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(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.

| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | *Employee Unique Identification Number | Sub Broker / Sub Agent Code | RIA Code** |
|--------------------------|---------------------------------|--|-----------------------------|------------|
| ARN-ARN - 98471 (here) | ARN- | E115901 | | |

*Please sign below in case the EUN is left blank/not marked. I/We hereby confirm that the EUN 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. ++ I/We, have invested 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 all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered, Investment Adviser:

| | | |
|---|--|---|
| First / Sole Applicant / Guardian Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory |
|---|--|---|

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.

FOLIO NO.

[illegible]

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

(Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

| | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|--|---|---|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|
| National Securities Depository Limited | Depository | | | | | | | | | Central Depository Securities Limited | Depository | | | | | | | | |
| | Participant Name _____ | | | | | | | | | | Participant Name _____ | | | | | | | | |
| | DP ID No. | | I | N | | | | | | | Target ID No. _____ | | | | | | | | |
| | Beneficiary Account No. | | | | | | | | | | | | | | | | | | |

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

[illegible]

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

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.

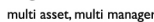
SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

| Scheme / Plan / Option | | Frequency <small>(Please ✓ any one)</small> | Enrollment Period <small>(Please ✓ any one)</small> | SIP Date <small>(For Monthly / Quarterly / Half Yearly)</small> | SIP Amount | Weekly and Fortnightly SIP Date | | |
|---|---|---|--|---|------------|---------------------------------|--|---|
| <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment | | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly | <input type="checkbox"/> REGULAR From : <u> </u> / <u> </u> / <u> </u> To : <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> PERPETUAL (Default) <small>(Refer Instruction No. 5)</small> From : <u> </u> / <u> </u> / <u> </u> To : <u> </u> / <u> </u> / <u> </u> | <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px; text-align: center;">D</td> <td style="width: 30px; height: 30px; text-align: center;">D</td> </tr> </table> <small>(Any date from 1st to 28th of a given month)</small> | D | D | ₹ <u> </u> <small>(in figures)</small> | For Weekly and Fortnightly fixed day is Wednesday or alternet Wednesday |
| D | D | | | | | | | |

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 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 aQMF 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 mode), 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 my/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 my/ our NRE/FCNR Account.

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 gMF on any transaction day.



| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|---|---|---|---|---|---|---|---|
| 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 _____ to manage the _____ Quant Mutual Fund | | | | | | | | | |

[illegible][illegible]

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

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 & 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.

PERIOD

From

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

To

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Or ☒ Until Cancelled

| | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|
| Phone No. | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|

1. Name Of Primary Account Holder

2. Name Of Joint Account Holder

3. Name Of Joint Account Holder

WACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)