



multi asset, multi manager

Corporate Office: 6th Floor, Sea Breeze Building, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025. | Tel: +91 22 6295 5000

Whatsapp message: +91 9920 21 22 23 | E-mail: help.investor@quant.in | help.distributor@quant.in | www.quantmutual.com

quant mutual

## quant Income Plus Arbitrage Active FOF - NFO Application Form

(Use this form if One Time Bank Mandate Form is registered in the folio) To be filled in capital letters and in blue / black ink only. APP No.

## quant Income Plus Arbitrage Active FOF

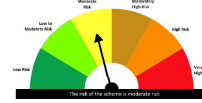
An open-ended scheme replicating/tracking Domestic price of Silver  
New Fund Offer open on : 17/08/2026  
New Fund Offer closes on : 31/08/2026

quant Income Plus Arbitrage Active FOF is suitable for investor who are seeking\*

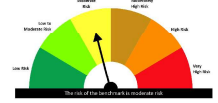
- Capital appreciation over long term.
- Investment in Units of Arbitrage and actively managed Debt schemes

\*Investors should consult their financial advisers if they are not clear about the suitability of the product

## Scheme Riskometer



## Scheme Benchmark



Name &amp; Broker Code / ARN / RIA Code

Sub Broker / Agent ARN Code

Sub Agent Code

EUIN\*

Internal Code for AMC

ISC Date Time Stamp Reference No.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

- ☐ I/We hereby confirm that the EUIN 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signature of 1<sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/KartaSignature of 2<sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoASignature of 3<sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoAPlease ☒ Lumpsum Investment ☐Micro Application ☐SIP Application ☐

## 1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, KIN, Section 2 &amp; proceed to Section 7 - Investment Details]

Folio No. Optional CKYC Identification No. (KIN) 1<sup>st</sup> SOLE APPLICANT Mr. / Ms. /M/s.PAN 

(Please write the name as per PAN Card)

(LEI Code for entities CKYC ID No. (KIN) 

Pls indicate if US Person or a resident for tax purpose / Resident of Canada

☐ Yes ☐ No<sup>s</sup> (\$Default if not ☒)

GUARDIAN (In case 1 Applicant is a Minor)

Mr. / Ms. / M/s.

Relationship with Minor (Please ☒)☐ Mother ☐ Father ☐ Legal GuardianGUARDIAN CKYC ID No. (KIN) KYC (Please ☒)  
☐ Proof AttachedGUARDIAN PAN GUARDIAN AADHAAR No. Aadhaar Copy (Please ☒) ☐ Enclosed

POA / Custodian Name:

KYC (Please ☒) ☐ Proof AttachedPOA / Custodian CKYC ID No. (KIN) POA / Custodian PAN 

Contact Person for Corporate Investor: Name

Designation:

## 3 FIRST APPLICANT AND KYC DETAILS

1<sup>st</sup> SOLE APPLICANT ☐ Individual or ☐ Non-Individual [Non Individual Investors should mandatorily fill separate FATCA, CRS & UBO details form]

\*Date of Birth/Incorporation  DD MM YYYY  
(Individual) / (Non-individual)  
(Please write the Date of birth as per Aadhaar Card)

Proof of Date of Birth (Please ☒)  
(For minor applicant)

☐ Birth Certificate☐ School Leaving Certificate / Mark Sheet☐ Passport of the Minor☐ Others (Please specify)

Place of Birth / Incorporation:  
(Please write the Date of birth as per Aadhaar Card)

Country of Birth / Incorporation: ☐ India ☐ Others

Nationality: ☐ Indian ☐

Gender ☐ Male ☐ Female ☐ Other

Type: ☐ Resident Individual ☐ Sole Prop ☐ NRI - NRE ☐ Trust ☐ Bank / FIs ☐ FIs ☐ PIO ☐ Society/AOP/BOI ☐ Minor through Guardian ☐ NRI - NRO  
☐ HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridical Person ☐ Partnership Firm ☐ FOF - MF Schemes ☐ Others

a\*. Occupation Details [Please tick (☒)]

☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife  
☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others

c\*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicableb\*. Gross Annual Income (₹) [Please tick (☒)] ☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ > 1 Crored\*. Net-worth (Mandatory for Non-Individuals) ₹  as on  (Not older than 1 year)

e\*. Non-Individual Investors involved/providing any of the mentioned services

☐ Foreign Exchange / Money Changer Services ☐ Gaming/Gambling/Lottery/Casino Services  
☐ Money Lending / Pawning ☐ None of the above

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

\* mandatory fields

## Name of the Bank:

**Branch Name:** Bank **Address:**

Branch City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code \_\_\_\_\_

[illegible]

**Mode of Holding:** ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)

**2<sup>nd</sup> APPLICANT** Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

(Please write the name as per PAN Card)

**PAN Details**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

 Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No\* (\*Default if not ✓)

**CKYC ID No. (KIN)**

KYC Pls ☒ Proof Attached

**Date of Birth** (Mandatory) \_\_\_\_\_  
(As per PAN Card)

|                                                                                                |                                                                                                      |                                                  |                                                                                                   |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Place of Birth / Incorporation:</b><br>(Please write the Date of birth as per Aadhaar Card) | <b>Country of Birth / Incorporation:</b> <input type="radio"/> India<br><input type="radio"/> Others | <b>Nationality:</b> <input type="radio"/> Indian | <b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------|

**a\*. Occupation Details [Please tick (✓)]**     
 ☐ Private Sector   
 ☐ Public Sector   
 ☐ Government   
 ☐ Student   
 ☐ Professional   
 ☐ Housewife  
☐ Business   
☐ Retired   
☐ Service Agriculture   
☐ Proprietorship   
☐ Others \_\_\_\_\_  
**b\*. Gross Annual Income (₹) [Please tick**   
☐ Below 1 Lakh   
☐ 1-5 Lakh   
☐ 5-10 Lakh   
☐ 10-25 Lakh   
☐ >25 Lakh   
☐ >1 Crore

(✓) c\*. Politically Exposed Person (PEP) Status | am PEP | am Related to PEP | Not Applicable

**Net-worth ₹** \_\_\_\_\_ **as on** \_\_\_\_\_ **(Not older than 1 year)**

3<sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) Gender ☐ Male ☐ Female ☐ Other

(Please write the name as per PAN Card)

**PAN Details**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

 Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No\* (\*Default if not ✓

**CKYC ID No. (KIN)**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

KYC Pls ☒ Proof Attached ☐

**Date of Birth** (Mandatory) \_\_\_\_\_  
 (As per PAN Card)

**Place of Birth / Incorporation:**  **Country of Birth / Incorporation:** ☐ India ☐ Others **Nationality:** ☐ Indian ☐ **Gender** ☐ Male ☐ Female ☐ Other

a\*. Occupation Details [Please tick (✓)]

**b\*. Gross Annual Income (₹) [Please tick (✓)]** ☒ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ >1 Crore

|                                                    |          |                     |                |
|----------------------------------------------------|----------|---------------------|----------------|
| <b>c*. Politically Exposed Person (PEP) Status</b> | I am PEP | I am Related to PEP | Not Applicable |
|----------------------------------------------------|----------|---------------------|----------------|

d. Net-worth ₹ as on (Not older than 1 year)**Local Address of 1<sup>st</sup> Applicant**

| City | State | Pin Code |
|------|-------|----------|
|      |       |          |

[illegible]

Mobile No specified above belongs to ☐ Self or Family, due to Investor being (Please tick any one option from below.)

