

quant mutual

Corporate Office: 6th Floor, Sea Breeze Building,	Appasaheb Marathe Marg, Prab	hadevi, 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

			TION FORM		
(Use this form if	One Time Bank Mandate Form is registered in t	he folio) To	be filled in capital letters and in blue / black ink only. APP No.		
То			Date: DD /MM / YYYY		
quant Mutual Fund					
Dear Sir, (Investor needs to tick on any one of the two options as applicable for the transaction)					
I/We hereby remediate the missing / invalid Employee Unique Identificati n Number (EUIN) by providing the EUIN confirmation, for the following transaction:					
Folio No:	, Transaction Date:/	/	ARN Code:		
Transaction Type : Purchase Switch SIP STP Others (Please specify) Scheme :					
*Please sign below in case the EUIN is left blank, I/We hereby confirm that the EUIN box has transaction is executed without any interac manager/sales person of the above distribut	tion Declaration (Please Tick) /not provided. been intentionally left blank by me/us as this tion or advice by the employee/relationship r/sub broker or notwithstanding the advice of loyee/relationship manager/sales person of the	OR	EUIN Updation EUIN to be updated :		
SIGN					
	Applicant Third Applicant d Signatory Authorised Signatory		Signature of ARN Holder / Authorized Signatory with Name & Seal		
 The declaration must be submitted within 30 days from transaction date for transactions submitted on or after October 1, 2013 upto 30th June 2014. Declaration must be signed by all applicants in case of mode holding is joint. A separate declaration must be furnished for each transaction. 					
cup contact 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					
() Ico this form if (TION FORM		
To (Use this form if One Time Bank Mandate Form is registered in the folio) To be filled in capital letters and in blue / black ink only. APP No. Date: DD/MM/YYYY					
quant Mutual Fund					
Dear Sir, (Investor needs to tick on any one of the two options as applicable for the transaction) I/We hereby remediate the missing / invalid Employee Unique Identificati n Number (EUIN) by providing the EUIN confirmation, for the following transaction:					
Folio No:, Transaction Date:/ ARN Code:					
Transaction Type : 🗌 Purchase 🗋 Switch 🗋 SIP 🗋 STP 🗋 Others (Please specify)					
Scheme :, Option:					
□ Units / □ Amount : (As applicable), Cheque / DD No :					
Execution Only Transaction Declaration (Please Tick) *Please sign below in case the EUIN is left blank/not provided. 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.		OR	EUIN Updation EUIN to be updated :		
SIGN HERE					
	Applicant Third Applicant d Signatory Authorised Signatory		Signature of ARN Holder / Authorized Signatory with Name & Seal		

1. Declaration must be signed by all applicants in case of mode holding is joint.

2. A separate declaration must be furnished for each transaction.