



COMMON APPLICATION FORM

A

Please read the instructions carefully, before filling up the application form. (All columns marked * are mandatory.)

1. AGENT INFORMATION		2. EXISTING UNIT HOLDER INFORMATION	OFFICE USE ONLY
Broker Code / Name (AMFI registered members only) ARN No. 0155 / NJ India Invest		Folio No.	Receipt Date / Time
55537			

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

3. UNIT HOLDER INFORMATION (Please fill in BLOCK Letters)

Name of First / Sole Applicant* Mr. Ms. M/s. Date of Birth

FIRST NAME _____ LAST NAME _____ D | D | M | M | Y | Y | Y | Y

Contact Person (In case of non-individual Investors) / Name of Guardian (In case of minor) Mr. Ms. Date of Birth

FIRST NAME _____ LAST NAME _____ D | D | M | M | Y | Y | Y | Y

Address of Guardian _____

Relationship with minor Father Mother Legal Guardian

Mailing Address of First/Sole Applicant* _____

PIN CODE* _____

PAN No.* _____ Enclosed (✓) Attested PAN Card KYC Acknowledgment attached (Mandatory in respect of all investments) Nationality* _____

Mandatory (In case of Minor please provide Guardian's PAN No)

Telephone* _____ Residence _____ Office _____ Fax _____

Mobile _____ Email _____

I wish to receive updates via sms on my mobile. (Please ✓) Physical Communication Email Communication (Please ✓) Frequency Daily Weekly Monthly

If the option is not given specifically by the unit holder, the AMC will send the account statement, annual report & other communication by email, if the email address is given by the unit holder in the application form. In case the investor wants to receive the Account Statement in physical copy please tick at the appropriate place in the application form. On request, the AMC will change the mode of sending the account statement. The frequency mentioned above is applicable only for email account statements.

Name of the Second Applicant Mr. Ms. M/s. **Name of the Third Applicant** Mr. Ms. M/s.

FIRST NAME _____ LAST NAME _____ FIRST NAME _____ LAST NAME _____

PAN No.* _____ Date of Birth _____ PAN No.* _____ Date of Birth _____

D | D | M | M | Y | Y | Y | Y D | D | M | M | Y | Y | Y | Y

Enclosed (✓) Attested PAN Card KYC Acknowledgment attached (Mandatory in respect of all investments) Enclosed (✓) Attested PAN Card KYC Acknowledgment attached (Mandatory in respect of all investments)

POA Holder Details Mr. Ms. M/s.

FIRST NAME _____ LAST NAME _____

POA Holder Address _____

PAN No.* _____ Enclosed (✓) Attested PAN Card KYC Acknowledgment attached (Mandatory in respect of all investments)

Overseas Address* (Mandatory in case of NRI and FII applicant in addition to mailing address.)

City _____ Country _____ Zip Code _____ Contact No. _____

4. STATUS OF SOLE/FIRST APPLICANT (Please ✓) (In Rs.)

Mode of holding** (Please ✓)	Status of first applicant (Please ✓) (Mandatory)	Annual income of SOLE/FIRST APPLICANT (Please ✓)
<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Society/Club <input type="checkbox"/> NRI Repatriable (NRE)	<input type="checkbox"/> Less than 2 Lakhs <input type="checkbox"/> 8-12 Lakhs
<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank / Financial Institution <input type="checkbox"/> NRI Non-Repatriable (NRO) <input type="checkbox"/> Trust	<input type="checkbox"/> 2-4 Lakhs <input type="checkbox"/> More than 12 Lakhs
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Company <input type="checkbox"/> On behalf of minor <input type="checkbox"/> Others _____	<input type="checkbox"/> 4-7 Lakhs

** In case of more than one applicant, if choice is not indicated the mode of holding will be treated as joint.

Occupation (of sole / First Applicant) (Please ✓) (Mandatory)

<input type="checkbox"/> Bureaucrat <input type="checkbox"/> Doctor <input type="checkbox"/> Lawyer <input type="checkbox"/> Teacher <input type="checkbox"/> MNC Employee <input type="checkbox"/> Agriculture/Fishery
<input type="checkbox"/> Telecommunication <input type="checkbox"/> Banking/Financial Institution <input type="checkbox"/> Housewife <input type="checkbox"/> Jeweller <input type="checkbox"/> Student <input type="checkbox"/> Retired
<input type="checkbox"/> Indian Private Company Employee <input type="checkbox"/> PSU/Govt. Employee <input type="checkbox"/> Scientist <input type="checkbox"/> Money Service Bureau <input type="checkbox"/> Information Technology <input type="checkbox"/> Politically Exposed Person
<input type="checkbox"/> Dealers in high value commodities (Ams, Bullion, Jewellery etc.) <input type="checkbox"/> Military Official <input type="checkbox"/> Other Business <input type="checkbox"/> Other Professional <input type="checkbox"/> Other Service _____ please specify

5. BANK ACCOUNT DETAILS (Please note that, as per SEBI Regulations it is mandatory for investors to provide bank account details)

Name of the Bank _____ Branch _____ City _____

Account No. _____ Branch Address _____

Account Type Savings Current NRE NRO FCNR Others _____ MICR Code _____ (This is a 9 Digit Number next to your Cheque Number)

RTGS Code _____ NEFT Code _____ (This is a 11 Digit Number, obtain from your bank branch)

Note: ING Mutual Fund reserves the right to use any other mode of payment as deemed appropriate. I/We understand that ING Mutual Fund shall not be responsible if transaction through ECS / EFT / NEFT could not be carried out because of incomplete or incorrect information.



