

quant mutual

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COMMONAPPLICATIONFORM

(Use this form i	if One Time Bank Mandate Form is	s registered in the folio) To be	e filled in capital letters and	d in blue / black ink only.	PP No.					
Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.					
ARN-64917			E434563							
EUIN Declaration: Declaration for "Execution Only" Transs intentionally left blank by me/us as this transaction is execute employee/relationship manager/sales person of the distribut all Schemes managed by you, to the above mentioned SEBI	Laction (where Employee Unique Identifica ed without any interaction or advice by the lor/sub broker. RIA Declaration: "I/We he I-Registered Investment Adviser/ RIA".	ation Number-EUIN* box is left bla e employee/relationship manager/sa ereby give you my/our consent to sl	nk). Please refer instruction 12 ales person of the above distribunare/provide the transactions da	of KIM for complete details on EUIN. I/W tor/sub broker or notwithstanding the advi ta feed/portfolio holdings/ NAV etc. in res	/e hereby confirm that the EUIN box has been ce of in-appropriateness, if any, provided by the pect of my/our investments under Direct Plan of					
Signature of 1 st Applicant / Guard		Signature of 2 nd Applican		Signature of 3 [™] Applicant / Guardian /						
Authorised Signatory /PoA/Kar Please ✓ Lumpsum Investment		Authorised Signato	_	Authorised Signatory /PoA SIP Application						
1. EXISTING UNIT HOLDER INFORMA										
Folio No.		ptional CKYC Identific			····					
1stSOLE APPLICANT Mr. / Ms. /M/s. (Please write the name as per PAN Card)				PAN						
LEI Code for entities										
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canada No ^s (\$Default if not ✓)					
GUARDIAN (In case 1 Applicant is a Mi	st inor)				ip with Minor (Please ✓)					
Mr. / Ms. /			KYC (Please ✓)		Father					
ID No. (KIN)			Proof Attached	GUARDIAN PAN						
GUARDIAN AADHAAR No.				Aadhaar Copy (Plea	ise ✓) ○ Enclosed					
POA / Custodian Name:				KY	'C (Please ✓) ○ Proof Attached					
POA / Custodian CKYC ID No. (KIN)			PC	DA / Custodian PAN						
Contact Person for Corporate Investor	r: Name			Designation:						
FIRST APPLICANT AND KYC DETA	AILS									
1 st SOLE APPLICANT O Individual or		dividual Investors shoul		<u> </u>						
*Date of Birth/Incorporation (Individual) (Non-individual) (Please write the Date of birth as per Aadhaar Ca		oof of Date of Birth(Pleas (For minor applicant)	SC •)	•	School Leaving Certificate / Mark Sheet Others(Please specify)					
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Ca	Country of Birth /	India Nationality	y: O Indian	Gender	○ Male ○ Female ○ Other					
Type: O Resident Individual O Sole F	Prop O NRI - NRE O T	Frust	○ FIIs ○ PIO (Society/AOP/BOI Mind	or through Guardian NRI - NRO					
─────────────────────────────────────	rivate Company O Public Ltd. (Company O Artificial Jurid	icial Person O Partners	hip Firm O FOF - MF Scheme	s Others					
a*. Occupation Details [Please tick (✓)	Private Sector Business	O Public Sector O Retired	Government Servi Agriculture		○ Professional ○ Housewif ○ Others					
c*. Politically Exposed Person (PEP) Status	(Also applicable for authorised	d signatories/Promoters/Ka	rta/Trustee/Whole time D	Directors) O I am PEP O I a	am Related to PEP O Not Applicable					
b*. Gross Annual Income (₹) [Please tic	ck (✓)] ○ Below 1 Lakh	O 1-5 Lakh	○ 5-10 Lakh	O 10-25 Lakh	○ >25 Lakh ○ > 1 Crore					
d*. Net-worth (Mandatory for Non-Indiv	-		as on		(Not older than 1 year					
e*. Non-Individual Investors involved/p any of the mentioned services		Exchange / Money Cha Lending / Pawning	nger Services	Gaming/Gambling/Lottery/ None of the above	Casino Services					
4. BANK ACCOUNT DETAILS - Manda	atory [Refer Instruction No	s. 3 & 4]								
Name of the Bank:										
Core Banking A/c No.			A/c. Type	Pls. (✓) ONRE OCU	JRRENT O SAVINGS O NRO					
Branch Name: Bank	Ac	ddress:								
Branch City:	St	ate:		Pin C	ode					
MICR Code	Please atta OR a clear	nch a cancelled cheque photo copy of a cheque	IFSC Code (Manda Credit via NEFT/RT	itory for GS)						

Mode	OINT APPLICA																				
	of Holding:	○ Anyone	e or Survivo	r		O S	ingle			O Joir	nt		(Ple	ease no	e that th	e De	fault c	ption	is Any	one o	Survivo
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10. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA, CRS & UBO details form

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

(If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below

1°	st Applicant (S	ole / Gu	ardian / Non-Ind	ividual)		oplicant		3 rd Applicant					
Country(Citizensh	o you have any non-indian ountry(ies) of Birth / itizenship / Nationality nd Tax Residency		Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No		Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No				
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KNOWLEDGMENT SLIP			me Name an			P	ayment Detai	ils	Date & S	Stamp o	Collection Centre / ISC		
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