Information Memorandum of the Scheme and Addenda issued till date. I/We have neither received nor been induced by any rebate or gifts, directly in making this transaction. I/We hereby apply to the Trustee of Quantum Mutual Fund for allotment of Unit(s) of the scheme(s) of Quantum Mutual Fund and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s) **(To be signed by all Unit Holders if mode of holding is Joint)**.

"In case if there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency".

SIGNATURE(S) _____ First Account Holder _____ Second Account Holder _____ Third Account Holder _____

Date _____ Place _____

Toll Free No.: 1800-22-3863/1800-209-3863

Email ID: CustomerCare@QuantumAMC.com (For Queries/NCT*)
Transact@QuantumAMC.com (For CT*)

Toll Free Fax: 1800-22-3864

Note: In case of subscriptions submitted at MFU POS (Point of Service), the payments should be drawn favouring 'MFU Escrow Account'.

*CT - Commercial Transaction *NCT - Non-Commercial Transaction

**I hereby give consent to receive communication via email, SMS, alerts, notifications or voice calls from Quantum Mutual Fund, even though my mobile number is registered under the National Do Not Call Registry (NDNC). This includes all statutory, product, transaction related & other communication. Please refer to our [privacy policy](#) here for complete details.



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Third Unit Holder Name: _____		Sub Advisor Code : _____			
Mode of Holding: _____		EUIN No. : _____			
Status: _____		RIA Code : _____			
		E-Code / RM Code : _____			
<input type="checkbox"/> ADDITIONAL PURCHASE REQUEST		<input type="checkbox"/> REDEMPTION REQUEST			
Investment Amount(Rs.) _____		I/We would like to redeem from the above mentioned Scheme/Option		<input type="checkbox"/> All Units OR	
Cheque No. _____		<input type="checkbox"/> No. Of Units _____		OR	
Dated. ____/____/____		Amount (Rs.) (in figure) _____			
Drawn on Bank _____		Amount / units (in words) _____			
Branch & City _____		<input type="checkbox"/> Redemption Proceeds should not be Credited to my Default Bank A/C but be Credited to A/C No.: _____ with _____ Bank which is already registered with Quantum Mutual Fund.			
<input type="checkbox"/> SWITCH REQUEST					
I/We would like to switch <input type="checkbox"/> All Units OR <input type="checkbox"/> No. Of Units _____ OR Amount(Rs.) (in figure) _____					
Amount / Units (in words) _____ from the above mentioned Scheme to Scheme _____ Option _____					
<input type="checkbox"/> Change Mobile No.		Old Mobile No.: _____		New Mobile No.: _____	
<input type="checkbox"/> Change Email ID		Old Email ID: _____		New Email ID: _____	
<p>I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/Key Information Memorandum of the Scheme and Addenda issued till date. I/We have neither received nor been induced by any rebate or gifts, directly in making this transaction. I/We hereby apply to the Trustee of Quantum Mutual Fund for allotment of Unit(s) of the scheme(s) of Quantum Mutual Fund and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s) (To be signed by all Unit Holders if mode of holding is Joint).</p> <p>"In case if there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency".</p>					
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