

ARN-64917 E434563

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

CKYC & KRA KYC Form

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

| Know Your Client (KY Application Form (For Fields marked with ** are mandated with **. | r Individuals only) | Application Type* | | date l | KYC Nur | | | | | | | | | | | |
|---|----------------------------------|----------------------|----------|---|-------------|-------------------|----------|----------|------------|----------|-------------|------------------|----------|----------|---------------|-------------------|
| rieids marked with - are manda | tory lielus | KYC Type* | ∐No | rmal (F | PAN is mano | datory) | ∐ P⁄ | AN Exe | mpt Inve | stors | (Refer inst | truction h | <) | | | |
| 1.Identity Details (Please re | efer instruction A at the e | nd) | | | | | | | | | | | | | | |
| PAN | | Please enclose | a duly | attested | copy of y | our PA | N Card | t | | | | | | | | |
| | Prefix | First Name | | | | | Middle | Name | ; | | | L | ast Na | ame | | |
| Name* (same as ID proof) | | | | | | | | | | Ш | | | | | | |
| Maiden Name (If any*) | | | | | | | | | | | | | | | | |
| Father / Spouse Name* | | | | | | | | | | | | | | | | |
| Mother Name* | | | | | | | | | | | | | | | | |
| Date of Birth* | | | | | | | | | | | | | | F | Photo | |
| Gender* | ☐ M- Male | | | F- Fen | nale | |] T-T | Γransge | ender | | | | | | | |
| Marital Status* | ☐ Married | | | Unmar | ried | | Oth | ers | | | | | | | | |
| Citizenship* | ☐ IN- Indian | | | Others | – Coun | try | | | | Country | y Code | | | | | |
| Residential Status* | ☐ Resident Individual | | | Non Re | esident Ir | ndian | | | | | | | | | | |
| | Foreign National | | | Person | of India | n Orig | in | | | | | | | | | |
| Occupation Type* | Private Sector | | _ | Public | | | | | nt Sector | _ | Professi | | | | | ssion/ |
| | X- Not Categorised | | | Self Er | nployed | | Reti | ired | ∐ Hou | ısewife | ∐ St | tudent | | | | |
| 2.Proof of Identity (Pol)* (fe | | | | | rided) (Pl | lease | refer i | nstructi | on C & K | at the | end) | | | | | |
| (Certified copy of any one of the | following Proof of Identity [Po | ol] needs to be s | ubmitte | ed) | | | D | | | | | | | | | _ |
| □ A- Passport Number□ B- Voter ID Card | | | _ | | | | Pass | роп Ех | piry Date |) | | | Ш | | | _ |
| ☐ D- Driving Licence | | | + | | | | Drivir | na Licor | nce Expir | av Data | | | | | | 7 |
| ☐ E- Aadhaar Card | | | | | | | DIIVII | ig Licei | ice Expii | у Баге | | | | | | _ |
| ☐ F- NREGA Job Card | | | | | | | | | | | | | | | | |
| Z- Others (A) [any docume | ent notified by the central gove | ernment] | \top | | | | | Identif | fication N | lumber | | | | | | \top |
| Others (B) [Refer instruc | tion C (3)] | | | | | $\overline{\Box}$ | 一 | | fication N | | | | | | $\overline{}$ | $\overline{\Box}$ |
| 2 Dreaf of Address (DoA)* | | | | | | | | | | | | | | | | |
| 3.Proof of Address (PoA)* | /O All D/ | '' (DI | | | | 1 | | | | | | | | | | |
| 3.1 Current / Permanent Address | / Overseas Address Deta | ills (Please see | e instri | uction l |) at the e | end) | | | | | | | | | | |
| Line 1* | | | | | | | | | | | | \top | \top | \top | | \Box |
| Line 2 | | | \vdash | | | + | \vdash | | | | | ++ | ++ | + | + | ++ |
| Line 3 | | | \vdash | | | \top | \vdash | | City / To | own / V | illage* | | ++ | + | \top | + |
| District | Z | Zip / Post Code | * | | | | | | State/UT | Code | | as per | Indian M | otor Veh | icle Ac | t, 1988 |
| State/UT* | | | Co | ountry | | | | | | | Count | ry Co | de 🗌 | as | *per IS | SO 3166 |
| Address Type* | esidential / Business | Resi | dentia | I | | Busi | ness | | □R | egistere | ed Office | Э | | Uns | pecifi | ied |
| (Certified copy of any one of Proof of Address* | f the following Proof of Ad | ldress [PoA] n | eeds t | o be su | ıbmitted) | | | | | | | | | | | |
| ☐ Passport Number | | | | | | | Pass | port Ex | piry Date |) | | | | | | |
| ☐ Voter ID Card | | | | | | | | | | | | | | | | |
| ☐ Driving Licence | | | | | | | Drivir | ng Licer | nce Expir | y Date | | | | | | |
| ☐ Aadhaar Card | | | | | | | | | | | | | | | | |
| □ NREGA Job Card | potified by the post-of- | aonti I | | | | | – | ontie - | dan Ni | ь. г | | | | | | |
| Others (A) [any document r | - | nentj | | | | | = | | ition Num | _ | | | | | | 井 |
| Others (B) [Refer instruction | ע (פ) ט (| | \Box | | | | Id | entifica | tion Num | nber [| | | | | | |

| ☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|---|--|------------------------------|------------------------------|---------------|----------|---------------------|------------|--------|-------------|---------|--------|------------|---------|--------------|--------|---------------------------------------|---------|--|--|--|--|--|--|--|--|--|
| Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Line 1* | | | | | | | | | | | | | П | | Т | | | | | | | | | | | | | | | | | |
| Line 2 | | | | | \Box | | \Box | \sqcap | | | | | \exists | | Ť | | | П | \neg | \top | | | | | | | | | | | | |
| Line 3 | | | | | | | | | | | | City | / / T | own | ı/V | illage | * | | | | | | | | | | | | | | | |
| District | | Zip | / Post C | ode* | | | | | | | Sta | ite/L | JT | Cod | le | | as | per | India | an Mo | otor \ | Vehicle | e Act | , 1988 | | | | | | | | |
| State/UT* | | | | | Cour | itry | | | | | | | | | | Cou | untr | у С | ode | : [| | as*p | er IS | O 3166 | | | | | | | | |
| 4.Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | | Tel. (| (Off) | | | | | | | Tel. | (Res | s) | | | | - | | | \perp | | | | | | | | | | | | | |
| 5.FATCA/CRS Information (| Tick if Applicab | ole) | Res | idence | for Ta | ax Purp | oses i | n Juri | sdict | tion(s | s) Ou | ıtsid | e In | dia | (Ple | ase r | refe | r ins | truc | tion | Ва | at the | e en | d) | | | | | | | | |
| Additional Details Required* (| Mandatory only | y if above o | ption (5) | is ticke | ed) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Jurisdiction of Res | idence* | | | | | C | ountry | Code | of J | Juriso | dictio | n of | Res | side | nce | | | | as pe | er ISO | 316 | 6 | | | | | | | | | | |
| Tax Identification Number or e | equivalent (If is | sued by juri | sdiction)* | * | | | | | | | | \perp | | | | | | | | _ | | | | | | | | | | | | |
| Place / City of Birth* | | | | Count | ry of | Birth* | | | | | | | | | c | ounti | ry (| Cod | e L | | а | s per l | SO 3 | 166 | | | | | | | | |
| Address Line 1* | | | | | | | | | _ | _ | | _ | _ | _ | _ | | | | _ | _ | _ | _ | | | | | | | | | | |
| Line 2 | | | + | | - | ++ | ++ | + | + | + | \vdash | + | + | + | + | + | Н | Н | + | + | + | + | Н | | | | | | | | | |
| Line 3 | | | + | | ₩ | ++- | ++ | + | + | + | \vdash | City | | 014/10 | / \ / | llage | * | Н | + | + | + | + | Н | | | | | | | | | |
| State/UT* | | | + | Zin / | Post | Code* | ++ | + | + | + | Sta | | | | | liage | ι ' | Ш | | | | | | 4000 | | | | | | | | |
| Country | | | Country C | | 1 031 | as*per l | | | | | Jola | le/U | ' ' | Cou | e _ | | as | per | India | n Mo | otor \ | /ehicle | Act | , 1988 | | | | | | | | |
| | (O = t' = = = 1) (= 1 = | | - | | | _ | | | 1 | | | | | | | CII (A | | | | 125 | | | | | | | | | | | | |
| 6.Details of Related Person | | | | | | | | | | | | | | plea | ase | TIII 'A | nne | exure | e B1 |) | | | | | | | | | | | | |
| Addition of Related Person | = | | _ | _ | | mber of | Relat | _ | | • | | | | | | | | | | | | | | | | | | | | | | |
| Related Person Type* | ☐ Guardian Prefix | | rst Name | Ass | ignee | | | | | orize Name | | ores | enta | atıve | 9 | | | 1 | ast l | Name | ے | | | | | | | | | | | |
| Name* | | | | halaw | dotoila | of contin | n 6 oro | | | I | | | | | | | | | | | | | | | | | | | | | | |
| _ | | | | | | | ii o aie | υριιοι | iai) | | | | | | | | | | | | | | | (If KYC number and name are provided, below details of section 6 are optional) | | | | | | | | |
| Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end) (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _ ,, , | | • | | , | , | , | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _ ,, , | | • | | , | , | , | | F | Pass | port | Expii | y D | ate | | | D | D |]-[| M I | VI — | Υ | Ϋ́ | ΥY | | | | | | | | | |
| (Certified copy of any one of the | | • | | , | , | , | | F | Pass | port | Expii | y D | ate | | | D | D |]-[| M | VI — | Υ | Υ | ΥΥ | | | | | | | | | |
| (Certified copy of any one of the A- Passport Number | | • | | , | , | , | | F | Pass | port | Expii | y D | ate | | | D | D |]-[| M | vi — | Y | Y | ΥΥ | | | | | | | | | |
| (Certified copy of any one of the A- Passport Number B- Voter ID Card | | • | | , | , | , | | | | port | | | | / Da | te | D | D |]-[]-[| M I | <u>vi</u> — | Y | Y | Y Y |] | | | | | | | | |
| (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card | | • | | , | , | , | | | | | | | | / Da | te | D | D |]-[| M I | vi — | Y | Y | Y Y | | | | | | | | | |
| (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence | | • | | , | , | , | | | | | | | | / Da | te | D | D |]-[| M I | м] — м] — | Y Y | Y | Y Y | | | | | | | | | |
| (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card | ne following Prod | of of Identity | / [Pol] nee | , | , | , | | | | ng Li | | e Ex | oiry | | | D | D |]-[| M I | м] — | Y | Y | Y Y | | | | | | | | | |
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| (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any document n | ne following Prod | of of Identity | / [Pol] nee | , | , | , | | | | ng Li | cenc | e Ex | oiry | | | D | D |]-[| M I | | Y | Y Y | YYY | | | | | | | | | |
| (Certified copy of any one of the A- Passport Number B- Voter ID Card C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any document n | ne following Prod | of of Identity | / [Pol] nee | , | , | , | | | | ng Li | cenc | e Ex | oiry | | | | D |]-[| M I | | Y | Y | Y Y Y | | | | | | | | | |
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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

