Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only	Application Type* ☐ New	□Update
(To be filled by financial institu	ution) KYC Number	(Mandatory for KYC update request)
	Account Type* Norn	nal ☐ Simplified (for low risk customers) ☐ Small
1. PERSONAL DETA	LS (Please refer instruction A at the e	nd)
	Prefix First Name	Middle Name Last Name
☐ Name* (Same as ID proof		
Maiden Name (If any*)		
Father / Spouse Name*		
Mother Name*		
Date of Birth*	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	РНОТО
Gender*	☐ M- Male	☐ F- Female ☐ T-Transgender
Marital Status*	☐ Married	☐ Unmarried ☐ Others
Citizenship*	☐ IN- Indian	☐ Others (ISO 3166 Country Code)
Residential Status*	☐ Resident Individual☐ Foreign National	☐ Non Resident Indian ☐ Person of Indian Origin
Occupation Type*	☐ S-Service (☐ Private Sector	□ Public Sector □ Government Sector)
	☐ O-Others (☐ Professional	☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)
	☐ B-Business☐ X- Not Categorised	
☐ 2. TICK IF APPLICAE	BLE RESIDENCE FOR TAX PU	RPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)
ADDITIONAL DETAILS RE	EQUIRED* (Mandatory only if section 2	s is ticked)
ISO 3166 Country Code of	Jurisdiction of Residence*	
Tax Identification Number	or equivalent (If issued by jurisdiction)	
Place / City of Birth*		ISO 3166 Country Code of Birth*
☐ 3. PROOF OF IDENT	ITY (Pol)* (Please refer instruction C	at the end)
(Certified copy of any one of the	ne following Proof of Identity[PoI] needs	to be submitted)
A- Passport Number		Passport Expiry Date
☐ B- Voter ID Card		
C- PAN Card		
☐ D- Driving Licence		Driving Licence Expiry Date DD - MM - YYYY
☐ E- UID (Aadhaar)		
☐ F- NREGA Job Card		
· -	t notified by the central government)	Identification Number
S- Simplified Measures	S Account - Document Type code	Identification Number
4. PROOF OF ADDR		
_		S (Please see instruction D at the end)
	ne following Proof of Address [PoA] need	
5.		sidential Business Registered Office Unspecified
	•	ving Licence ☐ UID (Aadhaar) EGA Job Card ☐ Others ☐ please specify ☐ ☐
□Si	mplified Measures Account - Docu	
Address Line 1*		
Line 1		
Line 3		City / Town / Village*
District*	Pin / Post Coo	