☐ Spouse    ☐ Guardian(for Minor Investment)    ☐ Dependent Children    ☐ Dependent Parents    ☐ Dependent Siblings

[illegible]

<sup>^</sup>Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only. In case if physical copies are required kindly refer instruction no. 16.

Email address specified above belongs to ☐ Self or Family, due to Investor being(Please tick any one option from below.)

☐ Spouse    ☐ Guardian(for Minor Investment)    ☐ Dependent Children    ☐ Dependent Parents    ☐ Dependent Siblings

**Overseas Correspondence Address**

**Scheme : quant Income Plus Arbitrage Active FOF**

☐ Regular Plan   
 ☒ Growth (Default)   
 ☐ Payout of Income Distribution cum capital withdrawal option  
☐ Direct Plan   
 ☐ Reinvestment of Income Distribution cum capital withdrawal option

**Payment Type [Please (✓)]**      **Self (Non-Third Party Payment)**      ☒ **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

| Cheque / DD / UTR No. & Date | Amount of Cheque / DD / RTGS / NEFT in figures (Rs.) | DD Charges, if any | Net Purchase Amount | Drawn on Bank / Branch | Pay-In Bank A/c No. (For Cheque Only) |
|------------------------------|------------------------------------------------------|--------------------|---------------------|------------------------|---------------------------------------|
|                              |                                                      |                    |                     |                        |                                       |

**National Securities Depository Limited (NSDL)**

| DP Name | DP Name |
|---------|---------|
|---------|---------|

[illegible]

Enclosures - [Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

\* mandatory fields

9. **NOMINATION DETAILS\*** [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 8]

In respect of the Units bearing Folio No.

First Holder

Second Holder

Third Holder

PAN

I/We wish to make a nomination and do here by nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

**NOMINATION DETAILS**

**Nominee 1**

Name of the Nominee\*  Nomination (%)\*

Relationship with applicant\*  Mobile Number\*

Email ID\*  Residential Address\*

Pincode\*

Proof of Identity\* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No\*

Nominee / Guardian (In Case of Minor)  DOB

**Nominee 2**

Name of the Nominee\*  Nomination (%)\*

Relationship with applicant\*  Mobile Number\*

Email ID\*  Residential Address\*

Pincode\*

Proof of Identity\* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No\*

Nominee / Guardian (In Case of Minor)  DOB

**Nominee 3**

Name of the Nominee\*  Nomination (%)\*

Relationship with applicant\*  Mobile Number\*

Email ID\*  Residential Address\*

Pincode\*

Proof of Identity\* ☐ Pan ☐ Driving Licence ☐ Aadhar ☐ Passport number in case of NRI/ OCI/ PIO Identification No\*

Nominee / Guardian (In Case of Minor)  DOB

**DECLARATION FOR OPTING-OUT OF NOMINATION**

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

This nomination shall supersede any prior nomination made by me / us, if any.

| Name and Signature of Holder                          | Signature(s) of holder/<br>Thumb impression | Witness Name and Address** | Witness Signature**  |
|-------------------------------------------------------|---------------------------------------------|----------------------------|----------------------|
| Sole / First Holder (Mr./Ms.)<br><input type="text"/> | <input type="text"/>                        | <input type="text"/>       | <input type="text"/> |
| Second Holder (Mr./Ms.)<br><input type="text"/>       | <input type="text"/>                        | <input type="text"/>       | <input type="text"/> |
| Third Holder (Mr./Ms.)<br><input type="text"/>        | <input type="text"/>                        | <input type="text"/>       | <input type="text"/> |

\*\* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

\* mandatory fields

**10. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA, CRS & UBO details form**

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

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

| 1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)                                   |                                                    | 2 <sup>nd</sup> Applicant                                                                      |                                                    | 3 <sup>rd</sup> Applicant                                                                      |                                                    |
|------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="radio"/> Yes <input type="radio"/> No | Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="radio"/> Yes <input type="radio"/> No | Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="radio"/> Yes <input type="radio"/> No |
| Country of Birth / Incorporation                                                               |                                                    | Country of Birth                                                                               |                                                    | Country of Birth                                                                               |                                                    |
| Country Citizenship / Nationality                                                              |                                                    | Country Citizenship / Nationality                                                              |                                                    | Country Citizenship / Nationality                                                              |                                                    |
| Are you a US specified person?                                                                 | <input type="radio"/> Yes <input type="radio"/> No | Are you a US specified person?                                                                 | <input type="radio"/> Yes <input type="radio"/> No | Are you a US specified person?                                                                 | <input type="radio"/> Yes <input type="radio"/> No |
| Tax Identification Number (TIN) or Functional Equivalent                                       |                                                    | Tax Identification Number (TIN) or Functional Equivalent                                       |                                                    | Tax Identification Number (TIN) or Functional Equivalent                                       |                                                    |

| Individual or Non-Individual investors fill this section if ticked Yes above.                                                                                        |          |  | Individual investor have to fill in below details in case of joint applicants |          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|-------------------------------------------------------------------------------|----------|--|
| Tax Residency Status: 1                                                                                                                                              | Country: |  | Tax Residency Status: 1                                                       | Country: |  |
|                                                                                                                                                                      | No.:     |  |                                                                               | No.:     |  |
|                                                                                                                                                                      | Type:    |  |                                                                               | Type:    |  |
| Tax Residency Status: 2                                                                                                                                              | Country: |  | Tax Residency Status: 2                                                       | Country: |  |
|                                                                                                                                                                      | No.:     |  |                                                                               | No.:     |  |
|                                                                                                                                                                      | Type:    |  |                                                                               | Type:    |  |
| Tax Residency Status: 3                                                                                                                                              | Country: |  | Tax Residency Status: 3                                                       | Country: |  |
|                                                                                                                                                                      | No.:     |  |                                                                               | No.:     |  |
|                                                                                                                                                                      | Type:    |  |                                                                               | Type:    |  |
| Address Type                                                                                                                                                         |          |  | Address Type                                                                  |          |  |
| (Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio) |          |  |                                                                               |          |  |

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

**11. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2]**

To The Trustees, quant Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (including the scheme(s) available during the New Fund Offer period), I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme, (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time, (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of quant Mutual Fund, (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by quant Money Managers Ltd./ Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time, I/We hereby confirm that the AMCFund shall have the right to share my information and other details with the regulatory and government authorities as and when needed, I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions, (E) I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us, (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment, I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment, (G) Applicable to Investors availing the online facility: I/ We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online, (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise, (I) Applicable to Foreign Resident's Residing in India:- I/ We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions, I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations, (J) I/ We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s), (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete, I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership, I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end, (L) Aadhaar: I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio.

