ONE TIME MANDATE FORM

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

UMRN D D M M Y Y Y Y

Tick ✓ | Create: | Modify: | Cancel:

Sponsor Bank Code (Office use only) **Utility Code** (Office use only)

I/We hereby authorize QUANTUM MUTUAL FUND **to debit (Tick ✓)** SB/ CA/ CC/ SB-NRE / SB-NRO/ Other

From Bank A/C Number:

With (Name of Destination Bank with Branch) **IFSC Code:** **MICR Code:**

an amount of Rupees (in words) ₹

FREQUENCY: X Mthly X Qtly X H- yrly X Yrly ✓ As & when presented **DEBIT TYPE** X Fixed Amount ✓ Maximum Amount

Folio No. **Phone No.**

Schemes ALL SCHEMES OF QUANTUM MUTUAL FUND **Email ID**

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 D D M M Y Y Y Y

To D D M M Y Y Y Y

Or | **Until Cancelled**

1 Signature of 1st Account Holder 2 Signature of 2nd Account Holder 3 Signature of 3rd Account Holder

Name as in bank records | Name as in bank records | Name as in bank records

- *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 instruction 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.*

SYSTEMATIC INVESTMENT PLAN
AUTO DEBIT MANDATE FORM

QUANTUM MUTUAL FUND

505, Regent Chambers, 5th Floor, Nariman Point, Mumbai - 400021. www.QuantumMF.com

India's 1st Direct to Investor Mutual Fund

Please fill this form in ENGLISH in BLACK/DARK COLOURED INK in CAPITAL LETTERS.

☐ *New Registration (New Investors to submit duly filled and signed Common Application Form)* ☐ *Change in Bank Account (for Existing Investor)* ☐ *Micro SIP* ☐ *Cancellation of SIP*

INTERMEDIARY INFORMATION

Name & ARN Code	Sub-Broker Code	EUIN	RIA Code	E- Code / RM code
127182		E206630		

INVESTOR DETAILS

Folio/Application No. *PAN No*.*

Sole/First Investor Name:

INVESTMENT DETAILS (Please ✓) Choice of Scheme/Option/Facility

Scheme	
Option	
Facility	

Frequency Details (Please ✓)

☐ Daily	☐ Weekly	☐ Fortnightly	☐ Monthly	☐ Quarterly
All Business Days	*7th, 15th, 21st, 28th of a week*	○ *5th, 21st* OR ○ *7th & 25th*	○ *5th* OR ○ *21st* OR ○ *7th* OR ○ *25th* OR ○ *15th* ○ *28th*	

No of Installments: *SIP Start Date* D D M M Y Y Y Y *SIP End Date* D D M M Y Y Y Y *Cheque No.*

Amount Per Installment: *Amount (in words)*

I/We hereby authorize Quantum Mutual Fund and their authorized service providers to debit my/our following bank account by ECS (Debit clearing/Auto Debit) for collection of SIP payments

*Note: Please allow 30 business days for Auto Debit to register and start. *Only monthly and quarterly SIP frequencies are available for Quantum Liquid Fund.*

Bank Name

Bank Account No.

I/We wish to inform you that I/We have registered with Quantum Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Quantum Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Quantum Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Quantum Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Quantum Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/we hereby authorize bank to debit my account for mandate verification charges, if any.

First Account Holders Signature (As per bank records)	*Second Account Holders Signature (As per bank records)*	*Third Account Holders Signature (As per bank records)*