ING Mutual Fund: 601/602, Windsor, Off. C.S.T. Road, Kalina, Santacruz (East), Mumbai 400098.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from Mr. Ms. M/s. _____ Pin Code _____ an applicati on for purchase of units, subject to realisation of funds.	Investment Details Scheme Name _____ Plan _____ Option _____ Sub Option _____	Investment Options (Please ✓) <input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP through Auto Debit <input type="checkbox"/> SIP through Postdated	Payment Details Amount in figures (Rs.) : _____ Amount in words (Rs.): _____ Cheque/DD No.: _____ Dated _____ No. of Cheques: _____ Bank and Branch : _____ SIP Period _____ To _____ SIP Date: <input type="checkbox"/> 1* <input type="checkbox"/> 10* <input type="checkbox"/> 15* <input type="checkbox"/> 27* <input type="checkbox"/> Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	OFFICIAL Collection Centre's Stamp & Receipt Date & Time Acknowledt is subject to realisation of cheque/DD
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Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement.



6. INVESTMENT DETAILS

Scheme Name	Plan	Option	Sub Options
ING			

P.S. If any of the above details other than scheme name are not mentioned, the default option will be invoked.

7. LUMP SUM PAYMENT DETAILS OR First SIP installment details through auto debit (Third party cheques are not allowed)

Cheque/DD Amt.: _____ DD Charges: _____ Total Amount/Cheque Amount (in figures): _____
Amount (in words): _____
Cheque/DD No.: _____ Cheque Date: _____ Bank: _____ Branch: _____
Account No.: _____ Account Type: Savings Current NRE NRO FCNR
I/We undertake that the detail of the payment instrument mentioned above pertain to my/our own bank account in my/our name and is not a third party cheque except guardian in case of minor. The AMC reserves the right to reject the application in case of third party cheque. Cheque to be drawn in favour of the scheme / plan applied for.

8. FOR INVESTORS WHO WISH TO OPT FOR SIP THROUGH AUTO DEBIT OR STANDING INSTRUCTION, PLEASE FILL THE SIP INVESTMENT FORM (page no. 62)

9. SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POSTDATED CHEQUES (Third party cheques are not allowed) SIP MICRO SIP
In case of MICRO SIP, please submit any one document as mentioned under 1 (ii) of page no. 52.

Frequency: Monthly* Quarterly (Jan/Apr/July/Oct)
SIP Date: 1st 10th 15th 27th
SIP Period: From | M | M | Y | Y | Y | Y | To | M | M | Y | Y | Y | Y |
* Default Option

Cheque Numbers : From _____ To _____
Drawn on Bank : _____
Branch _____ No. of Cheques: _____
Investment Period: _____ months Amount Per Installment (Rs.) : _____
(in words) _____

10. NOMINATION DETAILS MANDATORY (for more details, please refer page no. 66)

I/ We, _____ and _____ (strike out which is not applicable) do hereby nominate the undermentioned nominee(s) to receive the units allotted to my / our credit in my Folio in the event of my / our death.

Name and address of Nominee(s)

	First Nominee	Second Nominee	Third Nominee
Name			
Address			
Allocation %			
Date of Birth (If nominee is a minor)			
SIGNATURE	NOT MANDATORY	NOT MANDATORY	NOT MANDATORY

If the nominee is a minor, Name & Address of the guardian is mandatory:
Name & Address _____

Guardian relationship with minor nominee: Father Mother Legal Guardian

SIGNATURE	NOT MANDATORY
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OR

NON-INTENTION TO NOMINATE: (Mandatory for new folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We, hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

First / Sole Applicant/ Guardian	MANDATORY	Second Applicant	MANDATORY	Third Applicant	MANDATORY
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11. DECLARATION & SIGNATURE(S)

Applications by Individuals/HUF: I/We have read and understood the contents of the Scheme Information Document and I/We hereby apply to the trustee of ING Mutual Fund for units of Schemes, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant scheme. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that I/We am/are authorised to make this investment in the above mentioned Scheme and that the amount invested in Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention and evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India.

Applications other than Individuals/HUF: I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company/ Firm/Trust, I am/We are authorise to enter into this transactions for and on behalf of the Company/Firm/Trust.

Applicable to NRIs only: I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR/NRNR Account: Yes No (Please Tick ✓)
I/We undertake that all additional purchases made under this folio are from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.
I/We hereby declare that I/We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. Further I/We are declare that, I/We are not involved in any high risk occupation. In case of non-individual(s), I/We here by confirm that the ultimate beneficial owner (holding >25% of the shares/voting rights) are not linked to any sanction/high risk countries and are not involved in any money laundering terrorist financing activity.

Applicable in case of Micro SIP: I/ We do not have any existing Micro SIP which together with current application will result in aggregate investment exceeding Rs.50,000/- in a financial year or rolling period of 12 months.

First/ Sole Applicant/ Guardian/ POA	
Second Applicant/ POA	
Third Applicant/ POA	
Date: _____	

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Applications from investors residing in USA, Canada, Cuba, Syria, North Korea, Iran, Myanmar and Sudan shall be rejected.

ING Investment Management (India) Pvt. Ltd.

601/602, Windsor, Off C.S.T Road, Kalina, Santacruz (E), Mumbai 400 098.

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