I/We have read the point number 16 and we will participant Go Green initiative

|                                                                                     |                                                                               |                                                                               |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta | Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA | Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

ACKNOWLEDGMENT SLIP

Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ For ☐ Lumpsum 'OR' ☐ SIP as per details below:

| Scheme Name and Plan                      | Payment Details                                                                    | Date & Stamp of Collection Centre / ISC |
|-------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------|
| quant Income Plus Arbitrage<br>Active FOF | Amount (Rs.) _____<br>Cheque / DD No.: _____<br>Dated _____<br>Bank & Branch _____ |                                         |

Cheque / DD is subject to realisation

# INSTRUCTIONS

Please read the Key Information Memorandum (KIM) and the terms of the Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Scheme carefully before investing / filing the application form. All investors / applicants are deemed to have read, understood and accepted the terms, subject to which the offers are being made and bind themselves to the terms upon signing the Application Form and tendering payment. Applications incomplete in any respect (other than mentioned above) will be liable to be rejected.

## 1. General Instructions

(a) The application form should be completed in ENGLISH in BLOCK LETTERS only. CAF complete in all respects, may be submitted at the designated Investor Services Centers (ISC)/Official Point of acceptance. (b) Investors must write the Application Form number/Folio number on the reverse of the cheques and bank drafts accompanying the CAF. (c) Please strike out any section that is not applicable. Any cancellation and modification on any of the mandatory information should be countersigned. (d) Please refer to the checklist at the end of these notes to ensure that the requisite details and documents have been provided in order to avoid unnecessary delays and/or rejection of your application. (e) If the Scheme name on the application form and on the payment instrument are different, the application may be processed and units allotted at applicable NAV of the scheme mentioned in the application/transaction slip duly signed by investor(s). (f) Applications incomplete in any respect (other than mentioned above) will be liable to be rejected.

## 2. Applicant Information

- (a) Name and address shall be given in full without any abbreviations. In case the Investor is an NRI/FII, an overseas address must be provided (mandatory). A local address if available should also be mentioned in the CAF.
- (b) Name of the guardian must be mentioned if the investments are being made on behalf of a minor. Guardian of the minor must be either a natural guardian or a Court appointed guardian. Date of birth is mandatory for minors and has to be supported with Age proof.
- (c) Name of the contact person, e-mail and telephone number should be mentioned in case of investments by a Company, Body Corporate, Trust, Partnership, Society, FII and other eligible non-individual applicants. Any change in the status of any Authorized Signatory should be promptly intimated to the AMC. Incomplete application forms are liable to be rejected.

## (d) KYC Requirements and Details:

### Implementation of Central KYC (CKYC):

The Government of India has authorized the Central Registry of Securitization and Asset Reconstruction and Security interest of India (CERSAI, an independent body), to perform the function of Central KYC Records Registry including receiving, storing, safeguarding and retrieving KYC records in digital form.

### Non Individual Investors:

CKYC is currently not applicable for Non-Individual Investors. All new Non Individual Investors will continue with the old KRA KYC form. Details of net worth are mandatory for Non Individual applicants. Details of net worth shall be of a date which is within one year of the application. Non Individual Applicants, not being a company that is listed on any recognized stock exchange or is a subsidiary of such listed or is controlled by such listed Company, are also required to fill in details of ultimate beneficial ownership in section 11(a) and 11(b) of the common application Form.

### Individual Investors:

(i) New individual Investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRASystem will be required to fill the new CKYC form while investing with the Fund.

(ii) If any new individual investor uses the old KRA KYC form, then such investor will be required to either fill the new CKYC form or provide the missing/additional information using the Supplementary CKYC form.

(iii) Investors who have already completed CKYC and have a KYC Identification Number (KIN) from the CKYC platform can invest in schemes of the Fund quoting their designated KIN issued by CKYC on the application form (14 digits for normal accounts and 15 digits for simplified and small accounts). Further, in case the investor's PAN is not updated in CKYC system, a self-certified copy of PAN Card shall be mandatory.

Further, the AMC/ Mutual Fund shall use the KIN of the investors to download the KYC information from CKYC and update its records as and when required. The CKYC form and Supplementary CKYC form for individual investors and common application form are available on our website.

Currently there is no impact on the Existing Investors who have done the SEBI KYC (KYC thru 5 KRAs, CVL, NDML, DOTEK, KARVY & CAMS). They can continue to invest as it is in any schemes of any Mutual Fund; Existing Investors who wishes to onboard themselves on the CKYC platform will need to again do the entire KYC process just like New Investor and get the KIN which can be used across.

- (e) **Rejection:** In case of non-compliance of any C-KYC requirements, Applications shall liable to be rejected without any intimation to the applicants. Any Change in Address for all KYC compliant Investors has to be routed through KRA and that direct application to AMC will be not processed/rejected. In case if the applications are rejected after detailed scrutiny and verification, either at the collection point itself or subsequently by the back office of the registrars for any reason, investors can contact the nearest Investor Service Centre or write to the Registrars, Ms. Karvy Fintech Pvt. Ltd, or send an email to help.distributor@quant.in for distributors and help.investor@quant.in for investor

- (f) (i) All the applicants must sign in original on the application form. Signatures should be in English or in any Indian language. Thumb impressions should be from the left hand for males and the right hand for females and in all cases be attested by a Magistrate, Notary Public or Special Executive Magistrate. In case of an HUF, the Karta will sign on behalf of the HUF.

(ii) In case the application is under a power of Attorney (POA), a duly certified copy thereof duly notarized should be submitted with the application. The POA document should contain the signature of both the applicant and the constituted Attorney.

(iii) Applications made by a Limited Company or a Body Corporate or a registered Society or Trust, should be accompanied by a copy of the relevant resolution or authority to make the application, as the case may be, along with a certified copy of the MOA and AOA or Trust deed/BY Laws/Partnership deed, whichever is applicable. Refer to document check list.

## 3. Bank Account Details:

It is mandatory for the Sole/First Applicant to mention his/her bank account number in the CAF. CAF received without the relevant bank details will be rejected. The AMC may provide direct credit facility with the banks as may be available from time to time.

Investor(s) are requested to note that for all Change of Bank details (COB) the investors must submit in original any one of the following documents of the new bank account.

- a. Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque. b. Self-attested copy of bank statement. c. Bank passbook with current entries not older than 3 months. d. Bank Letter duly signed by branch manager/authorized personnel.

The AMC may also collect proof of Old Bank details while effecting the Change of Bank 'Mandate. There shall be a cooling period of 10 calendar days for validation and registration of new bank account. In case of receipt of redemption request during this cooling period, the validation of new Bank mandate and dispatch of redemption proceeds shall be completed within 10 working days to the new bank account; however, the AMC reserves the right to process the redemption request in the old bank mandate, if the credentials of the new bank mandate cannot be authenticated.

Any COB accompanied with any other transaction is liable to be rejected.

If unit holder(s) provide a new and unregistered bank mandate or a change of bank mandate request with specific redemption/IDCW payment request (with or without necessary supporting documents) such bank account may not be considered for payment or redemption/IDCW proceeds, or the Fund may withhold the payment for upto 10 calendar days to ensure validation of new bank mandate mentioned.

b. Indian Financial System Code (IFSC): Investors are requested to mention the IFSC while submitting any bank details update request to help facilitate the payouts seamlessly through the electronic route. IFSC is an 11 digit number given by the banks on the cheques.

## 4. Multiple Bank Accounts Registration Facility:

The unit holder may register more than one bank account through the 'Multiple Bank Accounts Registration Facility', to receive redemption/IDCW proceeds. The unit holder may choose to receive the proceeds in any of the bank accounts, the details of which will be registered under the folio.

