multi asset, multi manager

quant mutual

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TRANSACTION SLIP Please use separate transaction slip for each scheme.

This Form is for use of Existing Investors only, To be filled in capital letters and in blue / black ink only. **APP No.:**

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN-272753 (Stamp here)	ARN-	E513200		

*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 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 your 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.

2. Investor Details (Refer Instruction No.5,6 & 13)

FOLIO NO.

Name of First applicant	PAN No / PEKRN.	KYC ☐
Name of Guardian (In case of Minor)	PAN No / PEKRN.	KYC ☐
Name of Second Applicant	PAN No / PEKRN.	KYC ☐
Name of Third Applicant	PAN No / PEKRN.	KYC ☐

3. Unitholding Option - ■ Demat Mode ■ Physical Mode

DEMAT ACCOUNT DETAILS - (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. Ref. Instruction No.10) Demat Account details are compulsory if demat mode is opted above.

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

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

4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Payment Mode: ☐ **OTBM Facility (One Time Bank Mandate)** ☐ **Cheque** ☐ **DD** ☐ **Funds Transfer** ☐ **RTGS / NEFT** ☐ **Cash$** (Refer Instruction No. 14)

Cheque/DD/RTGS/NEFT/Cash Deposit Slip No. _____ **Payment Date/Instrument Date/Cash Deposition Date** ___/___/___

Net Amount ₹_____ **DD Charge ₹**_____ **Bank Name:** _____ **Branch:** _____ **City:** _____

Scheme _____ **Plan** _____ **Option** _____

Note : $ Investors are requested to collect the cash deposit slip from the DISC

5. Redemption (Refer Instruction No.4.3 & 4.4)

Reason for Redemption: ☐ **Emergency** ☐ **Marriage** ☐ **Buy House** ☐ **Child's education** ☐ **Others** _____

☐ **Partial Redemption** Amount: ₹ _____ or Units: _____	**OR**	☐ **Full Redemption**

Scheme _____ **Plan** _____ **Option** _____

*Bank Account No:_____ Bank Name: _____
ote that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

☐ **Partial Switch** Amount: ₹ _____ or Units: _____	**OR**	☐ **Full Switch**

From Scheme _____ **Plan** _____ **Option** _____

To Scheme _____ **Plan** _____ **Option** _____

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of

7. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.)

Mobile No / Tel No.

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 including but not limited to quant Any Time Money Card. 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 the quant Money Managers Limited (qMML) liability. I understand that the qMML may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree qMML 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. **Applicable for NRI Investors:** ☐I confirm that I am reside nt 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 mad ved banking channels or from funds in my/ our NRE/FCNR Account.

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

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ACKNOWLEDGEMENT SLIP (To be filled by the investor)

APP No.:

Folio/Account No:

Received from Mr./Mrs. _____

☐ Additional Purchase ☐ Redemption ☐ Switch

Note: For NAV applicability, please refer scheme Information Document (SID) of the respective scheme in which you are investing.