



# 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: <b>ARN-97821</b>	Sub Broker Code: ARN of Sub Broker:	Employee Unique Identification Number (EUIIN) E113814	Folio No.	Receipt Date / Time

☐ I/We hereby confirm that where the EUIIN 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 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 / KYC DETAILS (Compulsory for all applicants. Kindly attach attested copy of the PAN card) (Refer instructions)

PAN & KYC Mandatory* (Please provide attested PAN 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 ✓)  
(Please ✓) ☐ 5th every month ☐ 5th of Jan / Apr / July / Oct  
Period: From To



## Acknowledgment Slip (To be filled in by the investor)

ARN-97821

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

W: [www.ingim.co.in](http://www.ingim.co.in) E: [information@in.ing.com](mailto:information@in.ing.com)