For the purpose of registration of bank account(s), the investors must submit in original any one of the following documents of the new bank account.

- (a) Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque. (b) Self-attested copy of bank statement. (c) Bank passbook with current entries not older than 3 months. (d) Bank Letter duly signed by Branch Manager/Authorized personnel.

If photocopies of the above stated documents are submitted, investor must produce the original for verification at the official point of acceptance of transaction. The original shall be returned to the investor over the counter upon verification. If the originals are not produced for verification, then the photocopies submitted should be attested in original by the Branch Manager or Authorised personnel of the Bank.

## 5. Direct Credit of Redemption/IDCW Proceeds:

Investors can opt for direct credit of the redemption proceeds to their bank accounts (Direct Credit / RTGS / NEFT). The AMC / MF reserve the right to use any other mode of payment as deemed appropriate, however the preferred mode will always be NEFT/RTGS.

## 6. Investment Details:

- a) Resident Investors may make payment by cheque payable locally in the city where the application form is submitted at the local quant Mutual Fund (qMF)/AMC office or Authorised Collection Centre(s).
- b) Please mention the application serial number on the reverse of the cheque/demand draft tendered with the CAF. The cheque should be drawn in favor of respective scheme name. Non MCR/ Outstation Cheques/Money Orders/Post Dated Cheques or Cash is not permitted. Investors residing in Centres, where the Investors Service Centres (ISCs)/Authorised Collection Centre(s) of qMF are not located, are requested to make payment by demand drafts payable at the Centre where the application is to be lodged. D.D. charges would be borne by the AMC only for the investors residing at places which are not covered by our offices/authorised centres. The maximum charges so borne by the AMC would be restricted to limits as prescribed by State Bank of India. Please refer SAI for complete details on D.D. charges.
- c) In case the payment is made through Indian Rupee draft purchased abroad from FCNR or NRE A/C, Account Debit certificate from the Bank issuing the draft, confirming the debit should be submitted. For subscription made by NRE/FCNR Account cheques, the CAF must be accompanied with a photocopy of the cheque or Account debit Letter/certificate from the bankers. FIRC certificate is required to be submitted evidencing source of funds through Non Domestic Account. The AMC and the Registrar may ascertain the repatriation status purely based on

the details provided under Investment and Payment details and will not be liable for any incorrect information provided by the applicant(s). In case the source of funds through Non Domestic Account is not validated/provided, AMC will not be in a position to repatriate redemption proceeds.

- d) Applicants should indicate the Option (IDCW/Growth) for which the application is made. In absence of information the request would be processed under the default option as mentioned in the SID/SAI of the relevant scheme.

For Direct Investments, please mention "Direct" in the column "Broker / Agent Code".

## e) Third Party Cheque/Funds Transfer will not be allowed for Investment subscriptions except in the following cases:

- Payment by the AMC to an empanelled Distributor on account of commission/ incentive etc. in the form of the Mutual Fund units of the schemes managed by the AMC through lump sum / one-time subscription.
- Payment by a Corporate to its Agent/ Distributor/ Dealer (similar arrangement with Principal agent relationship), on account of commission or incentive payable for sale of its goods/services, in the form of the Mutual Fund Units through lump sum / one-time subscription.
- Custodian on behalf of an FII or a Client.

- f) **Options Available: IDCW and Growth Default Option:** Growth; and under IDCW Option, **Default option: IDCW** Reinvestment. Investors may please note, that IDCW may be declared by the Trustee, subject to the availability of distributable surplus as per the Regulations.

IDCW Reinvestment can be availed at Daily, Weekly (Record date: Wednesday) & Monthly basis (Record date: 24th of every month). Kindly read the SID for frequency availability in respective scheme applied for.

## 7. Communication:

The investor whose transaction has been accepted by the qMF shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number. Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:

1. Consolidation of account statement shall be done on the basis of PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.
2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month.
3. In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis [at the end of every six months (i.e. September/ March)]
4. Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode.
5. Investors having MF investments and not having Demat account shall receive a CAS from the MF Industry containing details of transactions across all Mutual Fund schemes by email / physical mode.

The word 'transaction' shall include purchase, redemption, switch, IDCW (payout and reinvestment) SIP, systematic withdrawal plan, and systematic transfer plan and bonus transactions.

CAS shall not be received by the Unit holders for the folio(s) wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folio(s) are updated with their PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by qMF for each calendar month on or before 10th of the immediately succeeding month.

In case of a specific request received from the Unit holders, qMF will provide the account statement to the investors within 5 Business Days from the receipt of such request.

Annual Reports or other information etc., may be sent to unit holders by email. Investors can choose to receive e-mail communication from us in lieu of printed documents, when a unit holder has communicated his/her email address and has provided consent for sending communication only via e-mail.

Investor(s) who have provided their email address in the application form or any subsequent communication in any of the folio belonging to the investor, Electronic Mail (email) shall be treated as a default mode for sending various statutory communications including Abridged Annual Report to the investor. However, the unit holder always has the right to request a physical copy of any statutory documents and the AMC will arrange for the same to be sent to the unit holder. The AMC/Mutual Fund/Registrars & Transfer agents are not responsible for the email not reaching the investor and for all consequences thereof. The investor needs to intimate the Fund/its transfer agents about any changes in the email address from time to time.

## 8. Nomination Details:

A Unit Holder in the scheme may be allowed to nominate upto a maximum of three nominees. The nomination will be on a proportionate basis and investor may specify the percentage for each nominee in the event of his/her demise. If the percentage is not specified, it will be equal percentage for the nominees by default. Provision for mentioning the details of the nominees are made in the KIM/application form and / or separate nomination request forms is made available to the investors. The details of the nominee(s) will be captured by the Registrar and will be available in the data base maintained. Upon receipt of intimation from the nominee(s) regarding demise of the investor, duly accompanied with necessary documents e.g. providing proof of the death of the Unit Holder, letter from nominee, attested copy of the death certificate of the unit holder, KYC and complete bank details of nominee along with his signature duly attested in original by the banker, furnishing proof of guardianship if the nominee is a minor, and such other documents as may be required from the nominee in favor of and to the satisfaction of the AMC/Registrar, the units will be transmitted to the nominee(s) as per the percentage advised by the investor and a confirmation/fresh Statement of account will be sent to the new holder(s)

Only the following categories of Indian residents can be nominated: (a) individuals; (b) minors through parent/legal guardian (whose name and address must be provided); (c) religious or charitable trusts; and (d) Central Government, State Government, a local authority or any person designated by virtue of his office.

**However Non Individual, including society, trust, body corporate, partnership firm, Karta of HUF, persons applying on behalf of minor or on power of attorney cannot nominate.**

A nomination in respect of Units will be treated as rescinded upon the Redemption of all Units. Cancellation of a nomination can be made only by the Unit Holders who made the original nomination and must be notified in writing. On receipt of a valid cancellation, the nomination shall be treated as rescinded and the AMC/Fund shall not be under any obligation to transfer the Units in favour of the nominee.

