



# SYSTEMATIC TRANSFER PLAN (STP) AND SYSTEMATIC WITHDRAWAL PLAN (SWP)

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	Serial No./Date, Time & Stamp
JAVAHAR.K.P. ARN 10021				E035876	

"I/We, have invested in the scheme(s) of Quantum Mutual Fund under Direct Plan. I/We hereby give 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 of Quantum Mutual Fund, to the above mentioned SEBI Registered Investment Adviser."

**EUIN Declaration** 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. (All sections to be filled in English and in BLOCK LETTERS). Fields marked with (\*) are mandatory.

## 1. INVESTOR AND INVESTMENT DETAILS (Please ✓ wherever applicable)

Sole/First Investor Name  (as appearing in ID proof)

PAN No.

Folio No. (For Existing Investor)

## 2. SYSTEMATIC TRANSFER PLAN (STP)

Source Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

## 3. Target Scheme (Please ✓) Choice of Scheme/Option/Facility

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option /Sub Option.

Sr. No.	Target Scheme	Plan	Option	STP Amount (₹)	Frequency Details (Select any one frequency)
1.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly _____ (Any Day - Monday to Friday) <input type="checkbox"/> Fortnightly _____ (Any day of alternative Week) <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> <input type="checkbox"/> Quarterly <input type="text"/> <input type="text"/>
2.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly _____ (Any Day - Monday to Friday) <input type="checkbox"/> Fortnightly _____ (Any day of alternative Week) <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> <input type="checkbox"/> Quarterly <input type="text"/> <input type="text"/>
3.		<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment) #IDCW frequency _____		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly _____ (Any Day - Monday to Friday) <input type="checkbox"/> Fortnightly _____ (Any day of alternative Week) <input type="checkbox"/> Monthly <input type="text"/> <input type="text"/> <input type="checkbox"/> Quarterly <input type="text"/> <input type="text"/>

\*Applicable only Quantum Liquid Fund and Quantum Dynamic Bond Fund.

## 4. STP PERIOD

From  To  OR No. of installments \_\_\_\_\_

## 5. SYSTEMATIC WITHDRAWAL PLAN (SWP)

Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

Frequency Details (Please ✓)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SWP Period
Amount (₹): _____ (Any Day - Monday to Friday)			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	From MMY Y To MMY Y OR No. installments _____

\*Applicable only Quantum Liquid Fund and Quantum Dynamic Bond Fund.

## 6. DECLARATION

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We hereby declare that I am/we are not US Person(s).

First Account Holders Signature (As per bank records)	Second Account Holders Signature (As per bank records)	Third Account Holders Signature (As per bank records)
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## ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Application No: QMFP

Quantum Mutual Fund - 1<sup>st</sup> Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400020. www.QuantumAMC.com

Date  Received from: Mr./Ms./M/s \_\_\_\_\_

An application for STP/SWP under the Folio No.

Collection Center's Stamp & Receipt Date and Time	
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