quant mutual



Mode & Frequency of STP

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

APP No.:

& Signature

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

Name & Broker Code / ARN Sub Broker / Sub Agent ARN Code *Employee Unique Identification Number Sub Broker / Sub Agent Code RAC Code** ARN- (ARN + stormp here) ARN-	1.DISTRIBUTOR / BROKER INFORMATION (Refer Instruction)	To be filled in capital letters and in blue / black ink only	·
			ker / Sub Agent Code RIA Code**
	*Please sign below in case the EUIN is left blank/not provided. I/We he employee/relationship manager/sales person of the above distributo	reby confirm that the EUIN box has been intentionally left blank by me/us c r/sub broker or notwithstanding the advice of in-appropriateness, if any, p	is this transaction is executed without any interaction or advice by the orovided by the employee/relationship manager/sales person of the
PRM / Sole: Applicant / Authorities Signatory Ifted Applicant / Authorities Signatory PRM / Sole: Applicant / Authorities Signatory Authorities Signatory Statistics shell be paid directly to the twart for tea AMF registered directly to the twart of the Sole in the AMF registered directly to the twart of the AMF registered directly to the AMF registered directly to the twart of the AMF registered directly to the AMF registered directly to the AMF registered directly directl	distributor/sub broker. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under E investments under Direct Plan of all Schemes Manaaed by you, to the	irect Plan. I/We hereby give you my/our consent to share/provide the tran above mentioned Mutual Fund Distributor / SEBI-Reaistered Investment Adv	sactions data feed/ portfolio holdings/ NAV etc. in respect of my/our iser:
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hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Confirm that I am resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal bank hannels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. Date: Date: Date: Date: Date: Date: Control Applicant / Authorised Signatory Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder) Folio No. Provide formSTP application Stamp of receiving branch	f the scheme and I/We have not received nor been induced by	any rebate or gifts, directly or indirectly, in making this investment	t. The ARN holder has disclosed to me/us all the commissions
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