



APPLICATION FORM FOR ZOOM INVESTMENT PAC (ZIP)

Z

Investors must read the guidelines to ZIP & instructions before completing this form. Please refer instructions on page no.71.

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: ARN-97821	Sub Broker Code: ARN of Sub Broker:	Employee Unique Identification Number (EUIIN) In case left blank, mention 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 HOLDER INFORMATION (Please fill in BLOCK Letters)

Name of First / Sole Applicant*

☐ Mr. ☐ Ms. ☐ M/s.

Date of Birth

FIRST NAME LAST NAME DD MM YY YY

Contact Person (In case of non-individual investors) / Name of Guardian (In case of minor)

☐ Mr. ☐ Ms.

Date of Birth

FIRST NAME LAST NAME DD MM YY YY

Address of Guardian

Relationship with minor ☐ Father ☐ Mother ☐ Legal Guardian

Mailing Address of First/Sole Applicant*

PIN CODE*

PAN No.* Enclosed (✓) ☐ Attested PAN Card ☐ KYC Acknowledgement attached (Mandatory in respect of all investments) Nationality*

(In case of Minor please provide Guardian's PAN 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

LAST NAME

PAN No.* Date of Birth DD MM YY YY

Enclosed (✓) ☐ Attested PAN Card ☐ KYC Acknowledgement attached (Mandatory in respect of all investments)Enclosed (✓) ☐ Attested PAN Card ☐ KYC Acknowledgement attached (Mandatory in respect of all investments)POA Holder Details ☐ Mr. ☐ Ms. ☐ M/s.

FIRST NAME LAST NAME

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 fill 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"/> Society/Club <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank / Financial Institution <input type="checkbox"/> NRI Non-Repatriable (NRO) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Company <input type="checkbox"/> On behalf of minor <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)	Other
<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. 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 <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	MICR Code	(This is a 9 Digit Number next to your Cheque Number)
RTGS Code	NEFT Code	(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.



ACKNOWLEDGEMENT SLIP (To be filled in by the investor) ARN-97821

Type of Investment (Please tick one option): ☐ Fresh Investment ☐ Existing Investment

Received from Mr./Ms./M/s. Address

an application of amount of Rs. (in figures)

(in words) for purchase/switch in of units in ING Liquid Fund (Super Institutional Plan - Growth Option) under Zoom Investment Pac (ZIP) the details of which are as given below: (For Fresh Investments, please fill in all details as given below.)

Switch in to ING Liquid Fund (Super Institutional Plan - Growth Option)	Switch / Cheque Amount	Cheque / DD No	Cheque / DD Date	Bank	Branch
From Scheme:					
Option:					

Please Note: All Purchases are subject to realisation of cheque(s) / demand draft(s).

ZIP TRANSFER DETAILS

Folio No.	Total Amount to be transferred (Rs.)	Daily Transfer Amount (Rs.)	Scheme to be Transferred to	Official
				Collection Centre Date & Stamp

6. INVESTMENT DETAILS: Regular Investments (W.e.f. April 1, 2013 only CTS 2010 standard cheques shall be acceptable.) (Third party cheques are not allowed)				
The Cheque/DD should be drawn favouring "ING Liquid Fund"				
Cheque/DD No. _____	Cheque/DD Date _____	Account Type <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		
DD Amount Rs. a) _____	DD charges Rs. b) _____	Net Amount Invested Rs. (c) (a-b-c): _____		
(Words) _____	Drawn on Bank _____	Branch _____		
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.				

7. SWITCH REQUEST TO ING LIQUID FUND (Super Institutional Plan - Growth Option)				
From Scheme: _____	Plan _____	<input type="checkbox"/> Through Distributor <input type="checkbox"/> Direct ^A	Option: _____	
Amount (Rs. in figures): _____	Amount (Rs. in words): _____			
Units _____	All units <input type="checkbox"/>	^A 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.		

