



multi asset, multi manager

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quant mutual

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.

Table with columns: Name & Broker Code / ARN, Sub Broker / Sub Agent ARN Code, Employee Unique Identification Number, Sub Broker / Sub Agent Code, RIA Code. Values: ARN-64917, ARN-, E434563.

*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.

Table with columns: 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.

Table with columns: APPLICANT DETAILS (Name of Sole/1st holder, Name of 2nd holder, Name of 3rd holder) and FOLIO NO. (PAN No / PEKRN, KYC).

Table with columns: INITIAL INVESTMENT DETAILS (Cheque/DD No./Cash Deposit Slip No., Net Amount, Bank Name, Branch, City, Cheque/DD/Cash Deposition Date, DD Charge).

UNITHOLDING OPTION Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

Table with columns: National Securities Depository Limited (Participant Name, DP ID No., Beneficiary Account No.), Central Depository Securities Limited (Participant Name, Target ID No.).

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

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)

Table with columns: Scheme / Plan / Option, Frequency (Weekly, Fortnightly, Monthly, Quarterly, Half Yearly), Enrollment Period (From, To), SIP Date (For Monthly / Quarterly / Half Yearly), SIP Amount, Weekly and Fortnightly SIP Date.

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.

Table with columns: 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)

NACH MANDATE INSTRUCTION FORM with fields for UMRN, Sponsor Bank Code, Utility Code, Debit Type, Frequency, Reference 1, Reference 2, and signature lines.

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

Table with columns: From, To (DDMMYYYY).

Signature Of Primary Account Holder, Signature Of Joint Account Holder, Signature Of Joint Account Holder

Phone No., 1. Name Of Primary Account Holder, 2. Name Of Joint Account Holder, 3. Name Of Joint Account Holder



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APP No.:

SYSTEMATIC WITHDRAWAL PLAN (SWP) APPLICATION FORM

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

1. DISTRIBUTOR / BROKER INFORMATION

Table with 5 columns: Name & Broker Code / ARN, Sub Broker / Sub Agent ARN Code, *Employee Unique Identification Number, Sub Broker / Sub Agent Code, RIA Code*

*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 Scheme(s) 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:

2. EXISTING UNIT HOLDER INFORMATION

FOLIO NO. [Grid]

3. APPLICANT INFORMATION

Table for Name of First / Sole applicant, Name of Guardian, Name of Second Applicant, Name of Third Applicant

4. PARTICULARS FOR REGULAR WITHDRAWAL (if the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Form fields for Scheme Name, Plan, Option, Amount, Frequency, SWP Date, Enrolment Period

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.

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

INSTRUCTIONS FOR SWP

- 1. All SWP applications will be processed on the 1st/5th/10th/15th/20th/25th of every month or 1st/5th/10th/15th/20th/25th of every first month of every quarter.
2. For all the eligible schemes, the minimum withdrawal amount is ₹ 1000/- and in multiples of ₹ 1/- thereafter.
3. The Unit holder is required to define the frequency and amount of withdrawals. SWP forms received without this information will be treated incomplete and request for SWP will be rejected.
4. The Unit holder needs to specify the start date and the end date in the SWP form.
5. The amount withdrawn under the SWP will be considered as a redemption and shall be converted into units and will be deducted from the unit balance of the Unit holder.
6. The redemption proceeds will be paid by cheque/demand draft in favour of the registered first named Unit holder with the bank account number specified in the application form.
7. A Unit holder who has opted for SWP under a specified account can also redeem or switch his units to any other eligible scheme or any other plans of the same scheme provided he has sufficient balance in his account on the date of such request.
8. The Unit holder can put in additional subscriptions, in accordance with conditions specified in the Statement of Additional Information (SAI) and Scheme Information Document(SID) for additional subscriptions in the account anytime during the existence of the concerned account.
9. Any changes in the amount, frequency or period of SWP should be communicated to the Registrar's office at least 14 days in advance.
10. Investors who have made investments in ELSS schemes should note that SWP is not available to them during the stipulated lock in period.
11. SWP request in any other form beside the specified format will be treated as invalid and is liable to be rejected.
12. Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application form, the application shall be processed under Regular Plan. The AMC shall contact and obtain the correct ARN code within 30 calendar days of the receipt of the application form from the investor/distributor. In case, the correct code is not received within 30 calendar days, the AMC shall reprocess the transaction under Direct Plan from the date of application without any exit load. Similarly, in the absence of clear indication as to the choice of option (Growth or Dividend Payout), by default, the units will be allotted under the Growth Option of the default /selected plan of the scheme.

13. The SWP form duly completed may be submitted at the nearest Investor Service Centre or mailed to the Registrar : M/s Karvy Computershare Pvt. Ltd., Karvy Selenium, Tower B, Plot Nos. 31 &32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad - 500032.

14. Communication for the Investors. :

In accordance with SEBI Circular No. Cir/ IMD/ DF/16/ 2011 dated September 8, 2011 and SEBI Circular no. CIR/MRD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the quant Mutual Fund shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number. Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:

- 1. Consolidation of account statement shall be done on the basis of PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.
2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month.
3. In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis (at the end of every six months (i.e. September/ March))
4. Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode.
5. Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF Industry containing details of transactions across all Mutual Fund schemes by email / physical mode.

The word 'transaction' shall include purchase, redemption, switch, dividend payout, dividend reinvestment, systematic investment plan, systematic withdrawal plan, and systematic transfer plan and bonus transactions. CAS shall not be received by the Unit holders for the folio(s) wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folio(s) are updated with their PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by quant Mutual Fund for each calendar month on or before 10th of the immediately succeeding month. In case of a specific request received from the Unit holders, quant Mutual Fund will provide the account statement to the investors within 5 Business Days from the receipt of such request.

Table with 4 columns: Scenario, Broker Code mentioned by the investor, Plan mentioned by the investor, Default Plan to be captured



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ACKNOWLEDGEMENT SLIP (To be filled by the investor)

APP No.:

Received from Mr./Mrs./Ms. _____ an application for SWP in

Time Stamp & Date of receiving office

Scheme _____ in Folio/Account No: _____

for amount _____ and Frequency _____.

Please note your Statement of Account is sent once a month through CAS or ECAS if email id is updated in the folio. To have an access to the folio statement visit our website to generate an instant account statement.