The transfer of Units/payment to the nominee of the Redemption proceeds shall be valid and effectual against any demand made upon the Fund/AMC/Trustee and shall discharge the Fund/AMC/Trustee of all liability towards the estate of the deceased Unit Holder and his/her legal personal representative or their successors. The Fund, the AMC and the Trustee are entitled to be indemnified from the deceased Unit Holder's estate against any liabilities whatsoever that any of them may suffer or incur in connection with a nomination.

The Investor may choose to provide or not provide the details of his nominee. Accordingly he shall choose to select the option provided under the application form of the scheme.

## 9. Waiver of Entry Load and Payment of commission and load structure:

**No entry load** will be charged by the Scheme to the investor. The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

Investors should note the following instructions for ensuring that the application is treated as a direct application:

1. Broker code, if already printed on the forms must be struck off and countersigned by the investors.
2. Ensure that the broker code block in the form is not left blank (i.e. it should be either struck off or indicated 'direct' or 'NA'). However, if the investor does not specify the application as "Direct" or otherwise, then the AMC treats such applications as "Direct" in the interest of the investors.

## 10. Employee Unique Identification Number (EUN):

In order to assist in addressing any instance of mis-selling at any point of time, it is regulatory for every employee/ relationship manager/sales person of the distributor/broker (interacting with the investor) or the sale of Mutual Fund products) of mutual fund products to quote the EUN (for non-advisory transactions (execution only) & advisory transactions) obtained from AMFI in the CAF. The EUN is a 7 digit unique alpha numeric number (one alphabet and six numerals). Individual ARN holders including senior citizens are also required to obtain and quote EUN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUN is correctly filled up in the Application Form. It is further clarified that a mere quoting of EUN will not give an 'advisory' character to the transaction. However, in case of any exceptional cases where there is no interaction by the employee/sales person/relationship manager of the distributor/sub broker with respect to the transaction, AMCs shall take the declaration separately signed by the investor, as mentioned on the top of the application form(s).

## 11. Units in Demat mode:

Units of qMF can be held by way of an Account Statement or in Dematerialized ("Demat") form. Unit holders opting to hold the units in demat form must provide their Demat Account details in the specified section of the CAF. In order to hold the units in Demat form, unit holders shall have a beneficiary account with the Depository Participant (DP) (registered with NSDL / CDSL as may be indicated by the Fund at the time of launch of the Plan) and will be required to indicate in the CAF the DP's name, DP ID Number and the beneficiary account number of the applicant with the DP. Applicants must ensure that the sequence of names and other details like Client ID, Address and PAN details as mentioned in the application form matches that of the account held with the DP. Only those applications where the details are matched with the DP data will be treated as valid applications. If the details mentioned in the application are incomplete/incorrect, not matched with the DP data, the application shall be treated as invalid and shall be liable to be rejected. Unit Holders opting the units in the demat mode, can submit redemption/switch only through DP or through stock exchange platform. In case Unit holders do not provide their Demat Account details, an Account Statement shall be sent to them. Such investors will not be able to trade on the stock exchange till the holdings are converted in to demat form.

INSTRUCTIONS

12. The US Department of the Treasury and the US Internal Revenue Service (IRS) has introduced the Foreign Account Tax Compliance Act (FATCA), effective July 01, 2014. The purpose of FATCA is to report financial assets owned by United States persons to the US tax authorities. Accordingly, AMC may be required to report information relating to the folios of the investors to the authority established by the Government of India for its submission to US authorities. AMC reserves the right to seek additional information / documents sought for FATCA details in the CAF for the disclosure and reporting of any tax related information obtained or held by the fund to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the fund, investor hereby agrees to provide necessary information and permits the fund to disclose and report tax and account specific financial information to any local or foreign Tax authority. The potential consequences for failure to comply with requests for tax information disclosure include, but are not limited to: (a) Fund has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) Fund has the ability to withhold taxes that may be due from certain payments made to the investor's account; (c) Fund has the right to pay relevant taxes to the appropriate tax authority; (d) Fund has the right to refuse to provide certain services; and (e) Fund has the discretion to close investor accounts. The investor agrees to inform, or respond to any request from, the fund, if there are any changes to tax information previously provided.

All Investors including non-individual investors, shall be required to submit a mandatory declaration form along with the investment request. The India's are to identify a US Person as defined under the Laws of the United States of America. The absence of completed documentations may prevent us from accepting the investment and may require us to redeem existing investments in case the same is mandated by the regulatory authorities.

The identification of US person will be based on one or more of the following US indicia:- Identification of the investor as US citizen or resident (1) US is the place of birth or country of incorporation (2) Having US telephone number (3) Having any residence / mailing address / C/o address / hold mail address / PO Box address in the US (4) Having Standing instruction to transfer funds to an account maintained in USA (5) Being POA holder based out of US or having US residence / citizenship (6) Paying tax in the US (7) Having Identification Number or any identification that indicates US residence / citizenship (8) Having US beneficiary owners / shareholders (9) The Director / Promotor / Authorised signatory / POA holder of non-individual investor is based out of US or holds US residence / citizenship.

13. Details under FATCA & CRS

As a part of regulatory process, the AMC may seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders and will report to tax authorities / appointed agencies/ institutions such as withholding agents should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

The investor may receive more than one request for information if you have multiple relationships with the AMC or its group entities. Kindly respond to all our requests, even if you have already supplied any previously requested information. For any queries about your tax residency, kindly contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

#It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**Financial Institution (FI):** The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined under FATCA guidelines.

**Non-Financial Entity (NFE):** Types of NFEs that are regarded as excluded NFE are:

- a. Publicly traded company (listed company): A company is publicly traded if its stock is regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange).
- b. Related entity of a publicly traded company: The NFE is a related entity of an entity of which is regularly traded on an established securities market.
- c. Active NFE: (is any one of the following):

| Code | Sub-category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01   | Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 02   | The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 03   | Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 04   | The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 05   | The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 06   | The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 07   | Any NFE that fulfills all of the following requirements: (1) It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; (2) It is exempt from income tax in India; (3) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;<br><br>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.<br><br>Explanation: For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:- (1) an Investor Protection Fund referred to in clause (23EA); (2) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (3) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act; |
| 08   | The stock of the entity is regularly traded on an established securities market or the non financial entity is a related entity of the entity, the stock of which is regularly traded on an established securities market.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

- d. Document Type: Please mention the Code or Document as: "A" Passport; "B" Election ID Card; "C" PAN CARD; "D" Driving License; "E" NREGA Job Card.
- e. Exemption code for U.S. person (Refer 114F(9) of Income Tax Rules, 1962 for details.

(i) An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37). (ii) The United States or any of its agencies or instrumentalities. (iii) A state, the District of Columbia, a possession of the United States or any of their political subdivision or instrumentalities. (iv) Incorporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1) (i). (v) A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i). (vi) A dealer in securities, commodities, or derivative financial instruments (including national principal contracts, futures, forwards and options) that is registered as such under the laws of the United States or any state. (vii) A real estate investment trust. (viii) A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the investment company act of 1940. (ix) A common trust fund as defined in section 584(a). (x) A bank as defined in section 581. (xi) A trust exempt from tax under section 684 or described in section 4947(a)(1). (xii) A tax exempt trust under a section 403(b) plan or section 457(g) plan.

**Passive Income includes:** IDCW; Interest; Income equivalent to interest, Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE; Annuities; excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income; excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets; excess of foreign currency gains over foreign currency losses; Net income from swaps; Amounts received under cash value insurance contracts. (But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.)

