

**D****COMMON APPLICATION FORM  
FOR DEBT AND LIQUID SCHEMES**

Investors must read the instructions before completing this form.

1. AGENT INFORMATION		2. EXISTING UNIT HOLDER INFORMATION	FOR OFFICE USE ONLY
Agent's Code/Name AMFI registered members only <b>ARN-0032</b>	Sub Agent Code	Folio No.	Receipt Date & Time

3. UNIT HOLDER INFORMATION (Please fill in BLOCK Letters)			
Name of First/Sole Applicant	Mr. Ms. Mrs.	Date of Birth	MIN No.
Contact Person (In case of non-individual Investors) (Refer instructions)	Mr. Ms. Mrs.		
Name of the Guardian (In case of minor)	Mr. Ms. Mrs.	Date of Birth of Minor	MIN No. of guardian
Mailing Address of First/Sole Applicant	Address 1		
	Address 2		
	State	Country	PINCODE
PAN No. (Compulsory for application of Rs. 50,000/- & Above) (Refer instructions)	Residence	Office	Fax
Telephone			Mobile
			Email
Name of Second Applicant	Mr. Ms. Mrs.	Date of Birth	MIN No.
Mailing Address of Second Applicant	Address		
	State	Country	PINCODE
PAN No. (Compulsory for application of Rs. 50,000/- & Above) (Refer instructions)	Residence	Office	Fax
Telephone			Mobile
			Email
Name of Third Applicant	Mr. Ms. Mrs.	Date of Birth	MIN No.
Mailing Address of Third Applicant	Address		
	State	Country	PINCODE
PAN No. (Compulsory for application of Rs. 50,000/- & Above) (Refer instructions)	Residence	Office	Fax
Telephone			Mobile
			Email
Overseas Address (in case of NRIs/FIIs)			
			PINCODE
Name of Power of Attorney	Mr. Ms. Mrs.	Date of Birth	MIN No.
	Address		
	State	Country	PINCODE
PAN No. (Compulsory for application of Rs. 50,000/- & Above) (Refer instructions)	Residence	Office	Fax
Telephone			Mobile
			Email

<b>Mode of holding**</b> (Please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	<b>Status</b> (Please ✓) (Mandatory) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Proprietorship <input type="checkbox"/> HUF <input type="checkbox"/> Bank / F.I. <input type="checkbox"/> Company <input type="checkbox"/> Society/Club <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> On behalf of minor <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> Trust <input type="checkbox"/> Others	<b>Nationality</b> First Applicant Second Applicant Third Applicant
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\*\* In case of more than one applicant, if choice is not indicated the mode of holding will be treated as joint. Application form without nationality details is liable to be rejected.

<b>Occupation</b> (of sole/First Applicant) (Please ✓) (Mandatory) <input type="checkbox"/> Teacher <input type="checkbox"/> Indian Private Company Employee <input type="checkbox"/> Agriculture <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Housewife <input type="checkbox"/> Other Business <input type="checkbox"/> Jeweller <input type="checkbox"/> Other Professional <input type="checkbox"/> Student <input type="checkbox"/> Other Service <input type="checkbox"/> Retired
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<b>4. ANNUAL INCOME OF SOLE/FIRST APPLICANT</b> (Please ✓) (INDIVIDUAL) : <input type="checkbox"/> Less than 5 Lacs <input type="checkbox"/> 5 Lacs - 25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> 1 Crore - 5 Crore <input type="checkbox"/> 5 Crore & Above (NON-INDIVIDUAL) : <input type="checkbox"/> < 50 Lacs <input type="checkbox"/> 50 Lacs - 2.5 Crore <input type="checkbox"/> 2.5 Crore - 10 Crore <input type="checkbox"/> 10 Crore - 50 Crore <input type="checkbox"/> 50 Crore & Above
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**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
Account No.	Branch Address
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO	City
MICR Code (9 Digit)	IFSC Code (11 Digit)

If the Bank Account is held with any of the following Bank, the payment of Dividend/Redemption would be made directly into your Bank Account  
Standard Chartered Bank, HDFC Bank, UTI Bank, ING Vysya Bank Ltd., HSBC Ltd., Citibank N. A., ICICI Bank Ltd., IDBI Bank Ltd., Saraswat Co-op. Bank, Deutsche Bank, Indusind Bank, Centurion Bank.  
ING Mutual Fund retains the right to use any other mode of payment as deemed appropriate. I/We understand that ING Mutual Fund shall not be responsible if the direct credit could not be carried out because of the incomplete or incorrect information.  
If "mandatory details" are not provided, application is liable to be rejected.