4.2 CORRESPONDENCE	E / LOCAL ADDRI	ESS DETAILS * (Please	e see instructi	ion E at the end)		
Same as Current / Perma	nent / Overseas A	Address details (In case	of multiple c	correspondence / lo	cal addresses, please f	ill 'Annexure A1')
Line 1*						
Line 2					Ott. / T /	V(III = 1.5 *
Line 3 District*		Pin / Post Coo	lo*	Qta	te / U.T Code*	ISO 3166 Country Code*
District		Fill / Fost Coc		Ota	10 7 0.1 00dc	100 0 Too Country Code
4.3 ADDRESS IN THE JU	JRISDICTION DE	TAILS WHERE APPLIC	ANT IS RESI	IDENT OUTSIDE II	NDIA FOR TAX PURPO	OSES* (Applicable if section 2 is ticked)
Same as Current / Perma	nent / Overseas A	Address details		Same as Correspo	ondence / Local Address	s details
Line 1*						
Line 2 Line 3					City / Town / \	*encliiv
State*				ZIP / Post Code*		ISO 3166 Country Code*
						, <u> </u>
☐ 5. CONTACT DETAILS	(All communication	ns will be sent on provided	d Mobile no. / E	Email-ID) (Please ref	er instruction F at the end	1)
Tel. (Off)	_	Tel. (Res	s)		Mobile	
FAX	-	Email ID				
□ 6 DETAILS OF BELAT	ED DEDSON (n case of additional relate	d norsons inlo	asso fill 'Annoyuro P1	') (places refer instruction	a G at the end)
6. DETAILS OF RELAT Addition of Related Person	Deletion of R				Person (if available*)	To artife cita)
Related Person Type*	☐ Guardian of		Assignee		uthorized Representativ	ve
•	Prefix	First Name			dle Name	Last Name
Name*	(If KVC number of	and name are provided, be	Now details of	acation 6 are entions	51)	
	•	·		•	ai <i>)</i>	
PROOF OF IDENTITY [Pol] OF RELATED PE	RSON* (Please see instru	ıction (H) at th			
A- Passport Number				Passp	oort Expiry Date	
☐ B- Voter ID Card						
C- PAN Card						
☐ D- Driving Licence				Drivin	g Licence Expiry Dat	te $DD-MM-YYYY$
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Card						
Z- Others (any documen	-	-			Identification Number	
S- Simplified Measure	s Account - Do	cument Type code			Identification Number	er
7. REMARKS (If any)						
8. APPLICANT DECL	ARATION					
I hereby declare that the details furn		nd correct to the best of my kno	wledge and belie	ef and I undertake to info	m you of any changes	
therein, immediately. In case any of for it.	the above information is	s found to be false or untrue or m	nisleading or misre	epresenting, I am aware th	at I may be held liable	
I hereby consent to receiving inform	nation from Central KYC	Registry through SMS/Email on	the above register	red number/email address		
Date: DD - MM -	YYYY	Place :				Signature / Thumb Impression of Applicant
9. ATTESTATION / FC	R OFFICE USI	E ONLY				
Documents Received	Certified Copie	es				
KYC VER	IFICATION CARRIE	ED OUT BY			INSTITUTIO	ON DETAILS
Date	D - M M - Y	TYTYT		Name		
Emp. Name				Code		
Emp. Code						
Emp. Designation						
Emp. Branch						
						ion Stampl
						ion Stamp]

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



ARN-64917 E43456	3			The state of the s
For office use only	Application Type* ☐ New	□Update		
(To be filled by financial institu	ution) KYC Number		(Mandatory fo	r KYC update request)
	Account Type* Norma	al Simplified	d (for low risk customers)	Small
☐ 1. PERSONAL DETA	ILS (Please refer instruction A at the en	d)		
	Prefix First Name		Middle Name	Last Name
☐ Name* (Same as ID proof				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth*	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			РНОТО
Gender*	☐ M- Male	☐ F- Female	☐ T-Transgender	
Marital Status*	☐ Married	Unmarried	☐ Others	
Citizenship*	☐ IN- Indian	☐ Others (ISO	3166 Country Code)	
Residential Status*	☐ Resident Individual☐ Foreign National	☐ Non Residen ☐ Person of Ind		
Occupation Type*	\square S-Service (\square Private Sector	☐ Public Sector	_ ,	
	□ O-Others (□ Professional□ B-Business	☐ Self Employe	d Retired Housewife	Student)
	☐ X- Not Categorised			
2. TICK IF APPLICAE	BLE RESIDENCE FOR TAX PUR	POSES IN JURIS	DICTION(S) OUTSIDE INDIA (F	Please refer instruction B at the end)
ADDITIONAL DETAILS RE	EQUIRED* (Mandatory only if section 2 i	s ticked)		
	f Jurisdiction of Residence*			
	or equivalent (If issued by jurisdiction)*			
Place / City of Birth*		ISO 3166 Coun	try Code of Birth*	
☐ 3. PROOF OF IDENT	ITY (Pol)* (Please refer instruction C a	t the end)		
(Certified copy of any one of the	ne following Proof of Identity[Pol] needs to	be submitted)		
☐ A- Passport Number			Passport Expiry Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
☐ B- Voter ID Card				
☐ C- PAN Card				
☐ D- Driving Licence			Driving Licence Expiry Date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
☐ E- UID (Aadhaar)				
☐ F- NREGA Job Card				
Z- Others (any documen	nt notified by the central government)		Identification Number	
☐ S- Simplified Measures	s Account - Document Type code		Identification Number	
4. PROOF OF ADDR	ESS (PoA)*			
4.1 CURRENT / PERMAN	NENT / OVERSEAS ADDRESS DETAILS	(Please see instruc	ction D at the end)	
(Certified copy of any one of the	ne following Proof of Address [PoA] needs	to be submitted)		
Address Type*	esidential / Business	dential	☐ Business ☐ Regist	ered Office Unspecified
	· —	ng Licence	UID (Aadhaar)	
	oter Identity Card	GA Job Card	Others	ase specify
Address	mpinicu Measures Account - Docur	Tient Type Code		
Line 1*				
Line 2				
Line 3			City / Town / Vill	•
District*	Pin / Post Code) *	State / U.T Code*	ISO 3166 Country Code*