**Passive NFE means:** any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company, or an investment entity defined in clause (b) of these instructions a withholding foreign partnership or withholding foreign trust; (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes).

**Direct reporting NFE means:** a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

**Owner documented FFI:** An FFI meets the following requirements: The FFI is an FFI solely because it is an investment entity; The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company; The FFI does not maintain a financial account for any non-participating FFI; The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 ISA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

14. Ultimate Beneficial Owner (UBO)

Investors (other than Individuals) are required to provide details of UBO(s) and submit POI (viz. PAN with photograph or any other acceptable POI prescribed in common KYC form) of UBO(s). Non-individual applicants/investors are mandated to provide the details on UBO(s) by filling up the declaration form for UBO. Providing information about beneficial ownership will be applicable to the subscriptions received from all categories of investors except Individuals and a Company listed on a stock exchange or is a majority owned subsidiary of a company. In case of any change in the beneficial ownership, the investor should immediately intimate AMC / its Registrar / KRA, as may be applicable, about such changes. Please contact the nearest ISC of qMF or log on to our website [www.quantmutual.com](http://www.quantmutual.com) for the Declaration Form.

A Ultimate Beneficial Owner means:

**I. For Investor other than Trust:** A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest.

Controlling ownership interest means ownership of / entitlements to: (i) more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company; (ii) more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or (iii) more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner). However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

**ii. For Trust:** The settler of the trust, the trustees, the protector, the beneficiaries with 10% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

**B Applicability for foreign investors:** The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/MRSD/11/2012 dated September 5, 2012.

**C UBO Code Description:** **UBO-1:** Controlling ownership interest of more than 10% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company. **UBO-2:** Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership. **UBO-3:** Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals. **UBO-4:** Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]. **UBO-5:** Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]. **UBO-6:** The settlor(s) of the trust. **UBO-7:** Trustee(s) of the Trust. **UBO-8:** The Protector(s) of the Trust [if applicable]. **UBO-9:** The beneficiaries with 10% or more interest in the trust if they are natural person(s). **UBO-10:** Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

**D, PAN and KYC** of all the beneficiaries of UBO is mandatory to accept the transaction

**15. Investors may please note that the primary holders own email address and mobile number should be provided for speed and ease of communication in a convenient and cost effective manner, and to help prevent fraudulent transactions.**

**In case of any change in the information such as address, telephone number, citizenship, etc., investors are requested to bring this to the notice of the fund and submit the FATCA Declaration form (available on [www.quantmutual.com](http://www.quantmutual.com)).**

16. GO GREEN INITIATIVE IN MUTUAL FUNDS

- With respect to the recent directives issued by SEBI via Gazette Notification SEBI/LAD-NRO/GN/2018/14 & Circular SEBI/HO/IMD/DF2/CR/P/2018/92 regarding Go Green Initiatives in Mutual Funds regarding disclosing and providing information to investors through digital platform as a green initiative measure.
- In line with above initiative, quant Mutual fund has adopted "Go Green Initiative for Mutual Funds" and accordingly, the scheme Annual Reports/Abridged Summary will be hosted on our website [www.quantmutual.com](http://www.quantmutual.com). Further, wherever email ids are registered in our records, the scheme Annual Reports/ Abridged Summary will be sent via email.
- If you do not opt-in to receive a physical copy of the scheme Annual Report/ Abridged Summary, you can view the same on our website or alternatively contact our registered office to get a physical copy of the Annual Report/ Abridged Summary.

**17. LEI (Legal Entity Identifier) Code :** The Legal Entity Identifier (LEI) is a global reference number that uniquely identifies every legal entity or structure that is party to a financial transaction, in any jurisdiction. The Reserve Bank of India has mandated the LEI Number for all payment transactions of value ₹50 crore and above undertaken by entities (non-individuals) for Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT).

18. Instruction for Nomination:

- A. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- B. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unit holder cannot nominate.
- C. Nomination is not allowed in a folio of a Minor unit holder.
- D. If the units are held jointly (i.e., in case of multiple unit holders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on "Anyone or Survivor" basis).
- E. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
- F. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- G. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- H. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- J. Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding up to a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees.
- K. Every new nomination for a folio/account shall overwrite the existing nomination, if any.  
Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
- L. Nomination shall stand rescinded upon the transfer of units.
- M. Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unit holder(s), the unit holder/s/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unit holder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
- N. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
- O. Cancellation of Nomination: Request for cancellation of Nomination made can be made only by the unit holders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer /transmit the units in favour of the Nominee.
- P. Unit holders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
- Q. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- R. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

## quant Income Plus Arbitrage Active FOF - NFO application Form

(Use this form if One Time Bank Mandate Form is registered in the folio) To be filled in capital letters and in blue / black ink only.

| DISTRIBUTOR / BROKER INFORMATION |                                 |                                        |                             | APP No.    |
|----------------------------------|---------------------------------|----------------------------------------|-----------------------------|------------|
| Name & Broker Code / ARN         | Sub Broker / Sub Agent ARN Code | *Employee Unique Identification Number | Sub Broker / Sub Agent Code | RIA Code** |
| ARN- (ARN stamp here)            | ARN-                            |                                        |                             |            |

\*Please sign below in case the EUIN is left blank/not provided. I/we hereby confirm that the EUIN 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 distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor. I/we have tested in the Scheme(s) of Quant Mutual Fund under Direct Plan. I/we hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of the Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered, Investment Adviser.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

[illegible]

| INITIAL INVESTMENT DETAILS                 |                                          |                   |             |
|--------------------------------------------|------------------------------------------|-------------------|-------------|
| Cheque/ DD No./Cash Deposit Slip No. _____ | Cheque / DD / Cash Deposition Date _____ | DD Charge ₹ _____ |             |
| Net Amount ₹ _____                         | Bank Name: _____                         | Branch: _____     | City: _____ |

| <b>UNHOLDING OPTION</b> <input type="checkbox"/> <b>Demat Mode</b> <input type="checkbox"/> <b>Physical Mode</b> <small>(Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)</small>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|----------------------------------------------|-----------------------------------|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>National Securities Depository Limited</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Depository Participant Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  | <b>Central Depository Securities Limited</b> | Depository Participant Name _____ |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP ID No. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  | Target ID No. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Beneficiary Account No. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |                                              |                                   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |

By providing Email-id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

| SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)                                                   |                                                                                                                                                   |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------|
| Scheme / Plan / Option                                                                                                                                                                                                                             | Frequency (Please, any one)                                                                                                                       | Enrollment Period (Please, any one)                                  | SIP Date (For Monthly / Quarterly)                                                                                                                                                                                                                                                                                                                                                                                                             | SIP Amount                                    | Weekly and Fortnightly SIP Date                                                     |
| <b>quant Income Plus Arbitrage Active FOF</b><br><br><input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan<br><input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Fortnightly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly | From : <u>    MM / YYYY    </u><br><br>To : <u>    MM / YYYY    </u> | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">D</div> </div><br>(Any date from 1st to 28th of a given month) | ₹ <u>                    </u><br>(in figures) | For<br>Weekly and Fortnightly<br>fixed day is<br>Wednesday or<br>alternet Wednesday |

