



SYSTEMATIC INVESTMENT PLAN ECS/AUTO DEBIT MANDATE FORM

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

and only
India's 1st Direct to Investor
Mutual Fund

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

(FOR OFFICE USE ONLY)

Name & ARN Code: 83671 Sub-Broker Code: EIUIN EUIN: E100500 E-Code:

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

INVESTOR DETAILS

Folio/Application No. PAN No*.

Sole/First Investor Name:

*Please provide KYC Acknowledgement Letter if not sent before.

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

Quantum Long Term Equity Fund, Quantum Tax Saving Fund, Quantum Equity Fund of Funds, Quantum Liquid Fund, Growth Option, Dividend Option, Dividend Reinvestment Facility, Dividend Payout Facility, Dividend Transfer to Scheme, Quantum Dynamic Bond Fund, Quantum Gold Savings Fund - Growth Option, Quantum Multi Asset Fund - Growth Option.

Frequency Details (Please ✓)

Frequency options: Daily, Weekly, Fortnightly, Monthly, Quarterly with specific dates and options.

No of Installments: SIP Start Date, SIP End Date, Perpetual, Cheque No, Amount Per Installment.

I/We hereby authorize Quantum Mutual Fund and their authorized service providers to debit my/our following bank account by ECS (Debit clearing/Auto Debit) for collection of SIP payments

Note: Please allow 30 business days for Auto Debit to register and start. * Only monthly and quarterly SIP frequencies are available for Quantum Liquid Fund.

BANK MANDATE DETAILS

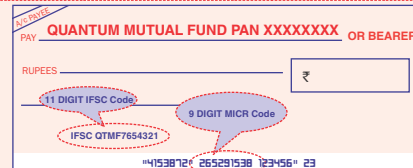
1st Account Holder Name as per Bank Records, 2nd Account Holder Name as per Bank Records, 3rd Account Holder Name as per Bank Records, Bank Name, Branch Address, City, Pin.

Bank Account Type: Savings, Current, NRO, NRE, FCNR

Bank Account No.

MICR Code (MANDATORY) (This is a 9 digit number next to the cheque no.)

Mandatory enclosure: Blank Cancelled Cheque / Copy of the cheque of above account (Please ✓)



Please provide the MICR Code of the bank branch from where the ECS is to be effected. MICR Codes starting or ending with "000" are not valid for ECS.

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 hereby 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 hereby 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)

FOR BANK USE ONLY (Not to be filled in by Investor)

Certified that particulars furnished above are correct as per our records-

Recorded on

Recorded by

Mandate Ref. No.

Bank Account No.

(Bank's Stamp)

(Signature of Authorized Official from the Bank)



ONE TIME MANDATE FORM

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021.

www.QuantumMF.com

UMRN

Tick

Create:

Modify:

Cancel:

Sponsor Bank Code (Office use only) Utility Code (Office use only)

I/We hereby authorize **QUANTUM MUTUAL FUND** to debit (Tick) **SB/ CA/ CC/ SB-NRE / SB-NRO/ Other**

From Bank A/C Number:

With (Name of Destination Bank with Branch) IFSC Code: MICR Code:

an amount of Rupees (in words) ₹

FREQUENCY: Mthly Qly H-yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Phone No.

Schemes **ALL SCHEMES OF QUANTUM MUTUAL FUND** Email ID

PERIOD

From

To

Or Until Cancelled

1 Signature Primary Account Holder 2 Signature of Account Holder 3 Signature of Account Holder

Name as in bank records Name as in bank records Name as in bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us



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Mode of SIP: ECS NACH

INVESTOR DETAILS

Folio/Application No. PAN No*

Sole/First Investor Name:

*Please provide KYC Acknowledgement Letter if not sent before.

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

<input type="checkbox"/> Quantum Long Term Equity Fund	<input type="checkbox"/> Quantum Tax Saving Fund	<input type="checkbox"/> Quantum Liquid Fund			
<input type="checkbox"/> Growth Option	<input type="checkbox"/> Dividend Option	<input type="checkbox"/> Growth Option	<input type="checkbox"/> Daily Dividend Reinvestment Option	<input type="checkbox"/> Monthly Dividend Payout Option	<input type="checkbox"/> Dividend Transfer to Scheme - <input type="text"/> (Available only for Monthly Dividend Payout Option)
<input type="checkbox"/> Dividend Reinvestment Facility	<input type="checkbox"/> Dividend Payout Facility	<input type="checkbox"/> Quantum Gold Savings Fund - Growth Option <input type="checkbox"/> Quantum Multi Asset Fund - Growth Option			
<input type="checkbox"/> Quantum Dynamic Bond Fund <input type="checkbox"/> Growth Option <input type="checkbox"/> Monthly Dividend Reinvestment Option <input type="checkbox"/> Monthly Dividend Payout Option					

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 OR <input type="radio"/> 7th OR <input type="radio"/> 25th	<input type="radio"/> 15th OR <input type="radio"/> 28th

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

Amount Per Installment: Amount (in words)

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Bank Name

Bank Account No.

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