<b>6. E-MAIL COMMUNICATION</b> (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"/> Monthly <input type="checkbox"/> Weekly E-mail Address
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<b>7. SMS COMMUNICATION</b> (Please ✓) I/We wish to receive the updates via SMS on my mobile <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>8. ATTACHMENT WITH THE APPLICATION FORM</b> : PAN Card copy attached <input type="checkbox"/> Yes <input type="checkbox"/> No • Form 60 or 61 <input type="checkbox"/> Yes <input type="checkbox"/> No • Proof of Address <input type="checkbox"/> Yes <input type="checkbox"/> No • MIN Acknowledgement <input type="checkbox"/> Yes <input type="checkbox"/> No
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**ACKNOWLEDGEMENT SLIP (To be filled in by the investor)**

**ING Mutual Fund**  
101 Windsor, Off. C.S.T. Road, Vidyarnagri Marg, Kalina, Santacruz (East), Mumbai 400098.

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

\_\_\_\_\_ an application for purchase of units along with details as given below:

Name of the Scheme	Option	Amount Invested	Cheque/DD No.	Cheque/DD Date	Bank	Branch

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

Collection Centre Date & Stamp
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**8. INVESTMENT DETAILS (Third party cheques are not allowed)**

Choice of Scheme (Please ✓ the  to select plan and option, ✓ the  to select dividend option)

<b>ING LIQUID FUND</b>	The Cheque/DD should be favouring "ING Liquid Fund"	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Super-Institutional
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING FLOATING RATE FUND</b>	The Cheque/DD should be favouring "ING Floating Rate Fund "	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING INCOME FUND SHORT TERM PLAN</b>	The Cheque/DD should be favouring "ING Income Fund - Short Term Plan"	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING INCOME FUND</b>	The Cheque/DD should be favouring "ING Income Fund "	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING SELECT DEBT FUND</b>	The Cheque/DD should be favouring "ING Select Debt Fund"	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING MIP FUND PLAN A</b>	The Cheque/DD should be favouring "ING MIP Fund - Plan A"	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING MIP FUND PLAN B</b>	The Cheque/DD should be favouring "ING MIP Fund- Plan B"	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING GILT FUND PF DYNAMIC PLAN</b>	The Cheque/DD should be favouring "ING GILT Fund-PF Dynamic Plan"	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING GILT FUND REGULAR PLAN</b>	The Cheque/DD should be favouring "ING GILT Fund - PF Dynamic Plan"	
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="radio"/> Payout <input type="radio"/> Reinvestment	
<b>ING LIQUID PLUS FUND</b>	The Cheque/DD should be favouring "ING Liquid Plus Fund"	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Institutional
Choice of Option	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Daily Dividend Reinvestment Option <input type="checkbox"/> Weekly Dividend Reinvestment Option <input type="checkbox"/> Monthly Dividend Reinvestment Option <input type="checkbox"/> Monthly Dividend Payout Option <input type="checkbox"/> Quarterly Dividend Reinvestment Option <input type="checkbox"/> Quarterly Dividend Payout Option	

**INVESTMENT DETAILS (Third party cheques are not allowed)**

Cheque/DD No. \_\_\_\_\_ Cheque/DD Date \_\_\_\_\_ Account Type  NRI  NRO  FCNR  SAVINGS

1) Gross Amount Paid (a) \_\_\_\_\_ 2) DD charges (b) \_\_\_\_\_ 3) Net Amount Invested (c) (a-b=c): (figures) \_\_\_\_\_

(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 incase of minor. The AMC reserves the right to reject the applicaiton in case of third party cheque.

**9. NOMINATION DETAILS**

I/We hereby nominate the under mentioned nominee to receive the amount to my/our credit on my/our death. I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustees.