**DECLARATION:** I/we would like to invest in quant \_\_\_\_\_, subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/we have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filling up this form, I/we understand that the amount towards my Lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/we declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting quant Mutual Fund liability. I understand that aWFM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree quant can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model, payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us). I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

☐ I confirm that I am resident of India. ☐ I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in mv/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in mv/ our NRE/FCNR Account.

|                                                          |                                          |                                         |
|----------------------------------------------------------|------------------------------------------|-----------------------------------------|
| First / Sole Applicant /Guardian<br>Authorised Signatory | Second Applicant<br>Authorised Signatory | Third Applicant<br>Authorised Signatory |
|----------------------------------------------------------|------------------------------------------|-----------------------------------------|

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form. Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of aMF on any transaction day.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  |                                     |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|---|---|---|---|--|--|--|--|--|--|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---|---|--------------------------------------------|---------------------------------|---|---|---|-----------------------------------|---------------------------------|--|--|--|--|
| <b>+quant</b><br>multi asset, multi manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UMRN                                                                                                |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  |                                     | Date                                                                                                                                                                                                                           | D                                          | D | M | M                                          | Y                               | Y | Y | Y |                                   |                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sponsor Bank Code                                                                                   |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  |                                     | <input checked="" type="checkbox"/> CREATE                                                                                                                                                                                     | <input checked="" type="checkbox"/> MODIFY |   |   | <input checked="" type="checkbox"/> CANCEL |                                 |   |   |   |                                   |                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Utility Code                                                                                        |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  | I/We hereby authorize               | quant Mutual Fund                                                                                                                                                                                                              |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | To Debit (tick ✓)                                                                                   | <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other | Bank A/c |   |   |   |   |   |  |  |  |  |  |  |                                     |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| With Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name of customers bank                                                                              |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  | IFSC / MICR                         |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| An Amount Of Rupees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  | ₹                                   |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| DEBIT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  | FREQUENCY                           | <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| Reference 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Folio No.                                                                                           |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  | Reference 2                         | Scheme Name                                                                                                                                                                                                                    |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| <p>1. 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. 2. This is to confirm that the declaration has been carefully read, understood &amp; 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. 3.I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity corporate or the bank where I have authorized the debit.</p> |                                                                                                     |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  |                                     |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PERIOD                                                                                              |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  |                                     |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D                                                                                                   | D                                                                                                                                                                                  | M        | M | Y | Y | Y | Y |  |  |  |  |  |  |                                     |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D                                                                                                   | D                                                                                                                                                                                  | M        | M | Y | Y | Y | Y |  |  |  |  |  |  |                                     |                                                                                                                                                                                                                                |                                            |   |   |                                            |                                 |   |   |   |                                   |                                 |  |  |  |  |
| Maximum period of validity of this mandate is 40 years only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  | Signature Of Primary Account Holder |                                                                                                                                                                                                                                |                                            |   |   | Signature Of Joint Account Holder          |                                 |   |   |   | Signature Of Joint Account Holder |                                 |  |  |  |  |
| Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                                                                                                                                    |          |   |   |   |   |   |  |  |  |  |  |  |                                     | 1. Name Of Primary Account Holder                                                                                                                                                                                              |                                            |   |   |                                            | 2. Name Of Joint Account Holder |   |   |   |                                   | 3. Name Of Joint Account Holder |  |  |  |  |

## INSTRUCTIONS cum TERMS AND CONDITIONS

- (1) "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website [www.npci.org.in](http://www.npci.org.in). The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit / Auto Debit facility of Reserve Bank of India / Banks. If any city / bank is removed from the above mentioned list qMF at its sole discretion may accept Post Dated Cheques (PDCs) from the investors for the balance period..
- (2) quant Mutual Fund (qMF) its registrars and other service providers shall not be held responsible or will not be liable for any damages and will not compensate for any loss, damage etc. incurred to the investor. The investor assumes the entire risk of using this facility and takes full responsibility. Investor will not hold quant Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit / Auto Debit / local holidays.
- (3) Investors are required to submit One Time Bank Mandate Form and SIP Enrollment Form along with a photo copy/cancelled cheque of Debit Bank Account (as mentioned on the One Time Bank Mandate Form) atleast 21 working days before the first SIP installment date for NACH Debit & Auto Debit Clearing.
4. **An investor can opt for Monthly, Quarterly or Yearly frequency for SIP. In case the investor has not specified the frequency then by default the frequency will be treated as Monthly. . In case the investor has not specified the SIP amount then by default SIP amount will be treated as Rs.1000/- . If an investor does not mention SIP start date appropriately, the SIP will by default start from the next month after meeting the minimum registration requirement of 21 working days.**
- (5) **An investor shall have the option of choosing for 1 or more than 1 SIP in the same scheme same plan and in the same month. SIP debit dates shall be Any date from 1st to 28th. More than one SIP for the same debit date shall be acceptable. If an investor does not mention SIP Date in the application form or multiple SIP dates are mentioned in the SIP Mandate or the SIP Date is unclear in the application form / SIP Mandate, the default SIP date shall be treated as 10th as per the frequency defined by the investor. In case the criteria are not met the SIP would start on the same date from the next month. Investors should check the same at the Designated Investor Service Centre of quant Mutual Fund before investing.**
- (6) For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
- (7) In case of three consecutive failures due to insufficient balance in bank account while processing request for SIP, quant Mutual Fund shall reserve the right to terminate the SIP without any written request from the investor.
- (8) In case an investor wishes to change the bank account details for the existing SIP registered through Auto debit / NACH Debit mode, then he has to provide a cancellation for the existing SIP/One Time Bank Mandate and register fresh SIP with the new bank details.
- (9) Allotment of units would be subject to realisation of credit.
- (10) In case the investor wishes to cancel the One Time Bank Mandate / SIP, investor will have to submit an One Time Bank Mandate Cancellation Form, or SIP cancellation form, 21 business days prior to discontinuation.
- (11) Investors may note that all the transactions executed through Invest Easy such as "Online Transactions" (whether on our website or through any other application using the internet) "Transactions through call center", "Transactions through SMS", "Transactions through Mobile Phone" or any other facility as offered by qMF from time to time using the IPIN / One Time Password (OTP) will be considered as transaction through the mentioned broker (ARN) mentioned on this "SIP Enrollment Details" Form.
- (12) The Broker Code given in this mandate will be applicable for all the transactions done through Invest Easy mode. In case there is a change of Broker Code then the investor are requested to cancel the existing mandate and register a fresh mandate with us.
- (13) For Direct Investment Please Mention "Direct in the Column "Name & Broker Code/ARN".
- (14) Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

| Scenario | Broker Code mentioned by the investor | Plan mentioned by the investor | Default Plan to be captured |
|----------|---------------------------------------|--------------------------------|-----------------------------|
| 1        | Not mentioned                         | Not mentioned                  | Direct Plan                 |
| 2        | Not mentioned                         | Direct Plan                    | Direct Plan                 |
| 3        | Not mentioned                         | Regular Plan                   | Direct Plan                 |
| 4        | Mentioned                             | Direct Plan                    | Direct Plan                 |
| 5        | Direct                                | Not mentioned                  | Direct Plan                 |
| 6        | Direct                                | Regular Plan                   | Direct Plan                 |
| 7        | Mentioned                             | Regular Plan                   | Regular Plan                |
| 8        | Mentioned                             | Not mentioned                  | Regular Plan                |

In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application form, the application shall be processed under Regular Plan. The AMC shall contact and obtain the correct ARN code within 30 calendar days of the receipt of the application form from the investor/distributor. In case, the correct code is not received within 30 calendar days, the AMC shall reprocess the transaction under Direct Plan from the date of application without any exit load. Similarly, in the absence of clear indication as to the choice of option (Growth or IDCW Payout), by default, the units will be allotted under the Growth Option of the default /selected plan of the scheme.

