ING SIP INVESTMENT FORM S

TO BE FILLED IN CAPITAL LETTERS. **This form should be submitted along with the Common Application form.** Please read the instructions carefully, before filling up the application form. All Columns marked * are mandatory.

1. AGENT INFORMATION

Broker Code / Name (AMFI registered members only)
ARN No. 0155 / NJ India Invest

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.

2. EXISTING UNIT HOLDER INFORMATION

Folio No.

OFFICE USE ONLY
Receipt Date / Time

3. UNIT HOLDER INFORMATION

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

F I R S T N A M E L A S T N A M E

Date of Birth D D M M Y Y Y Y

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.

PAN & KYC Mandatory* (Please provided attested PAN card copy)	First / Sole Applicant*	Second Applicant*	Third Applicant*
Enclosed (✓)	☐ Attested PAN Card ☐ KYC Acknowledgment attached	☐ Attested PAN Card ☐ KYC Acknowledgment attached	☐ Attested PAN Card ☐ KYC Acknowledgment attached

4. REGISTRATION ☐ I wish to register the following SIP

5. CANCELLATION ☐ I wish to cancel my SIP

6. SIP TRANSACTION DETAILS ☐ SIP ☐ MICRO SIP

Scheme

Plan

Option (Please ✓) ☐ Growth* ☐ Dividend Sub Option (Please ✓) ○ Payout ○ Re-investment*

SIP Date ☐ 1st ☐ 10th ☐ 15th ☐ 27th

SIP Period M M Y Y Y Y To M M Y Y Y Y

SIP Amount (per installment):

Frequency ☐ Monthly ☐ Quarterly (Jan, Apr, July, Oct) * Default Option

7. FIRST CHEQUE DETAILS

Cheque Amount

Cheque Number

Cheque Date D D M M Y Y Y Y

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Bank Name

Bank Branch

Branch City

8. BANK ACCOUNT DETAILS FOR AUTO DEBIT (Mandatory)

Name of 1st Account Holder

Name of 2nd Account Holder

Name of 3rd Account Holder

Bank Name: Branch Name:

Bank City: Account No.:

9 Digit MICR Code:

(This is 9 digit MICR code next to Cheque number)

Please provide a copy of cancelled cheque (Mandatory) leaf from an ECS/Direct Debit eligible bank

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

9. DECLARATIONS & SIGNATURE(S)

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform ING Mutual Fund, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.
I / We have not received nor have been induced by any rebate or gifts directly or indirectly in making these investments. 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. I confirm I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or rolling period of 12 months.

Signature (s) (as in bank records)

First/Sole Unit holder / Guardian	Second Unit holder	Third Unit holder
✕	✕	✕

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.

10. BANKER'S ATTESTATION (For bank use only)

Certified that the signature of account holder and the Details of Bank account are correct as per our records.

Account Number

Signature of authorised Official from Bank (Bank stamp and date)

11. AUTHORISATION OF THE BANK ACCOUNT HOLDER (To be filled and signed by investors)

To, The Branch Manager

Bank Branch Date D D M M Y Y Y Y

Sub: Mandate verification for A/c. No.

This is to inform you that I/We have registered for making payment towards my investments in ING Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing). I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,
Yours sincerely

First/Sole Unit holder / Guardian	Second Unit holder	Third Unit holder
✕	✕	✕

ING ACKNOWLEDGEMENT SLIP (To be filled in by the investor) SIP INVESTMENT FORM

Application No.: S

Received from Mr./Mrs./Ms. _____ an application for Systematic Investment Plan through ECS/Direct Debit.

Folio No.:	SIP Details	ECS / Direct Debit	OFFICIAL
Scheme Name:	Cheque No. Cheque Date	Bank Name:	Collection Centre's Stamp & Receipt Date & Time
Option:	SIP Amount (per installment)	Account No.:	
Sub-Option:	SIP Date ☐ 1st ☐ 10th ☐ 15th ☐ 27th Frequency: ☐ Monthly ☐ Quarterly	Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR	Allotment is subject to realisation of ECS Installment
	SIP Period M M Y Y Y Y To M M Y Y Y Y		

Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement.