

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIIN*	RIA Code <sup>^</sup>	
ARN-64917	ARN-	INTERNAL CODE	E434563		

\*Investors should mention the EUIIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "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".

<sup>^</sup>I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

**Sign Here**

First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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**2. Unitholder Information**

Name of First / Sole Applicant \_\_\_\_\_ PAN \_\_\_\_\_  
Folio No. (For Existing Unit Holders) \_\_\_\_\_ CKYC No. \_\_\_\_\_

**3. Investment Details (Choice of Plan [Please ✓])**

Scheme \_\_\_\_\_ Plan  Regular  Direct Option: Growth  
Enrolment Period From DDMMYYYY To DDMMYYYY OR Perpetual (Default)  OR No. of Installments \_\_\_\_\_  
First SIP Instalment via : Cheque No. \_\_\_\_\_ Bank A/c No. \_\_\_\_\_  
Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_  
Amount ₹ \_\_\_\_\_ Each SIP Amount ₹ \_\_\_\_\_ Amount in words \_\_\_\_\_

**SIP Frequency : (Please ✓)**

SIP Date DD \_\_\_\_\_  Monthly OR  Quarterly OR  Half Yearly  
Preferred Debit Date (Any day from 1st to 28th of the month)

**SIP Step UP FACILITY:**

Fixed Amount	Variable (in Percentage)
Amount (Minimum 500/- in multiple of Re 1/-) ₹ _____	Percentage (Minimum 10% and in multiple of 5%) ₹ _____
Freeze # <input type="checkbox"/> Amount _____ OR Month-Year MMYY _____	Freeze # <input type="checkbox"/> Amount _____ OR Month-Year MMYY _____
Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

\$ In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP. # Freeze the SIP Top-Up amount once it reaches a fixed predefined amount or maximum amount as mentioned in OTM.

**4. Unit Holding Option**  Physical Mode (Default)  Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)

CDSL / NSDL DP Name \_\_\_\_\_ DP ID \_\_\_\_\_ Beneficiary A/C No. \_\_\_\_\_

**5. Declaration & Signature(s)**

I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Samco Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.

Date DDMMYYYY \_\_\_\_\_  
Place \_\_\_\_\_  
First / Sole Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

**ONE TIME BANK MANDATE**  
(NACH/OTM/Direct Debit Mandate Form)

UMRN \_\_\_\_\_ Date DDMMYYYY \_\_\_\_\_  
Tick (✓)  Create  Modify  Cancel  
Sponsor Bank Code \_\_\_\_\_ (Office use only) Utility Code \_\_\_\_\_ (Office use only)  
I/We hereby authorize SAMCO MUTUAL FUND to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other  
Bank A/c No. \_\_\_\_\_ Bank Name \_\_\_\_\_ Name of customers bank \_\_\_\_\_  
IFSC \_\_\_\_\_ MICR \_\_\_\_\_  
an amount of Rupees \_\_\_\_\_ Amount in words \_\_\_\_\_ Amount ₹ \_\_\_\_\_  
Frequency  Monthly  Quarterly  Half Yearly  Yearly  As and when presented Debit Type  Fixed Amt  Maximum Amt  
PAN \_\_\_\_\_ Phone No. +91 \_\_\_\_\_ Email \_\_\_\_\_  
Scheme Name All Schemes of Samco Mutual Fund

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.

Period From DDMMYYYY To DDMMYYYY OR  Until Cancelled

First / Sole Applicant	Second Applicant	Third Applicant
Name as in Bank Records	Name as in Bank Records	Name as in Bank Records

This is to inform that the declaration has been carefully read, understood and 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, I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit





# SYSTEMATIC INVESTMENT PLAN AUTO DEBIT MANDATE FORM

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

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

New Registration (New Investors to submit duly filled and signed Common Application Form)  Change in Bank Account (for Existing Investor)  Micro SIP  Cancellation of SIP

### INTERMEDIARY INFORMATION

Name & ARN Code	Sub-Broker Code	EUIN	RIA Code	E- Code / RM code
ARN-64917		E434563		

### INVESTOR DETAILS

Folio/Application No.  PAN No\*

Sole/First Investor Name:

### INVESTMENT DETAILS (Please ✓) Choice of Scheme / Option / Facility

Scheme	
Option	
Facility	

### Frequency Details (Please ✓)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="radio"/> 5th, 21st OR <input type="radio"/> 7th & 25th	<input type="radio"/> 5th OR <input type="radio"/> 21st	<input type="radio"/> 7th OR <input type="radio"/> 15th OR <input type="radio"/> 25th OR <input type="radio"/> 28th

No of Installments:  SIP Start Date  SIP End Date  Cheque No.

Amount Per Installment:  Amount (in words)

I/We hereby authorize Quantum Mutual Fund and their authorized service providers to debit my/our following bank account by SIP (Debit clearing/ Auto Debit) for collection of SIP payments  
Note: Please allow 21 business days for Auto Debit to register and start.\* Only monthly and quarterly SIP frequencies are available for Quantum Liquid Fund.

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Quantum Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Quantum Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Quantum Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Quantum Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Quantum Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/We hereby authorize bank to debit my account for mandate verification charges, if any.

First Account Holders Signature (As per bank records)	Second Account Holders Signature (As per bank records)	Third Account Holders Signature (As per bank records)
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# SYSTEMATIC TRANSACTION FORM

(PDC SIP/STP/SWP)

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

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

## 1. INTERMEDIARY INFORMATION

Name & ARN Code	Sub - Broker Code	EUIN	RIA Code	E-Code / RM Code
ARN-64917		E434563		

Please refer instruction No. 4 for EUIN. Please read the instructions carefully, before filling up the application. Fields marked with (\*) are mandatory.

New Registration

Cancellation

## 2. NEW / EXISTING UNIT HOLDER INFORMATION

Folio/Application No.

PAN No.

Name of the Sole/1st Applicant:

## 3. SCHEME DETAILS (Please ✓)

Scheme	
Option	
Facility	

## 4. Frequency Details (Please ✓)

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
All Business Days	7th, 15th, 21st, 28th of a week	<input type="radio"/> 5th, 21st OR <input type="radio"/> 7th & 25th	<input type="radio"/> 5th OR <input type="radio"/> 21st	<input type="radio"/> 7th OR <input type="radio"/> 25th OR <input type="radio"/> 15th OR <input type="radio"/> 28th

## 5. SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS (Please ✓)

Post Dated Cheque (PDC's)

Regular SIP

Change in Bank Mandate for existing SIP

Micro SIP (MSIP)

### Enrollment Details

No of Installments:  Amount Per Installment:

Amount (in words)

### 1st Installment Cheque Details

Cheque/DD  Date  Amount (₹)

Drawn on Bank & Branch

Photo Identification proof and Residential Proof number in case of Micro SIP of 1st Applicant \_\_\_\_\_

2<sup>nd</sup> Applicant \_\_\_\_\_ 3<sup>rd</sup> Applicant \_\_\_\_\_

Cheque Nos From  To

\*Only monthly & quarterly SIP frequencies are available for Quantum Liquid Fund.

## 6. SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Please ✓)

10 business days to register STP

To Scheme

Plan  Option

No of Installments:

Amount Per Installment:  Amount (in words)



