

quant mutual

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COMMON APPLICATION FORM

Name & Broker Code / ARN / RIA Code			*	d in blue / black ink only. A	
	Sub Broker / Agent ARN Cod		EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
EUIN Declaration: Declaration for "Execution Only" Trans intentionally left blank by me/us as this transaction is execut employee/felationship manager/sales person of the distribut all Schemes managed by you, to the above mentioned SEB	saction (where Employee Unique I ted without any interaction or advic tor/sub broker. RIA Declaration: 3I-Registered Investment Adviser/ I	dentification Number-EUIN* box is left bla to by the employee/felationship manager/s I/We hereby give you my/our consent to s I/A*.	nk). Please refer instruction 12 ales person of the above distribunare/provide the transactions da	of KIM for complete details on EUIN. IM stor/sub broker or notwithstanding the advi ta feed/portfolio holdings/ NAV etc. in res	Ve hereby confirm that the EUIN box has beer ce of in-appropriateness, if any, provided by the pect of my/our investments under Direct Plan or
Signature of 1 st Applicant / Guard Authorised Signatory /PoA/Kar		Signature of 2 nd Applicar Authorised Signato			8" Applicant / Guardian / sed Signatory /PoA
Please ✓ Lumpsum Investment	t ()	Micro Applicat	ion ()	SIPA	Application O
TRANSACTION CHARGES (Please (IAM A FIRST TIME INVESTOR IN MUTUAL Applicable transaction charges will be deduct Distributor) based on the investor's assessment. EXISTING UNIT HOLDER INFORMA	JAL FUNDS ted in case your distributo ent of various factors inclu	OR r has opted for such charges. Up Iding the services rendered by the	I AM AN ofront commission shall I ne ARN Holder.		o the ARN Holder (AMFI registered
Folio No.	Arion [ricase iiir iir ye	• • •	cation No. (KIN)	Jection 7 - investment Beta	11131
	MATION (Defended)		` ,		
2. APPLICANT(S) NAME AND INFORM 1st SOLE APPLICANT Mr. / Ms. / M/s. S.(Please write the name as per PAN Card)	WATION [Refer Instruc	ction 2] If the 1-7 Sole Appli		PAN	
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canac No⁵ (\$Default if not ✓)
GUARDIAN (In case 1 Applicant is a M Mr. / Ms. /				Relationsh	ip with Minor (Please ✓) Father
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	(-
GUARDIAN AADHAAR No. POA / Custodian Name:				Aadhaar Copy (Plea	ise ✓) ○ Enclosed 'C (Please ✓) ○ Proof Attache
POA / Custodian CKYC ID No. (KIN)			P	OA / Custodian PAN	
Contact Person for Corporate Investo	or: Na	ime		Designation:	
3 FIRST APPLICANT AND KYC DETA					
*Date of Birth/Incorporation (Individual) (Non-individual) (Please write the Date of birth as per Aadhaar Ca	MYYYY	Proof of Date of Birth(Plea (For minor applicant)	se ✓) O Birth	Certificate	& 11b - Refer Instruction No. 1. School Leaving Certificate / Mark Shee Others (Please specify)
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Ca	Country of Birth / Incorporation:	1	lationality:	Gender	○ Male ○ Female ○ Oth
Type:	Prop O NRI - NRE	○ Trust ○ Bank / Fls	○ FIIs ○ PIO	Society/AOP/BOI Mino	or through Guardian
HUF LLP Listed Company Pr	O Private S		dicial Person O Partners O Government Servi		s Others House
a*. Occupation Details [Please tick (✓)c*. Politically Exposed Person (PEP) Status	O Business		Agriculture arta/Trustee/Whole time [Others am Related to PEP ○ Not Applica
		· ·	○ 5-10 Lakh	,	○ >25 Lakh ○ > 1 Cror
b*. Gross Annual Income (₹) [Please tio	viduale\ ₹		as or	1	(Not older than 1 ye
b*. Gross Annual Income (₹) [Please tidd*. Net-worth (Mandatory for Non-Indiv	viuuais) \				(Not older than 1 ye
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d*. Net-worth (Mandatory for Non-Indive*. Non-Individual Investors involved/	/providing	ney Lending / Pawning	•	,	
d*. Net-worth (Mandatory for Non-Indiv e*. Non-Individual Investors involved/ any of the mentioned services 4. BANK ACCOUNT DETAILS - Manda	/providing	ney Lending / Pawning	•	None of the above	
d*. Net-worth (Mandatory for Non-Individual Investors involved/any of the mentioned services 4. BANK ACCOUNT DETAILS - Manda Name of the Bank:	/providing	ney Lending / Pawning	C	None of the above	Casino Services
d*. Net-worth (Mandatory for Non-Individual Investors involved/any of the mentioned services 4. BANK ACCOUNT DETAILS - Mandatum of the Bank: Core Banking A/c No.	/providing	ney Lending / Pawning n Nos. 3 & 4]	C	None of the above	/Casino Services JRRENT O SAVINGS O NRO