- (15) Applications should be submitted at any of the Designated Investor Service Centre (DISCs) of quant Mutual Fund or Kin Technologies Private Limited.
- (16) Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
- (17) quant Mutual Fund reserves the right to reject any application without assigning any reason thereof qMF in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.
- (18) No entry load will be charged with effect from August 1, 2009. Exit Load as applicable in the respective Scheme at the time of enrolment of SIP will be applicable.
- 19) Kindly note that in case of a folio with joint Unitholders, having mode of operations as "either or survivor" or "anyone or survivor any one of the investor(s) can transact through SMS, provided that such instruction is received vide a SMS from the mobile number registered with qMF with respect to the concerned folio.

- (20) **Permanent Account Number (PAN):** SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his/her permanent account number (PAN) irrespective of the amount of purchase. Where the applicant is a minor, and does not possess his / her own PAN, he / she shall quote the PAN of his / her father or mother or the guardian, signing on behalf of the minor, as the case may be. In order to verify that the PAN of the applicants (in case of application in joint names, each of the applicants), the applicants shall attach along with the purchase application, a photocopy of the PAN card duly self-certified along with the original PAN Card. The original PAN Card will be returned immediately across the counter after verification. Micro SIP & Investors residing in the state of Sikkim are exempted from the mandatory requirement of PAN proof submission however they are required to mandatorily submit KYC Acknowledgement copy. Applications not complying with the above requirement may not be accepted/processed. Additionally, in the event of any Application Form being subsequently rejected for mismatch / non-verification of applicant's PAN details with the details on the website of the Income Tax Department, the investment transaction will be cancelled and the amount may be redeemed at the applicable NAV, subject to payment of exit load, if any. Please contact any of the Investor Service Centres/Distributors or visit our website [www.quantmutual.com](http://www.quantmutual.com) for further details.
- (21) **Prevention of Money Laundering and Know Your Client (KYC):** SEBI has prescribed uniform KYC compliance procedure for all the investors dealing with them. SEBI also issued KYC Registration Agency ("KRA") Regulations 2011 and the guidelines in pursuance of the said Regulations and for In-Person Verification ("IPV"). All investors (individual and non-individual) are required to be KYC compliant. However, applicants should note that minors cannot apply for KYC and any investment in the name of minors should be through a Guardian, who should be KYC compliant for the purpose of investing with a Mutual Fund. Should the applicant desire to change KYC related information, POS will extend the services of effecting such changes. In case of an existing investor of qMF who is already KYC Compliant under the erstwhile centralized KYC with CVL (CVLME) then there will be no effect on subsequent Purchase/Additional Purchase (or ongoing SIPs/STPs, etc) in the existing folios/accounts which are KYC compliant. Existing Folio holder can also open a new folio with quant Mutual Fund with the erstwhile centralized KYC.
- (i) In case of an existing investor of quant Mutual Fund and who is not KYC Compliant as per our records, the investor will have to submit the standard KYC Application forms available in the website [www.cvlkra.com](http://www.cvlkra.com) along with supporting documents at any of the SEBI registered intermediaries at the time of purchase / additional purchase / new registration of SIP/STP etc. In Person Verification (IPV) will be mandatory at the time of KYC Submission.
- (iii) Investors who have complied with KYC process before December 31, 2011 (KYC status with CVL-KRA as "MF - VERIFIED BY CVLME") and not invested in the schemes of quant Mutual Fund i.e not opened a folio earlier, and wishes to invest on or after December 01, 2012, such investors will be required to submit 'missing/not available' KYC information and complete the IPV requirements. Updation of 'missing / not available' KYC information along with IPV is currently a one-time requirement and needs to be completed with any one of the mutual funds i.e. need not be done with all the mutual funds where investors have existing investments. The said form is available on qMF's website i.e. [www.quantmutual.com](http://www.quantmutual.com) or on the website of Association of Mutual Funds in India i.e. [www.amfiindia.com](http://www.amfiindia.com) or on the website of any authorised KRA's. Once the same is done then the KYC status of CVL-KRA will change to 'Verified by CVL KRA' after due verification. In such a scenario, where the KYC status changes to 'Verified by CVL KRA', investors need not submit the 'missing/not available' KYC information to mutual funds again.
- (22) **Communication for the investors:** In accordance with SEBI Circular No. Cir/ IWD/ DF/16/ 2011 dated September 8, 2011 and SEBI Circular no. CIR/MRD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by quant Mutual Fund shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number. Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:
- Consolidation of account statement shall be done on the basis of PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.
  - The CAS shall be generated on a monthly basis and shall be issued on or before 15th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month.
  - In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis (at the end of every six months (i.e. September/ March).
  - Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode.
  - Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF Industry containing details of transactions across all Mutual Fund schemes by email / physical mode. The word 'transaction' shall include purchase, redemption, switch, IDCW payout, IDCW reinvestment, systematic investment plan, systematic withdrawal plan and systematic transfer plan transactions. CAS shall not be received by the Unit holders for the folio(s) wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folio(s) are updated with their PAN.
- In case of a specific request received from the Unit holders, qMF will provide the account statement to the investors within 5 Business Days from the receipt of such request.
- (23) **Units held in the dematerialised form:** Unitholders can have a option to hold the units in dematerialized form in terms of the guidelines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock Exchanges (NSE / BSE). Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.
- (24) Employee Unique Identification Number (EUID) would assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the distributor.
- (25) Minimum SIP installment require is initial+6 installment.
- (26) From date & to date is mandatory. However, the maximum duration for enrollment is 40 years.

## Instructions to fill Mandate:

- UMRN - To be left blank.
- Date in DD/MM/YYYY format
- Sponsor Bank code to be left blank for office use only.
- Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity.
- Name of the entity to whom the mandate is being given.
- Account type - SB/CA/CC/SB-NRE/SB-NRO/OTHER
- Tick - Select your appropriate Action
  - Create - For New Mandate
  - Modify - For Changes / Amendment on existing Mandate
  - Cancel - For cancelling the existing registered Mandate
- Your Bank Account Number for debiting the amount.
- Name of your bank and branch.
- Your Bank branch IFSC code OR
- Your Bank branch MICR code

- Amount in words.
- Amount in figures.
- Frequency at which the debit should happen.
- Whether the amount is fixed or variable.
- Reference - 1: Any details requested by the entity to whom the mandate is being given
- Reference - 2: Any details requested by the entity to whom the mandate is being given.
- Your phone number.
- Your email-id.
- Period for which the debit mandate is valid
  - Start date
  - End date
  - Or until cancelled
- Signatures of the account holder as per holding pattern in bank records.
- Name of the account holder.