



**QUANTUM
MUTUAL FUND**

Folio No.: _____ Scheme: _____ Option/Facility: _____

First Unit Holder Name: _____	Advisor Name : <u>VIKRAM S BAGADTHEY</u>
Second Unit Holder Name: _____	Advisor Code : <u>ARN-4464</u>
Third Unit Holder Name: _____	Sub Advisor Code : _____
Mode of Holding: _____	EUIN No. : <u>E032737</u>
Status: _____	RIA Code : _____
	E-Code / RM Code : _____

ADDITIONAL PURCHASE REQUEST **REDEMPTION REQUEST**

Investment Amount(Rs.) _____	I/We would like to redeem from the above mentioned Scheme/Option <input type="checkbox"/> All Units OR <input type="checkbox"/> No. Of Units _____ OR
Cheque No. _____	
Dated. ____/____/____	Amount (Rs.) (in figure) _____
Drawn on Bank _____	Amount / units (in words) _____
Branch & City _____	<input type="checkbox"/> Redemption Proceeds should not be Credited to my Default Bank A/C but be Credited to A/C No.: _____ with _____ Bank which is already registered with Quantum Mutual Fund.

SWITCH REQUEST

I/We would like to switch All Units OR No. Of Units _____ OR Amount(Rs.) (in figure) _____

Amount / Units (in words) _____ from the above mentioned Scheme

to Scheme _____ Option _____

Change Mobile No. Old Mobile No.: _____ New Mobile No.: _____

Change Email ID Old Email ID: _____ New Email ID: _____

I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/Key Information Memorandum of the Scheme and Addenda issued till date. I/We have neither received nor been induced by any rebate or gifts, directly in making this transaction. I/We hereby apply to the Trustee of Quantum Mutual Fund for allotment of Unit(s) of the scheme(s) of Quantum Mutual Fund and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s) **(To be signed by all Unit Holders if mode of holding is Joint)**.

"In case if there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency".

SIGNATURE(S) _____ First Account Holder _____ Second Account Holder _____ Third Account Holder

Date _____ Place _____

Toll Free No.: 1800-22-3863/1800-209-3863

Email ID: CustomerCare@QuantumAMC.com (For Queries/NCT*)
Transact@QuantumAMC.com (For CT*)

Toll Free Fax: 1800-22-3864

*CT - Commercial Transaction *NCT - Non-Commercial Transaction