4.2 CORRESPONDENCE	E / LOCAL ADDRI	ESS DETAILS * (Please	e see instructi	ion E at the end)		
Same as Current / Perma	nent / Overseas A	Address details (In case	of multiple c	correspondence / lo	cal addresses, please f	ill 'Annexure A1')
Line 1*						
Line 2					Ott. / T /	V(III = 1.5 *
Line 3 District*		Pin / Post Coo	lo*	Qta	te / U.T Code*	ISO 3166 Country Code*
District		Fill / Fost Coc		Ota	10 7 0.1 00dc	100 0 Too Country Code
4.3 ADDRESS IN THE JU	JRISDICTION DE	TAILS WHERE APPLIC	ANT IS RESI	IDENT OUTSIDE II	NDIA FOR TAX PURPO	OSES* (Applicable if section 2 is ticked)
Same as Current / Perma	nent / Overseas A	Address details		Same as Correspo	ondence / Local Address	s details
Line 1*						
Line 2 Line 3					City / Town / \	*encliiv
State*				ZIP / Post Code*		ISO 3166 Country Code*
						, <u> </u>
☐ 5. CONTACT DETAILS	(All communication	ns will be sent on provided	d Mobile no. / E	Email-ID) (Please ref	er instruction F at the end	1)
Tel. (Off)	_	Tel. (Res	s)		Mobile	
FAX	-	Email ID				
□ 6 DETAILS OF BELAT	ED DEDSON (n case of additional relate	d norsons inlo	asso fill 'Annoyuro P1	') (places refer instruction	a G at the end)
6. DETAILS OF RELAT Addition of Related Person	Deletion of R				Person (if available*)	To artife cita)
Related Person Type*	☐ Guardian of		Assignee		uthorized Representativ	ve
•	Prefix	First Name			dle Name	Last Name
Name*	(If KVC number of	and name are provided, be	Now details of	acation 6 are entions	51)	
	•	·		•	ai <i>)</i>	
PROOF OF IDENTITY [Pol] OF RELATED PE	RSON* (Please see instru	ıction (H) at th			
A- Passport Number				Passp	oort Expiry Date	
☐ B- Voter ID Card						
C- PAN Card						
☐ D- Driving Licence				Drivin	g Licence Expiry Dat	te $DD-MM-YYYY$
☐ E- UID (Aadhaar)						
☐ F- NREGA Job Card						
Z- Others (any documen	-	-			Identification Number	
S- Simplified Measure	s Account - Do	cument Type code			Identification Number	er
7. REMARKS (If any)						
8. APPLICANT DECL	ARATION					
I hereby declare that the details furn		nd correct to the best of my kno	wledge and belie	ef and I undertake to info	m you of any changes	
therein, immediately. In case any of for it.	the above information is	s found to be false or untrue or m	nisleading or misre	epresenting, I am aware th	at I may be held liable	
I hereby consent to receiving inform	nation from Central KYC	Registry through SMS/Email on	the above register	red number/email address		
Date: DD - MM -	YYYY	Place :				Signature / Thumb Impression of Applicant
9. ATTESTATION / FC	R OFFICE USI	E ONLY				
Documents Received	Certified Copie	es				
KYC VER	IFICATION CARRIE	ED OUT BY			INSTITUTIO	ON DETAILS
Date	D - M M - Y	TYTYT		Name		
Emp. Name				Code		
Emp. Code						
Emp. Designation						
Emp. Branch						
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						ion Stamp]



