

TRANSACTION SLIP Please use separate transaction slip for each scheme.

This Form is for use of Existing Investors only, To be filled in capital letters and in blue / black ink only.

APP No.:

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN- ARN-64917	ARN-	E434563		

*Please sign below in case the EUIIN is left blank/not provided. I/We hereby confirm that the EUIIN 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 Schem(es) of your 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.

2. Investor Details (Refer Instruction No.5,6 & 13) **FOLIO NO.** _____

Name of First applicant	PAN No / PEKRN.	<input type="text"/>	KYC <input type="checkbox"/>
Name of Guardian (In case of Minor)	PAN No / PEKRN.	<input type="text"/>	KYC <input type="checkbox"/>
Name of Second Applicant	PAN No / PEKRN.	<input type="text"/>	KYC <input type="checkbox"/>
Name of Third Applicant	PAN No / PEKRN.	<input type="text"/>	KYC <input type="checkbox"/>

3. Unitholding Option - Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Ref. Instruction No.10) Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository Participant Name	DP ID No.	Beneficiary Account No.	Central Depository Securities Limited	Depository Participant Name	Target ID No.
		<input type="text"/>	<input type="text"/>			<input type="text"/>

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

4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Payment Mode: OTBM Facility (One Time Bank Mandate) Cheque DD Funds Transfer RTGS / NEFT Cash⁵ (Refer Instruction No. 14)

Cheque/DD/RTGS/NEFT/Cash Deposit Slip No. **Payment Date/Instrument Date/Cash Deposition Date** ____/____/____

Net Amount ₹ _____ **DD Charge ₹** _____ **Bank Name:** _____ **Branch:** _____ **City:** _____

Scheme _____ **Plan** _____ **Option** _____

Note : ⁵ Investors are requested to collect the cash deposit slip from the DISC

5. Redemption (Refer Instruction No.4.3 & 4.4)

Reason for Redemption: Emergency Marriage Buy House Child's education Others _____

Partial Redemption Amount: ₹ _____ or Units: _____ **OR** **Full Redemption**

Scheme _____ **Plan** _____ **Option** _____

*Bank Account No: _____ Bank Name: _____
 Note: This bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Partial Switch Amount: ₹ _____ or Units: _____ **OR** **Full Switch**

From Scheme _____ **Plan** _____ **Option** _____

To Scheme _____ **Plan** _____ **Option** _____

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of

7. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.) **Mobile No / Tel No.** _____

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 including but not limited to quant Any Time Money Card. 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 the quant Money Managers Limited (qMML) liability. I understand that the qMML may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree qMML 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. **Applicable for NRI Investors:** 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 via 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



multi asset, multi manager

quant Mutual Fund

(Formerly known as Escorts Mutual Fund)

Corporate Office: 6th Floor, Sea Breeze Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025.

Tel: +91 9920 21 22 23 | E-mail: help@quant.in | www.quant-mutual.com

ARN-64917 E434563

NON COMMERCIAL TRANSACTION FORM

To be filled in capital letters and in blue / black ink only.

APP No.:

Folio/Account No:

Date

Investor can opt for multiple requests in one single application form.

1. Investor Details

Name of First / Sole applicant, Name of Guardian (In case of Minor), Name of Second Applicant, Name of Third Applicant

2. Change / Updation of Contact Details of Sole / First Applicant

STD, Tel. Office, Tel. Res., Fax, Mobile, Email

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

3. Change of Address

Correspondence Address, City, Pin Code, State

4. Change of Mode Of Operation (Applicable only if there are more than one applicants in the Folio)

Joint, Any One or Survivor(s)

5. Change of Status

Resident Indian to Non Resident Indian, Non Resident Indian to Resident Indian

*Please refer the instructions for the documents to be submitted.

6. Registration of Power of Attorney (POA)

Name of POA Holder, PAN No.

*Please refer the instructions for the documents to be submitted.

7. Cancellation of Power of Attorney (POA)

Name of POA Holder

8. Change of Dividend Option

Scheme, Option: Payout to Reinvestment, Reinvestment to Payout

9. Updation/Correction of PAN

First / Sole applicant, Guardian (In case of Minor), Second Applicant, Third Applicant, PAN No., PAN Proof Enclosed

*Please refer the instructions for the documents to be submitted.

10. KYC Updation

(Please Tick) First / Sole applicant, Guardian (In case of Minor), Second Applicant, Third Applicant

*Please refer the instructions for the documents to be submitted.

11. Signature/s

First / Sole Applicant / Guardian/ Authorised Signatory, Second Applicant/ Authorised Signatory, Third Applicant/ Authorised Signatory

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Folio/Account No:

Received from

- Change/Updation of Contact Details, Change of Mode of Operation, Change of Status, KYC Updation, Registration of Power of Attorney (POA), Cancellation of Power of Attorney (POA), Change of Dividend Option, Updation/Correction of PAN