Annexure A1 - Addition/Modification/Change of Address - Correspondence/Local Address Fields marked with " are mandatory fields.

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

ARN-64917 E434563

| For office use only (To be filled by financial institution) | Application Type* KYC Number | ☐ New ☐ Update/Change | (Mandatory for KYC update request) |
|---|--|--|---|
| 1.Correspondence / Local A | ddress Details (Plea | se see instruction E at the end) Enclose relevant | t documentary proof |
| Same as Current / Permanen | t / Overseas Address o | details | |
| Line 1* Line 2 | | | |
| Line 3 | | | City / Town / Village* |
| District* | Zip / | / Post Code* Sta | ate/UT Code as per Indian Motor Vehicle Act , 1988 |
| State/UT | | Country* | Country Code as per ISO 3166 |
| 2.Contact Details (All comm | unications will be sent | on provided Mobile no. / Email-ID) (Please refer | instruction F at the end) |
| Email ID Mobile | Tel. | (Off) Te | el. (Res) |
| Fax | | | |
| 3.Applicant Declaration | | | |
| therein, immediately. In case any of the a liable for it. I hereby declare that I am r legislation or any notifications/directions is | bove information is found to b not making this application fo ssued by any governmental or | • | that I may be held or any statute of [Signature / Thumb Impression] |
| I hereby consent to receiving information to | | ough SMS/Email on the above registered number/email address. | |
| Date: | Place | e: | Signature / Thumb Impression of Applicant |



