



# 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	OFFICE USE ONLY
Broker Code / Name (AMFI registered members only) ARN Code: <b>Bonanza - 0186</b>	Sub Broker Code: ARN of Sub Broker:	Employee Unique Identification Number (EUIIN) <small>In case left blank, tick below confirmation</small>	Folio No.	Receipt Date / Time

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First / Sole Applicant / Guardian	<b>MANDATORY</b>	Second Applicant	<b>MANDATORY</b>	Third Applicant	<b>MANDATORY</b>
-----------------------------------	------------------	------------------	------------------	-----------------	------------------

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.  New Investor (Investing first time in Mutual Fund)  Existing Investor

### 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/PEKRN 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/PEKRN 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 \_\_\_\_\_

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

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/PEKRN No.\* \_\_\_\_\_ Enclosed (✓)  Attested PAN Card  KYC Acknowledgment attached (Mandatory in respect of all investments)

**Overseas Address\*** (Mandatory in case of NRI and FI 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"/> Anyone or Survivor	<input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank / Financial Institution <input type="checkbox"/> Society/Club <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Company <input type="checkbox"/> NRI Non-Repatriable (NRO) <input type="checkbox"/> On behalf of minor <input type="checkbox"/> NRI Repatriable (NRE) <input type="checkbox"/> Trust <input type="checkbox"/> Others _____	<input type="checkbox"/> Less than 1 Lakh <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> More than 25 Lakhs <input type="checkbox"/> 5-10 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 (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. Unit Holding Options Demat Mode Physical Mode (If demat account details are provided below, units will be allotted in electronic mode only.)

**Demat Account Details -** (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.)  
Demat Account details are compulsory if demat mode is opted above.)

#### National Securities Depository Limited

Depository Participant (DP) ID

I | N | \_\_\_\_\_

Beneficiary Account Number

\_\_\_\_\_

#### Central Depository Services (India) Limited

Depository Participant (DP) ID & Beneficiary Account Number

\_\_\_\_\_

52



ING Mutual Fund: 601A, 6th floor, Trade Centre, Opp MTNL Telephone Exchange, Bandra Kurla Complex, Bandra (E), Mumbai- 400051

### ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

Received from Mr. Ms. M/s.	Investment Details	Investment Options (Please ✓)	Payment Details	OFFICIAL
_____	Scheme Name _____	<input type="checkbox"/> Lumpsum	Amount in figures (Rs.): _____	Collection Centre's Stamp & Receipt Date & Time
Pin Code _____	Plan _____ <input type="checkbox"/> Direct	<input type="checkbox"/> SIP through Auto Debit	Amount in words (Rs.): _____	
an application for purchase of units, subject to realisation of funds.	Option _____	<input type="checkbox"/> SIP through Postdated	Cheque/DD No.: _____ Dated _____ No. of Cheques: _____	
	Sub Option _____		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.

Allotment is subject to realisation of cheque/DD



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

Name of the Bank	<input type="text"/>	Branch	<input type="text"/>	City	<input type="text"/>
Account No.	<input type="text"/>	Branch Address	<input type="text"/>		
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others				
RTGS Code	<input type="text"/>	MICR Code	<input type="text"/>		
		NEFT Code	<input type="text"/>		

(This is a 9 Digit Number next to your Cheque Number)  
(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.

**7. INVESTMENT DETAILS**

Scheme Name	Plan / Mode	Option	Sub Options
ING	<input type="checkbox"/> Through Distributor <input type="checkbox"/> Direct*		

\* Please tick Direct if investing directly with the fund. Also indicate direct in the ARN column of the application forms. Please read SID / Addendum for default option. P.S. If any of the above details other than scheme name are not mentioned, the default option will be invoked.

**8. LUMP SUM PAYMENT DETAILS OR First SIP installment details through auto debit (Third party cheques are not allowed) (W.e.f. August 1, 2013 only CTS 2010 standard cheques shall be acceptable.) (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.

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

**10. SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POSTDATED CHEQUES (W.e.f. August 1, 2013 only CTS 2010 standard cheques shall be acceptable.) (Third party cheques are not allowed)**

In case of MICRO SIP, please submit any one document as mentioned under 1 (ii) of page no. 50.  SIP  MICRO SIP

Frequency:  Monthly\*  Quarterly (Jan/Apr/July/Oct)  
 SIP Date:  1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup>  27<sup>th</sup>  
 SIP Period: From  To   
 \* Default Option

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

**11. 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allocation %	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (If nominee is a minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

**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
----------------------------------	-----------	------------------	-----------	-----------------	-----------

**12. 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 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/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.

I hereby agree and undertake to pay a transaction charge of Rs. 100/- (in case of existing investors of the mutual fund) or Rs. 150/- (in case of new investors of the mutual fund) per subscription of Rs. 10000/- & above and that such transaction charge, if any, shall be deducted by the AMC from the subscription amount and paid to the distributor; and the balance shall be invested. I further acknowledge that in case of SIP, such transaction charge shall be applicable only if the total commitment through SIP amounts to Rs. 10,000/- & above and in such cases the transaction charge shall be recovered in 4 installments. (Not applicable in case of direct investments).

I hereby agree that AMC shall in case where multiple purchase / additional purchase / switch-in transactions aggregating to Rs. 2 lakh or more are submitted by me / us for the same transaction date (Net Asset Value (NAV) applicability date, then all such multiple applications will be aggregated and will be considered as a single transaction for considering NAV applicability date.

First / Sole Applicant/ Guardian/ POA	<input type="text"/>
Second Applicant/ POA	<input type="text"/>
Third Applicant/ POA	<input type="text"/>
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.**

601A, 6th floor, Trade Centre, Opp MTNL Telephone Exchange, Bandra Kurla Complex, Bandra (E), Mumbai- 400051

T : 1800 200 2267/1800 419 2267 / 022 4082 7999 / 3385 7999 W: www.ingim.co.in E: information@in.ing.com