ING COMMON APPLICATION FORM A

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) | Sub Broker Code: | Employee Unique Identification Number (EUIN) — In case left blank, I/We hereby confirm

ARN Code: ARN-97821 | ARN of Sub Broker: | E113814

2. EXISTING UNIT HOLDER	OFFICE USE ONLY
Folio No.	Receipt Date / Time

☐ I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction

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 (D D M M Y Y Y Y)

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

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)

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

Address of Guardian

Relationship with minor ☐ Father ☐ Mother ☐ Legal Guardian

Mailing Address of First/Sole Applicant*

PIN CODE*

PAN No.* Mandatory (In case of Minor please provide Guardian's PAN No) | Enclosed (✓) ☐ Attested PAN Card ☐ KYC Acknowledgment attached (Mandatory in respect of all investments) | 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.

Name of the Second Applicant ☐ Mr. ☐ Ms. ☐ M/s.

F I R S T N A M E

L A S T N A M E

PAN No.* — Date of Birth (D D M M Y Y Y Y)

Enclosed (✓) ☐ Attested PAN Card ☐ KYC Acknowledgment attached (Mandatory in respect of all investments)

Name of the Third Applicant ☐ Mr. ☐ Ms. ☐ M/s.

F I R S T N A M E

L A S T N A M E

PAN No.* — Date of Birth (D D M M Y Y Y Y)

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.)

Mode of holding** (Please ✓)
☐ Single ☐ Joint
☐ Anyone or Survivor

Status of first applicant (Please ✓) (Mandatory)
☐ Resident Individual ☐ HUF ☐ Society/Club ☐ NRI Repatriable (NRE)
☐ Partnership Firm ☐ Bank / Financial Institution ☐ NRI Non-Repatriable (NRO) ☐ Trust
☐ Sole Proprietorship ☐ Company ☐ On behalf of minor ☐ Others_____

Annual Income of SOLE/FIRST APPLICANT (Please ✓)
☐ Less than 1 Lakh ☐ 10-25 Lakhs
☐ 1-5 Lakhs ☐ More than 25 Lakhs
☐ 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)
☐ 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. 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

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ING **ING Mutual Fund:** 805/806, Windsor, Off. C.S.T. Road, Kalina, Santacruz (East), Mumbai 400098.

ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

ARN-97821

Received from Mr. Ms. M/s. _____ _____ _____ Pin Code_____ an application for purchase of units, subject to realisation of funds.	Investment Details: Scheme Name _____ Plan _____ ☐ Direct Option _____ Sub Option _____	Investment Options (Please ✓): ☐ Lumpsum ☐ SIP through Auto Debit ☐ SIP through Postdated	Payment Details: Amount in figures (Rs.) :_____ Amount in words (Rs.):_____ Cheque/DD No.:_____ Dated_____ No. of Cheques:_____ Bank and Branch :_____ SIP Period (M M Y Y Y Y) To (M M Y Y Y Y) SIP Date: ☐ 1st ☐ 10th ☐ 15th ☐ 27th Frequency: ☐ Monthly ☐ Quarterly	OFFICIAL — Collection Centre's Stamp & Receipt Date & Time: Allotment is subject to realisation of cheque/DD

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

ING

ARN-97821

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 | Branch | City

Account No. | Branch Address

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others | MICR Code

RTGS Code | NEFT Code (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	☐ 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.**

P.S. If any of the above details other than scheme name are not mentioned, the default option will be invoked.

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

☐ SIP ☐ MICRO SIP

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

Frequency: ☐ Monthly* ☐ Quarterly (Jan/Apr/July/Oct)

SIP Date: ☐ 1st ☐ 10th ☐ 15th ☐ 27th

SIP Period: From M M Y Y Y Y To M M Y Y Y Y

* 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			
Address			
Allocation %			
Date of Birth (If nominee is a minor)			
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

OR

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 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 authorise 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 A ccount.

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 subscriptions 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.

805/806, Windsor, Off C.S.T Road, Kalina, Santacruz (E), Mumbai 400 098.

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