



**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**

(To be filled by financial institution)

Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Simplified (for low risk customers)  Small

**1. PERSONAL DETAILS** (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**

Signature / Thumb Impression

**2. TICK IF APPLICABLE**  RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction **B** at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 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 IDENTITY (PoI)\*** (Please refer instruction **C** at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

**4. PROOF OF ADDRESS (PoA)\***

**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS** DETAILS (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

Proof of Address\*  Passport  Driving Licence  UID (Aadhaar)

Voter Identity Card  NREGA Job Card  Others  please specify

Simplified Measures Account - Document Type code

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*





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ARN-64917 E434563

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Application Type\*  New  Update

KYC Number  (Mandatory for KYC update request)

Account Type\*  Normal  Simplified (for low risk customers)  Small

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Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Person of Indian Origin
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B-Business		
	<input type="checkbox"/> X- Not Categorised		

**PHOTO**

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<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

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**4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction **D** at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> UID (Aadhaar)	<input type="checkbox"/> Others <input type="text"/> please specify	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card			
	<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>			

**Address**

Line 1\*

Line 2

Line 3

District\*  Pin / Post Code\*  State / U.T Code\*  ISO 3166 Country Code\*





# FATCA FORM FOR INDIVIDUAL AND HUF

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

ARN-64917 E434563

Confirmation under the Foreign Account Tax Compliance Act (FATCA) for determining U.S. persons status - mandatory for all investors including joint holders, huf, guardian in case of minor and power of attorney holder.

Folio Number \_\_\_\_\_

	Applicant - 1	Applicant - 2	Applicant - 3	Guardian/POA Holder
PAN				
Country of Birth				
Country of Citizenship/ Nationality				
Tax Resident of any country other than India (Please ✓)	Yes <input type="checkbox"/> NO <input type="checkbox"/> If Yes: #Country: _____ Tax Reference Number: _____	Yes <input type="checkbox"/> NO <input type="checkbox"/> If Yes: #Country: _____ Tax Reference Number: _____	Yes <input type="checkbox"/> NO <input type="checkbox"/> If Yes: #Country: _____ Tax Reference Number: _____	Yes <input type="checkbox"/> NO <input type="checkbox"/> If Yes: #Country: _____ Tax Reference Number: _____

\* To include USA, where investor is a Citizen / Greencard holder of USA

DECLARATION: I/We hereby declare that I/We have understood the nature of questions in the Form and the importance of disclosing all the material information required. I/We declare that the information is to the best of my/our knowledge and belief, accurate and complete. I/ We agree to notify Quantum Mutual Fund/ Quantum Asset Management Company Private Limited immediately in the event the information in the confirmation changes. I / We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, update to such information as and when provided by me / us to Quantum Mutual Fund / Quantum Asset Management Company Private Limited to any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authority and other investigation agencies without obligation on advising me / us of the same.

Signature(s)

Date 

D	D	M	M	Y	Y	Y	Y
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Place \_\_\_\_\_

Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory	POA Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory
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### Instructions:

Details under FATCA/Foreign Tax Laws: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in information provided, please ensure you advise us promptly, i.e., within 30 days.

If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

**Want To  
Have The Latest  
Information  
About Us?**

**Website** : [www.QuantumAMC.com](http://www.QuantumAMC.com)

**Email** : [CustomerCare@QuantumAMC.com](mailto:CustomerCare@QuantumAMC.com)

**SMS** : <QUANTUM> to 9243-22-3863

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

**Missed Call Facility** : 022 6829 3807