



**QUANTUM
MUTUAL FUND**

ARN-64917 E434563

Folio No.: _____ Scheme: _____ Option/Facility: _____

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

ADDITIONAL PURCHASE REQUEST

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.

SWITCH REQUEST

I/We would like to switch All Units OR No. Of Units _____ OR Amount(Rs.) (in figure) _____
Amount / Units (in words) _____ from the above mentioned Scheme
to Scheme _____ Option _____

Change Mobile No.

Old Mobile No.: _____ New Mobile No.: _____

This Mobile No. belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Change Email ID

Old Email ID: _____ New Email ID: _____

This Email ID belongs to (Mandatory Please ✓): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

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*)

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.