

Enrolment Form

(Please read terms & conditions overleaf)

S **SYSTEMATIC**
I **INVESTMENT**
P **PLAN**

Enrolment Form No. _____

DISTRIBUTOR'S INFORMATION		FOR OFFICE USE ONLY	
Distributor's Broker Code	Sub-Broker's Code		
ARN-97821			

The Trustee : ING Vysya Mutual Fund

Date : D D M M Y Y

I/We have read and understood the contents of the Offer Document of the following Scheme and the terms & conditions overleaf. I/We hereby apply for enrolment under the SIP of the following Scheme / Plan / Option and agree to abide by the terms and conditions of the following Scheme / Plan / Option. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information and delayed due to various clearing cycles of ECS/local holidays, I/We would not hold the users institution responsible. I/We will also inform ING Investment Management [I] Pvt. Ltd., OptiMix Division and ING Vysya Mutual Fund about any changes in my bank account.

Folio No. (For existing Unit holder) / Application No. (For new investor) _____

Name of the First / Sole Applicant _____

PAN _____ Please provide a copy of proof **OR** ☐ Attach Form 60/61 (Please ✓) Please provide proof of address **MIN** _____

Name of the Second / Joint Holder #1 _____

PAN _____ Please provide a copy of proof **OR** ☐ Attach Form 60/61 (Please ✓) Please provide proof of address **MIN** _____

Name of the Third / Joint Holder #2 _____

PAN _____ Please provide a copy of proof **OR** ☐ Attach Form 60/61 (Please ✓) Please provide proof of address **MIN** _____

1. Name of Scheme / Plan / Option _____

2. SIP Amount (Rs.) (for each transaction) _____

3. Frequency (Please ✓ any one only) ☐ Monthly SIP ☐ 1st OR ☐ 10th ☐ Quarterly SIP ☐ 10th

4. Enrolment Period From M M Y Y To M M Y Y

5. For a new investor the first payment has to be made via cheque along with the MF application form Cheque No.: _____ Dated: _____

Bank Name: _____ Branch: _____ Amount: _____

6. Payment Mechanism (Please any one only) (a). ☐ Cheques

	Cheque Number (s)	Dated (DD/MM/YY)	Amount (Rs.)
	1.		
	2.		
	3.		
	4.		
	5.		
Total (Rs.)			
Cheques drawn on	Name of Bank _____ Branch _____		

(b). ☐ ECS

PARTICULARS OF BANK ACCOUNT I/We hereby authorise IIM [India] OptiMix Division, ING Vysya Mutual Fund and their authorised service providers, to debit my/our following bank account by ECS [Debit Clearing] for collection of SIP payments.

Bank Name _____

Branch Name _____

Bank City _____

Account Number _____ Account type ☐ Saving ☐ Current ☐ Cash Credit




9 Digit MICR Code _____ (Please enter the 9 digit number that appears after the cheque number)

Account holder's name as in Bank Account _____

² ECS (Debit Clearing) is available in select cities only.

I / We have not received nor have been induced by any rebate or gifts directly or indirectly in making these investments.

SIGNATURES

 First/Sole Unit holder / Guardian	 Second Unit holder	 Third Unit holder
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Please note: Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint all Unit holders are required to sign.

TRUSTEE
ING Vysya
MUTUAL FUND

Authorisation of the Bank Account Holders **Signatures of Bank Account holders**

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in ING Investment Management [I] Pvt. Ltd., OptiMix Division shall be made from my/our below mentioned bank account number with your bank. I/We authorise ING Investment Management [I] Pvt. Ltd., OptiMix Division acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account.

Bank Account Number _____ 1st Holder _____

2nd Holder _____

3rd Holder _____

ACKNOWLEDGMENT SLIP

ARN-97821

Investor's Name _____

Investor's Folio _____ Account No. _____

SIP Amount (Rs.) _____ Frequency: ☐ Monthly ☐ Quarterly Scheme _____

Investor Service Centre
Signature & Stamp