



COMMON TRANSACTION FORM (For Existing Investors) T

Please use a separate form for each transaction

TO BE FILLED IN CAPITAL LETTERS. 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: Bonanza - 0186	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 inappropriateness, 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	MANDATORY	Second Applicant	MANDATORY	Third Applicant	MANDATORY
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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 HOLDERS DETAILS (Mandatory)

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

4. PAN/PEKRN / KYC DETAILS (Compulsory for all applicants. Kindly attach attested copy of the PAN/PEKRN card) (Refer instructions)

PAN/PEKRN & KYC Mandatory* (Please provided attested PAN/PEKRN card copy)	First / Sole Applicant*	Second Applicant*	Third Applicant*
Enclosed (✓)	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment attached	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment attached	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment attached

Scheme Name _____

Plan / Option / Sub Option _____

Choice of Option: Growth Option Dividend Option Payout Reinvestment | Plan/Mode: Through Distributor 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.

5. PLEASE SELECT ANY ONE TRANSACTION FROM THE BELOW MENTIONED OPTION

A. ADDITIONAL PURCHASE

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.

W.e.f. April 1, 2013 only CTS 2010 standard cheques shall be acceptable.

B. REDEMPTION

All units OR No. of units _____ OR Amount (Rs in figures): _____

Amount Rs. (in words) _____

For change of Bank Mandate, kindly refer separate form available.

Bank Name: _____

Branch Address: _____ City: _____ Pincode: _____

Account Number: _____ Account Type: Savings Current NRE NRO FCNR

C. SWITCH

To Scheme Name _____

Plan / Option / Sub Option _____

All units OR No. of units _____ OR Amount (Rs in figures): _____

Amount Rs. (in words) _____

D. SYSTEMATIC WITHDRAWAL PLAN

Withdrawal option: Fixed Sum _____ OR Fixed Units _____

Withdrawal frequency (Please ✓)

Period: From _____ To _____

5th every month 5th of Jan / Apr / July / Oct 70



Acknowledgment Slip (To be filled in by the investor)

Name of the Applicant _____ Application/Folio No _____

Received from the above mentioned investor the following:

Additional Purchase : Scheme _____ Cheque Amount (Rs.) _____

Cheque No. _____ Drawn on _____

Redemption or Switch Amount (Rs.) _____ OR Units _____

Switch from _____ Switch to _____

Change of Address SWP STP E-communication Folio Consolidation

OFFICIAL
Collection Centre, Date & Stamp



E. SYSTEMATIC TRANSFER PLAN

To Scheme Name Plan / Option / Sub Option

Transfer option (Please ✓) Monthly Quarterly (Jan/Apr/July/Oct)

Period: From To

Withdrawal frequency (Please ✓) Monthly Quarterly (Jan/Apr/July/Oct)

Dates: 1st 10th 15th 27th

Systematic Transfer Amount:

Amount in words

6. CHANGE OF ADDRESS (Incase if the Folio is KYC compliant, please submit change of address to CVL)

District State PIN CODE

Telephone Residence Office Fax

Mobile Email

7. E-MAIL COMMUNICATION Registration Cancellation Change in Email ID

Email ID :

I wish to receive documents via email. (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.

8. FOLIO CONSOLIDATION

I/We wish to consolidate the following folio numbers

TO

Folio Number P.S. Details in all folios to be merged should be identical to the folio number to be merged to.

9. DECLARATIONS & SIGNATURE(S)

Applications by Individuals/HUF: I/We have read and understood the contents of the SID 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.

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	
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.

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