	Holding: Anyone or S	Survivor	○ Single	O Joint		(Please note that the	e Default op	ion is An	yone or	Survivor)
2 nd APPLI	ICANT Mr. / Ms. / M/s. (No.	ot Applicable in case of Min	or Applicant)				Gender O M	lale () I	emale	Other
(Please write	te the name as per PAN Card)		Pls indicate if	US Person or a re	sident for tax nurno	se / Resident of Cana				lt if not ✓)
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3rd APPLI	CANT Mr. / Ms. / M/s. (No	ot Applicable in case of Mine	or Applicant)			(Gender O N	lale () I	emale	Other
	te the name as per PAN Card)									
PAN Deta	ails		Pls indicate if	US Person or a re	sident for tax purpo	se / Resident of Cana	ida O Yes	○ No*	(*Defa	ılt if not ✓)
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b*. Gross	Annual Income (₹) [Please				•	○ 10-25 Lakh	O >25		0	>1 Crore
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d. Net-wo	orth <i>₹</i> .ING ADDRESS [Please pro	vido vour E mail ID on	as on	haln ua camra v	u bottorl	_ (Not older than 1	year)			
	dress of 1st Applicant	Vide your E-mail ID am	a Mobile Number to I	neip us serve y	ou better]					
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PART	B (please fill any o	ne as app	ropriate "to	be fill	led by N	FEs ot	her than	Direct I	Repor	ting NFE	s")										
Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)						_	es (If yes, of stock ex		. ,	•		•			•	•	,				_
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Gender ○ Male ○ Female ○ Other

Nationality:

Father's Name:

City of Birth:

Country of Birth:

[#] Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.
* To include US, where controlling person is a US citizen or green card holder
%In case Tax Identication Number is not available, kindly provide functional equivalent

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

FOR NON-INDIVIDUALS: Is the "Entity" a tax resident of any country other than India?

Yes

No

(If Yes, please provide	e country/ies in which	the entity is a resident for tax purpo	ose and the associated Tax	dentification No. below

1 st Applicant (Sole / Guardian / Non-Individual)				2 nd A	pplicant	3 rd Applicant					
Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	enship / Nationality Yes ONO		Do you have any no Country(ies) of Birtl Citizenship / Nation Tax Residency	h /	○ Yes ○ No	Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	n-Indian 1 / ality	○ Yes ○ No			
Country of Birth / Incorporation			Country of Birth			Country of Birth					
Country Citizenship Nationality			Country Citizenship Nationality) /		Country Citizenship Nationality	1				
Are you a US specific person?	Are you a US specified		Are you a US specific person?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specifi person?	ied	○ Yes ○ No Please provide Tax Payer Id.			
For non-Individual inv	estor in ca	se, if you country of incorporation/Ta	x resistance in US, but	you are no	t a specified us person then please i	nention exemption code	9	(Refer instruction 16 (e))			
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Individual investo	r have to	fill in below details in case of join	t applicants					
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To The Trustees, quant Mutual rules and regulations governing it other applicable laws enacted by furnish additional information sou with the regulatory and governme to me/us all the commissions (i communicated any indicative p We have read, understood and sh (i) Applicable to Foreign Reside applicable laws and regulations. investments in the Scheme(s). I that I / We have read and unders intermediary reserves the right to	Fund (The Fu he scheme. (B) the Governmer pht by quant M nt authorities a no the form of ortfolio and/o all be bound b ent's Residing J) I / We con K) FATCA /CF tood the FATC reject the appl	nd) – (A) Having read and understood the contents o I/We hereby declare that the amount invested in the to findia from time to time. (C) Signature of the nom oney Managers Ltd. Fund and undertake to update s and when needed. I/We will indemnify the Fund, Al rarial commission or any other mode), payable to he r any indicative yield by the Fund/AMC/fits distriby the terms & conditions of the PIN agreement availat in India: I / We confirm that I/We satisfy the Relaid firm that I am / We are not United States person IS Certification: I / We have understood the informat A& CRS Terms and Conditions and hereby accept cation or reverse the allotment of units, if subsequent tion as may be required at your end. (L) Aadhaar: I/M	If the SID of the Scheme applied for scheme is through legitimate so nee acknowledging receipts of my the information/details with the Al- MC, Trustee, RTA and other inten im for the different competing stor for this investment. I/We ha also on the AlM ovelsite for transa- ncy test as prescribed under FEI (s) under the laws of United St- tion requirements of this Form (rec- the same. In case the above infor thy it is found that applicant has or when the same that the same that when the same that the same that the same is the same that the same	or (Including the urces only and your credit will MC / Fund/Reg medianes in concern or	e scheme(s) available during the New Fund Offer per Idoes not involve and is not designed for the purpos constitute full discharge of liabilities of quant Mutual istrars and Transfer Agent (RTA) from time to time. I se of any dispute regarding the eligibility, validity and ratious Mutual Funds from amongst which the Sch d nor have been induced by any rebate or giffs, dired IRL: IWhe hereby agree to consent the AMC to sha IWNe further declare that IWNe amfare "Person Resion int(s) of Canada. In case of change to this status her FATCA & CRS Instructions) and hereby confirm the provided, it will be presumed that applicant is the ull scs of beneficial ownership. IWNe also undertake to k	e of the contravention of any prov Fund. (D) The information given in We hereby confirm that the AMC/I I authorization of mylour transactic mem is being recommended to n tly or indirectly in making this inves re my transaction details to the reg lent in India" and are allowed to in it, I / We shall notify the AMC, in at the information provided by me intrate beneficial owner, with no d	isions of the Ir / with this app Fund shall hav ons. (E) I/We fi me/us. (F) I/We strent. (G) Ap justered investr vest into the S on which event / us on this Fo eclaration to s	ncome Tax Act, Anti Money Laundering Laws or any licitation form is true and correct and further agrees to we the right to share my information and other details urther declare that "The ARN holder has disclosed he hereby confirm that IWe have not been offered/ plicable to Investors availing the online facility: I/ ment advisor (RIA) through the registra or otherwise. Scheme as per the said FEMA regulations and other to the AMC reserves the right to redeem my / our rm is true, correct, and complete. I View also confirm ubmit. In such case, the concerned SEBI registered			
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