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

| | Annexure B1 – Addition of Related P | 'ersons Fields marked with '*' are mandatory fields. | |
|---|---|--|---|
| | To be filled in capital let | ters and in blue / black ink only. | ARN-64917 E434563 |
| For office use only (To be filled by financial institution) | Application Type* New U | pdate/Change (Mandatory for KYC | C update request) |
| ☐ 1.Details of Related Pe | rson (In case of additional related persons, please | e fill 'Annexure B1') (please refer instruction G a | at the end) |
| Addition of Related Pers | on Deletion of Related Person KYC Num | ber of Related Person (if available*) | |
| Related Person Type* | Guardian of Minor Assignee | Authorized Representative | |
| Name* | Prefix First Name (If KYC number and name are provided, below details o | Middle Name Section 6 are optional) | Last Name |
| Proof of Identity [PoI] of Rel | ated Person* (Please see instruction (H) at the end | d) | |
| ☐ A- Passport Number☐ B- Voter ID Card | | Passport Expiry Date | |
| ☐ C- PAN Card ☐ D- Driving Licence | | Driving Licence Expiry Date | |
| ☐ E- Aadhaar Card ☐ F- NREGA Job Card | | | |
| Z- Others (any document | notified by the central government) | Identification Number | |
| 2.Applicant Declaration | | | |
| therein, immediately. In case any of liable for it. I hereby declare that legislation or any notifications/direct | rnished above are true and correct to the best of my knowledge and of the above information is found to be false or untrue or misleading I am not making this application for the purpose of contraventio ctions issued by any governmental or statutory authority from time to mation from Central KYC Registry through SMS/Email on the above | g or misrepresenting, I am aware that I may be held n of any Act, Rules, Regulations or any statute of time. | [Signature / Thumb Impression] |
| Date: | Place: | | Signature / Thumb Impression of Applicant |
| 3.Attestation / For Office \ | Jse Only | | |
| Documents Received [| Certified Copies | | |
| KYC | C Verification Carried Out by | Institution De | etails |
| Date Emp. Name Emp. | | Name Code | |
| Code Emp. Designation | | | |
| Emp. Branch | | [Institution Sta | mp] |
| | [Employee Signature] | | |



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

FATCA - CRS DECLARATION AND SUPPLEMENTARY INFORMATION

Declaration Form for Individuals

ARN-64917 E434563

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance
To be filled in capital letters and in blue / black ink only.

APP No.:

| NAME: | | | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|--|--|
| PAN: Or PAN Exempt KYC Ref No. (PEKRN) | | | | | | | | | | | |
| Place of | Place of Birth Country of Birth | | | | | | | | | | |
| | Nationality Indian U.S. Tax Residence Address (for KYC address) Residential Registered Office Others (Please specify) Business | | | | | | | | | | |
| | a tax resident (i.e., are you assesse | | e India? ——▶ Yes ☐ | No _ | | | | | | | |
| | If 'Yes', please fill for All countries (other than India) in which you are a Resident for a Resident for tax purpose i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries | | | | | | | | | | |
| Sr. No. | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other, please spec | If TIN is not available, please tick ✓ the reason A, B or C (as defined below) | | | | | | | |
| 1 | —▶ Reason A | | | | | | | | | | |
| 2 | | | | → Reason A B C | | | | | | | |
| >> Rec | >> Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected) | | | | | | | | | | |
| I hereby c informatio writing ab | becclaration hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities. | | | | | | | | | | |
| Date: | D D M M Y Y Y Y | | Signature: | | | | | | | | |
| Place: | | | <u> </u> | | | | | | | | |