FATCA FORM FOR INDIVIDUAL AND HUF

6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021 www.QuantumAMC.com

olio Number	Applicant - 1	Applicant - 2	Applicant - 3	Guardian/POA Holder
PAN	Applicant	Applicant - 2	Applicant - 3	Guardian/1 OA Holder
Country of Birth				
Country of Citizenship/ Nationality				
Tax Resident of any country other than India (Please ✓)	Yes NO	Yes NO NO	Yes NO	
	If Yes:	If Yes:	If Yes:	If Yes:
	#Country:	#Country:	#Country:	#Country:
	Tax Reference Number:	Tax Reference Number:	Tax Reference Number:	Tax Reference Number:
o includo LISA, whore investor is	a Citizen / Greencard holder of L	IC A		
mpany Private Limited immediate / any of the information provide anagement Company Private Limi	ely in the event the information in d by me / us, including all change ited to any Indian or foreign gove	d belief, accurate and complete. the confirmation changes. I / We es, update to such information as	I/ We agree to notify Quantum N hereby authorise you to disclose, and when provided by me / us to	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or mann to Quantum Mutual Fund / Quantum Ass
ompany Private Limited immediate / any of the information provide anagement Company Private Limi jencies without obligation on adv	ely in the event the information in d by me / us, including all change ited to any Indian or foreign goverising me / us of the same. Signature(s)	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial	I/ We agree to notify Quantum Mereby authorise you to disclose, s and when provided by me / us to authorities / agencies, the tax /	all the material information required. I/V Jutual Fund/ Quantum Asset Manageme share, remit in any form, mode or mann to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation
ompany Private Limited immediate I / any of the information provide anagement Company Private Limi gencies without obligation on adv	ely in the event the information in d by me / us, including all change ited to any Indian or foreign gove vising me / us of the same.	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial	I/ We agree to notify Quantum Nereby authorise you to disclose, and when provided by me / us to authorities / agencies, the tax /	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or mann to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation
ompany Private Limited immediate 1/ any of the information provide anagement Company Private Limi gencies without obligation on adv sole/1st Applicant/Guardian/Auth	ely in the event the information in d by me / us, including all change ited to any Indian or foreign goverising me / us of the same. Signature(s)	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial	I/ We agree to notify Quantum Mereby authorise you to disclose, s and when provided by me / us to authorities / agencies, the tax /	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or mann to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation
ompany Private Limited immediate I / any of the information provide anagement Company Private Limit gencies without obligation on adv Sole/1 st Applicant/Guardian/Auth Signatory etails under FATCA/Foreign Tax Luccive a valid self-certification frosidency, please contact your tax you are a US citizen or resident of	ely in the event the information in d by me / us, including all change ited to any Indian or foreign governising me / us of the same. Signature(s) POA Signature(s) The same includes a second or	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial Date D D Instructions: o collect information about each hare information on your accounge in information provided, plese United States in the foreign countered the confirmation of the con	I/ We agree to notify Quantum Mereby authorise you to disclose, and when provided by me / us to authorities / agencies, the tax / MM M Y Y Y Y cant / Authorised Signatory In investor's tax residency. In certain with relevant tax authorities. It ase ensure you advise us promptionarty information field along with yellow the promption of the content	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or manne to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation. Place
