



# COMMON APPLICATION FORM

# A

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

<b>1. AGENT INFORMATION</b>		<b>2. EXISTING UNIT HOLDER INFORMATION</b>	<b>OFFICE USE ONLY</b>
ARN-13308		Folio No.	Receipt Date / Time
Sub Broker Code			

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 \_\_\_\_\_

\_\_\_\_\_ F I R S T N A M E \_\_\_\_\_ L A S T N A M E \_\_\_\_\_ D | D | M | M | Y | Y | Y | Y | Y | Y |

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

\_\_\_\_\_ F I R S T N A M E \_\_\_\_\_ L A S T N A M E \_\_\_\_\_ D | D | M | M | Y | Y | 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.

\_\_\_\_\_ F I R S T N A M E \_\_\_\_\_ F I R S T N A M E \_\_\_\_\_

\_\_\_\_\_ L A S T N A M E \_\_\_\_\_ L A S T N A M E \_\_\_\_\_

PAN No.\* \_\_\_\_\_ Date of Birth \_\_\_\_\_ PAN No.\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ D | D | M | M | Y | Y | Y | Y | Y | Y | \_\_\_\_\_ D | D | M | M | Y | Y | 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. \_\_\_\_\_ F I R S T N A M E \_\_\_\_\_ L A S T N A M E \_\_\_\_\_

POA Holder Address \_\_\_\_\_

PAN No.\* \_\_\_\_\_ Enclosed (✓)  Attested PAN Card  KYC Acknowledgement 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.)

<b>Mode of holding** (Please ✓)</b>	<b>Status of first applicant (Please ✓) (Mandatory)</b>	<b>Annual Income of SOLE/FIRST APPLICANT (Please ✓)</b>
<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"/> 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)**

Bureaucrat  Doctor  Lawyer  Teacher  MNC Employee  Agriculture/Fishery

Telecommunication  Banking/Financial Institution  Housewife  Jeweller  Student  Retired

Indian Private Company Employee  PSU/Govt. Employee  Scientist  Money Service Bureau  Information Technology  Politically Exposed Person

Dealers in high value commodities (Arms, Bullion, Jewellery etc.)  Military Official  Other Business  Other Professional  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 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 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 27 <sup>th</sup> Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

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:	<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. 62)**

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 (ii) of page no. 52.*

Frequency: <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly (Jan/Apr/July/Oct)	Cheque Numbers : From _____ To _____
SIP Date: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 27 <sup>th</sup>	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 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)			
<b>SIGNATURE</b>	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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<b>SIGNATURE</b>	NOT MANDATORY
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**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 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.

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

**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.

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.**