

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.	Sub Broker Code	Folio No.	Receipt Date / Time

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

_____ _____ 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

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

Mailing Address of First/Sole Applicant* _____

PIN CODE* _____

PAN No.* _____ Enclosed (✓) Attested PAN Card KYC Acknowledgement attached
(In case of Minor please provide Guardian's PAN No) (Applicable in respect of investments of Rs. 50,000 and above) Nationality* _____

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.

<p>Name of the Second Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>PAN No.* _____ Date of Birth _____</p> <p>_____</p> <p>Enclosed (✓) <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above)</p>	<p>Name of the Third Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>PAN No.* _____ Date of Birth _____</p> <p>_____</p> <p>Enclosed (✓) <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above)</p>
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POA Holder Details Mr. Ms. M/s.

PAN No.* _____ Enclosed (✓) Attested PAN Card KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above)

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.)

<p>Mode of holding** (Please ✓)</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Anyone or Survivor</p>	<p>Status of first applicant (Please ✓) (Mandatory)</p> <p><input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF</p> <p><input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank / Financial Institution</p> <p><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Company</p> <p><input type="checkbox"/> Society/Club <input type="checkbox"/> NRI Non-Repatriable (NRO)</p> <p><input type="checkbox"/> On behalf of minor <input type="checkbox"/> NRI Repatriable (NRE)</p> <p><input type="checkbox"/> Trust <input type="checkbox"/> Others _____</p>
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** 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 (Arms, 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 MICR Code _____

RTGS Code _____ NEFT Code _____

ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

Received from Mr. Ms. M/s. _____ _____ Pin Code _____ an application for purchase of units, subject to realisation of funds.	Investment Details	Investment Options (Please ✓)	Payment Details	OFFICIAL Collection Centre's Stamp & Receipt Date & Time Allotment is subject to realisation of cheque/DD
	Scheme Name _____ Plan _____ Option _____ Sub Option _____	<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP through Auto Debit <input type="checkbox"/> SIP through Postdated	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 st <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 27 th Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

6. INVESTMENT DETAILS			
Scheme Name	Plan	Option	Sub Options
ING			
P.S. If any of the above details 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: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> 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. 25)

9. SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POSTDATED CHEQUES (Third party cheques are not allowed)	
<input type="checkbox"/> SIP	<input type="checkbox"/> MICRO SIP
In case of MICRO SIP, please submit any one document as mentioned under 1 (i) (ii) of page no. 18.	

Frequency: <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly (Jan/Apr/July/Oct)	Cheque Numbers : From _____ To _____
SIP Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 27 th	Drawn on Bank : _____
SIP Period: From [M] [M] [Y] [Y] [Y] [Y] To [M] [M] [Y] [Y] [Y] [Y]	Branch _____ No. of Cheques: _____
* Default Option	Investment Period: _____ months Amount Per Installment (Rs.) : _____ (in words) _____

10. NOMINATION DETAILS

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) if the nominee is a minor, Name & Address of the guardian is mandatory.

	First Nominee	Second Nominee	Third Nominee
Name			
Guardian's Name			
Address			
Allocation %			
Date of Birth (If nominee is a minor)			

11. DECLARATION & SIGNATURE(S)

Applications by Individuals/HUF: I/We have read and understood the contents of the offer 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, By laws, Trust Deed or Partnership Deed and resolutions passed by the Company/ Firm/ Trust, I am/We are authorised 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/NRSR 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.

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

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.