QUANTUM MUTUAL FUND

Folio No.: _____   Scheme: _____   Option/Facility: _____

First Unit Holder Name: _____

Second Unit Holder Name: _____

Third Unit Holder Name: _____

Mode of Holding: _____

Status: _____

Advisor Name   : _____

Advisor Code   : _____

Sub Advisor Code : _____

EUIN No.   : _____

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.: _____

☐ **Change Email ID**   Old Email ID: _____   New Email ID: _____

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   🖷 Toll Free Fax: 1800-22-3864