8. ZOOM INVESTMENT PAC (ZIP) (Please fill a separate application form to register individual ZIP transactions)				
Total investment amount to be transferred from ING Liquid Fund (Super Institutional Plan -Growth Option):				
In Figures: Rs. _____	In Words: Rs. _____			
To Scheme (Please tick only one scheme from alongside)	<input type="checkbox"/> ING Core Equity Fund <input type="checkbox"/> ING Balanced Fund <input type="checkbox"/> ING Gilt Fund Provident Fund Dynamic Plan <input type="checkbox"/> ING 5 Star Multi-Manager FoF Scheme			
	<input type="checkbox"/> ING Tax Savings Fund ^A <input type="checkbox"/> ING Midcap Fund <input type="checkbox"/> ING Income Fund <input type="checkbox"/> ING Multi Manager Equity Fund			
	<input type="checkbox"/> ING Large Cap Equity Fund <input type="checkbox"/> ING Dividend Yield Fund <input type="checkbox"/> ING Short Term Income Fund <input type="checkbox"/> ING Asset Allocator Multi-Manager FoF Scheme			
Choice of Option for "To Scheme"	<input type="checkbox"/> Growth [*] <input type="checkbox"/> Through Distributor ^A <input type="checkbox"/> Dividend <input type="checkbox"/> Direct ^{**}	^A Please tick through distributors if investments are routed through Distributors. ^{**} 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.		
In case of "Dividend Option" please tick any one	<input type="checkbox"/> Dividend Reinvestment [*] <input type="checkbox"/> Dividend Payout			
Daily Transfer Amount (Rs.) in "To Scheme"	<input type="checkbox"/> 99 <input type="checkbox"/> 199 <input type="checkbox"/> 499 <input type="checkbox"/> 999 [] <input type="checkbox"/> 1999 <input type="checkbox"/> 4999 <input type="checkbox"/> Other ^{**} _____			
Other than ING Tax Savings Fund	^{**} Please note: You may specify any other amount to be transferred daily such that the minimum transfer amount cannot be below Rs. 99/-.			
^A Daily Transfer Amount (Rs.) in ING Tax Savings Fund	<input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 2000 <input type="checkbox"/> Other ^{***} _____			
	^{***} Please note: You may specify any other amount to be transferred daily such that the minimum transfer amount cannot be below Rs. 500/- and has to be in multiples of Rs.500/- thereafter. [*] Default			

9. E-MAIL COMMUNICATION (Please ✓)				
a) I/We wish to receive the Account Statement via e-mail instead of physical document: <input type="checkbox"/> Yes <input type="checkbox"/> No				
b) If yes, please specify the frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
Please note e-statements will be sent to the ID provided under the first / sole applicants information.				
In case no e-mail id is mentioned, ING Investment Management (India) Pvt. Ltd. would be dispatching the Accounts Statement as mandated in the SEBI regulations. It is the responsibility of the investor to inform the AMC in case of change in e-mail id. Non-receipt of e-mails due to such change or technical reason is not the liability of the AMC.				

10. NOMINATION DETAILS (For nomination facility please refer page no. 66)
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11. DECLARATIONS & SIGNATURE(S)												
I/We have read and understood the contents of the Scheme Information Document of the respective scheme(s) of ING Mutual Fund. I/We hereby apply for allotment/purchase of units in the "To Scheme" (as defined in the "ZIP" form) indicated as above and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We are authorised to make this investment in the above mentioned "To Scheme" and this transfer does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the Provisions of Income Tax Act, Anti Money Laundering Act, Anti Corruption Act or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I hereby agree to provide the AMC with necessary additional proof/documents that may be required for the purpose of compliance with Prevention of Money Laundering Act. ^A 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 subscription have been remitted from abroad through approved banking channels or from my/our Non-resident External / Ordinary Account/FCNR/NRNR 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. 10,000/- & 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 instalments. (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.												
<table border="1"> <tr> <td>First / Sole Applicant/Guardian/POA</td> <td></td> </tr> <tr> <td>Second Applicant/POA</td> <td></td> </tr> <tr> <td>Third Applicant/POA</td> <td></td> </tr> <tr> <td colspan="2">Date: _____</td> </tr> </table>					First / Sole Applicant/Guardian/POA		Second Applicant/POA		Third Applicant/POA		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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