



**QUANTUM  
MUTUAL FUND**

Folio No.: \_\_\_\_\_ Scheme: \_\_\_\_\_ Option/Facility: \_\_\_\_\_

First Unit Holder Name: _____	Advisor Name: _____
Second Unit Holder Name: _____	Advisor Code: _____
Third Unit Holder Name: _____	Sub Advisor Code: _____
Mode of Holding: _____	EUIN No. _____
Status: _____	

☐ **ADDITIONAL PURCHASE REQUEST**

Investment Amount(Rs.) \_\_\_\_\_  
Cheque No. \_\_\_\_\_  
Dated. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Drawn on Bank \_\_\_\_\_  
Branch & City \_\_\_\_\_

☐ **REDEMPTION REQUEST**

I/We would like to redeem from the above mentioned Scheme/Option ☐ All Units OR  
☐ No. Of Units \_\_\_\_\_ OR  
Amount (Rs.) (in figure) \_\_\_\_\_  
Amount / units (in words) \_\_\_\_\_  
☐ 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

Toll Free Fax: 1800-22-3864