QUANTUM MUTUAL FUND

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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

Investment Amount(Rs.) _____

Cheque No. _____

Dated. ___ / ___ / ___

Drawn on Bank _____

Branch & City _____

☐ REDEMPTION REQUEST

I/We would like to redeem from the above mentioned Scheme/Option   ☐ All Units OR

☐ No. Of Units _____   OR

Amount (Rs.) (in figure) _____

Amount / units (in words) _____

☐ 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

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☐ **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

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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*)

🌐 Quantum Asset Management Company Private Limited | 1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400 020

*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.