



ARN-97821

**NOMINATION FORM**

TO BE FILLED IN CAPITAL LETTERS. Please read the instructions carefully provided overleaf, before filling up the nomination form.

<b>1. UNIT HOLDER INFORMATION</b>	<b>OFFICE USE ONLY</b>
Folio No./Application No.	Receipt Date / Time

**2. UNIT HOLDERS DETAILS (Mandatory)**Name of First / Sole Applicant ☐ Mr. ☐ Ms. ☐ M/s.**3. NOMINATION**

I/ We, (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 and (3) \_\_\_\_\_ \*do hereby nominate/cancel\* the following persons more particularly described hereunder made  
 by me / us on the \_\_\_\_\_ day of \_\_\_\_\_ in respect of the units bearing Folio No./Application No. \_\_\_\_\_

I/We also understand that all payments and settlements will be made to the nominee(s) and shall be a valid discharge by the AMC/Mutual Fund/Trustees.

\*(strike out which is not applicable)

<b>Name and address of the First Nominee</b> Name _____ Address _____ PAN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature of Nominee _____ Percentage (%) of Allocation <input type="text"/>	<b>To be furnished in case nominee is a Minor</b> Name of Guardian _____ Address of Guardian _____ PAN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship with the nominee: _____ Signature of Nominee _____
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<b>Bank Account Details of the First Nominee</b> Name of the Bank _____ Account No. _____ Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO RTGS Code _____	Branch _____ City _____ Branch Address _____ MICR Code _____ NEFT Code _____
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<b>Name and address of the Second Nominee</b> Name _____ Address _____ PAN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature of Nominee _____ Percentage (%) of Allocation <input type="text"/>	<b>To be furnished in case nominee is a Minor</b> Name of Guardian _____ Address of Guardian _____ PAN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship with the nominee: _____ Signature of Nominee _____
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<b>Bank Account Details of the Second Nominee</b> Name of the Bank _____ Account No. _____ Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO RTGS Code _____	Branch _____ City _____ Branch Address _____ MICR Code _____ NEFT Code _____
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<b>Name and address of the Third Nominee</b> Name _____ Address _____ PAN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature of Nominee _____ Percentage (%) of Allocation <input type="text"/>	<b>To be furnished in case nominee is a Minor</b> Name of Guardian _____ Address of Guardian _____ PAN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship with the nominee: _____ Signature of Nominee _____
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<b>Bank Account Details of the Third Nominee</b> Name of the Bank _____ Account No. _____ Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO RTGS Code _____	Branch _____ City _____ Branch Address _____ MICR Code _____ NEFT Code _____
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**SIGNATURE(S)**

Sole/First Applicant/Guardian	Second Applicant	Third Applicant
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**Acknowledgment Slip (To be filled in by the investor) ARN-97821****ING Investment Management (India) Pvt. Ltd.**

601/602, Windsor, Off C.S.T Road, Kalina, Santacruz (E), Mumbai 400 098.

Name of the Applicant \_\_\_\_\_ Folio No./Application No. \_\_\_\_\_

Received from the above mentioned investor the following request: ☐ Nomination ☐ Cancellation

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

**OFFICIAL**

Collection Centre, Date &amp; Stamp