mpany Private Limited immediate / any of the information provided in agement Company Private Limit encies without obligation on advisory Sole/1st Applicant/Guardian/Authory Sole/1st Applicant/Guardian/Authory tails under FATCA/Foreign Tax Laceive a valid self-certification frosidency, please contact your tax you are a US citizen or resident of	ely in the event the information in d by me / us, including all change ited to any Indian or foreign governising me / us of the same. Signature(s) POA Signature(s) The same includes a second or	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial Date D D Instructions: o collect information about each hare information on your accounge in information provided, plese United States in the foreign countered the confirmation of the con	I/ We agree to notify Quantum Mereby authorise you to disclose, and when provided by me / us to authorities / agencies, the tax / MM M Y Y Y Y cant / Authorised Signatory In investor's tax residency. In certain with relevant tax authorities. It ase ensure you advise us promptionarty information field along with yellow the promption of the content	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or manne to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation. Place
mpany Private Limited immediate / any of the information provide inagement Company Private Limitencies without obligation on adv Sole/1st Applicant/Guardian/Auth Signatory tails under FATCA/Foreign Tax Laceive a valid self-certification froidency, please contact your tax you are a US citizen or resident of	ely in the event the information in d by me / us, including all change ited to any Indian or foreign governising me / us of the same. Signature(s) POA Signature(s) The same includes a second or	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial Date D D Instructions: o collect information about each hare information on your accounge in information provided, plese United States in the foreign countered the confirmation of the con	I/ We agree to notify Quantum Mereby authorise you to disclose, and when provided by me / us to authorities / agencies, the tax / MM M Y Y Y Y cant / Authorised Signatory In investor's tax residency. In certain with relevant tax authorities. It ase ensure you advise us promptionarty information field along with yellow the promption of the content	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or manne to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation. Place
mpany Private Limited immediate / any of the information provide inagement Company Private Limitencies without obligation on adv Sole/1st Applicant/Guardian/Auth Signatory tails under FATCA/Foreign Tax Laceive a valid self-certification froidency, please contact your tax you are a US citizen or resident of	ely in the event the information in d by me / us, including all change ited to any Indian or foreign governising me / us of the same. Signature(s) POA Signature(s) The same includes a second or	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial Date D D Instructions: o collect information about each hare information on your accounge in information provided, plese United States in the foreign countered the confirmation of the con	I/ We agree to notify Quantum Mereby authorise you to disclose, and when provided by me / us to authorities / agencies, the tax / MM M Y Y Y Y cant / Authorised Signatory In investor's tax residency. In certain with relevant tax authorities. It ase ensure you advise us promptionarty information field along with yellow the promption of the content	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or manne to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation. Place
ompany Private Limited immediate II / any of the information provide Ianagement Company Private Limi gencies without obligation on adv Sole/I st Applicant/Guardian/Auth Signatory etails under FATCA/Foreign Tax Lacceive a valid self-certification fro esidency, please contact your tax	ely in the event the information in d by me / us, including all change ited to any Indian or foreign governising me / us of the same. Signature(s) POA Signature(s) The same includes a second or	d belief, accurate and complete. the confirmation changes. I / We see, update to such information as ernmental or statutory or judicial Date D D Instructions: o collect information about each hare information on your accounge in information provided, plese United States in the foreign countered the confirmation of the con	I/ We agree to notify Quantum Mereby authorise you to disclose, and when provided by me / us to authorities / agencies, the tax / MM M Y Y Y Y cant / Authorised Signatory In investor's tax residency. In certain with relevant tax authorities. It ase ensure you advise us promptionarty information field along with yellow the promption of the content	Mutual Fund/ Quantum Asset Manageme share, remit in any form, mode or mann to Quantum Mutual Fund / Quantum Ass revenue authority and other investigation. Place

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∑ Email	: CustomerCare@QuantumAMC.cor
□ SMS	: <quantum> to 9243-22-3863</quantum>

Toll Free Helpline : 1800-22-3863 / 1800-209-3863

Missed Call Facility: 022 6829 3807