



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

SIP ENROLLMENT DETAILS

(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
Name & Broker Code / ARN
Sub Broker / Sub Agent ARN Code
Employee Unique Identification Number
Sub Broker / Sub Agent Code
RIA Code
APP No.

APPLICANT DETAILS
Name of Sole/1st holder
Name of 2nd holder
Name of 3rd holder
FOLIO NO.
PAN No / PEKRN.

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

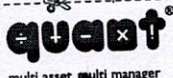
UNITHOLDING OPTION
National Securities Depository Limited
Depository Participant Name
DP ID No.
Beneficiary Account No.
Central Depository Securities Limited
Participant Name
Target ID No.

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc
Email ID
Mobile no.
Email id & Mobile no. provided in this form will supercede the existing details in our records.

SIP DETAILS
Scheme / Plan / Option
Frequency
Enrollment Period
SIP Date
SIP Amount
Weekly and Fortnightly SIP Date

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.

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 qMF on any transaction day.



multi asset, multi manager

Debit Mandate Form NACH / ECS / Direct Debit
(NACH / Direct Debit Mandate Form) [Applicable for Lumpsum Additional Purchases as well as SIP Registration]

APP No.
Date: DDMMYY

UMRN
Sponsor Bank Code
Utility Code
Create
Modify
Cancel
I/We hereby authorize QUANT MUTUAL FUND to debit (tick)
Bank A/c no.
IFSC
MICR
With Bank
an amount of Rupees
FREQUENCY: Monthly Quarterly Half Yearly Yearly as & when presented
DEBIT TYPE: Fixed Amount Maximum Amount

Reference 1 Folio No.
Reference 2
Email ID:
Mobile / Phone No:
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.

PERIOD
From:
To:
Or Until Cancelled
Signature of Account Holder
Signature of Account Holder
Name as in Bank Record
Name as in Bank Record

This is to confirm that the declaration (as mentioned overleaf) 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. 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.