**Name and Address of Nominee**

Name : \_\_\_\_\_ Address : \_\_\_\_\_

Date of Birth (to be furnished in case the nominee is minor)\* \_\_\_\_\_

\*Name of Guardian : \_\_\_\_\_ Address of Guardian : \_\_\_\_\_

Relationship with Minor : \_\_\_\_\_

Signature of Guardian : \_\_\_\_\_

**10. For Investors who wish to opt for SIP/SWP/STP, please refer to "Facilities Form" overleaf**

Systematic Transfer Plan (STP)/Systematic Investment Plan (SIP)/Systematic Withdrawal Plan (SWP) form is enclosed  Yes  No

**11. DECLARATIONS & SIGNATURE(S)**

I/We have read and understood the contents of the Offer Document of the scheme(s) of ING Mutual Fund. I/We hereby apply to the Trustee of ING Mutual Fund for Units of respective schemes of ING Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s).

\*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/NRSR Account.

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 proofs/documents that may be required for the purpose of compliance with Prevention of Money Laundering Act.

\* Applicable to NRIs only

First / Sole Applicant	
Second Applicant	
Third Applicant	

For any queries please contact customer care no. **1800 22 0042** or SMS **ING** to **54545**  
 or  
 email us at **information@in.ing.com**  
 or  
 visit us at **www.ingim.co.in**

# FACILITIES FORM



Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point
ARN-0032		
NAME OF APPLICANT / UNITHOLDER		APPLICATION / FOLIO NO.
PAN*		
* Mandatory if each Systematic Investment / Systematic Transfer Amount > = Rs. 50,000		
E-Mail ID for mailing for Account Statement		

## 1. SYSTEMATIC INVESTMENT PLAN

Scheme	Plan	Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend:	<input type="radio"/> Payout	<input type="radio"/> Re-investment
			<input type="checkbox"/> Bonus			
Investment Amount		Investment Frequency (Please ✓)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly		
Investment Period	In Months	From	MM/YYYY	To	MM/YYYY	
Draw On	Bank	Branch		City		

## 2. SYSTEMATIC WITHDRAWAL PLAN

Scheme	Plan	Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend:	<input type="radio"/> Payout	<input type="radio"/> Re-investment
			<input type="checkbox"/> Bonus			
Withdrawal Option (Please ✓)	<input type="checkbox"/> Fixed Sum		Withdrawal Frequency (Please ✓)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
	OR	(Please Specify Amount/Units)	Dates: <input type="checkbox"/> 5th			
	<input type="checkbox"/> Fixed Units		Withdrawal Period	DD / MM / YYYY	To	DD / MM / YYYY

## 3. SYSTEMATIC TRANSFER PLAN

From: Scheme	Plan	Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend:	<input type="radio"/> Payout	<input type="radio"/> Re-investment
			<input type="checkbox"/> Bonus			
To: Scheme	Plan	Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend:	<input type="radio"/> Payout	<input type="radio"/> Re-investment
			<input type="checkbox"/> Bonus			
Transfer Option (Please ✓)	<input type="checkbox"/> Fixed Sum		Transfer Frequency (Please ✓)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
	OR	(Please Specify Amount/Units)	Dates: <input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 27th			
	<input type="checkbox"/> Fixed Units		Transfer Period	DD / MM / YYYY	To	DD / MM / YYYY

Note : • Signature(s) should be as it appears on the Application Form and in the same order.

• If no investment option is ticked default option will be Growth. • If no dividend option is ticked default option will be reinvestment. • This form should be accompanied with common application form (Equity)

• Minimum number of cheques equal to 6 (Monthly Option) or 4 (Quarterly Option). • Minimum installment Rs. 1000/100 Units (Monthly Option) Rs. 3000/300 Units (Quarterly Option)

## 4. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Offer Document(s) of the respective Scheme(s) of ING Mutual Fund. I/We hereby apply for allotment/purchase of Units in the Scheme(s) 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 abovementioned Scheme(s) and that the amount invested in the Scheme(s) 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 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 hereby authorised ING Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my/our Investment Advisor and/or banks.

I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

SIGNATURE (S)			
	Sole / First Applicant	Second Applicant	Third Applicant
	(To be signed by <b>All Applicants</b> if mode of operation is "Joint")		



## FACILITIES FORM

Received from \_\_\_\_\_  
an application for Systematic Investment / Systematic Withdrawal / Systematic Transfer

## ACKNOWLEDGEMENT SLIP

APPLICATION / ACCOUNT NO.

Scheme	Facility Details
Scheme _____	<input type="checkbox"/> SIP Date DD / MM / YYYY Amount (Rs.) _____
Plan _____	<input type="checkbox"/> SWP Date DD / MM / YYYY Amount (Rs.) _____
Option _____	<input type="checkbox"/> STP Date DD / MM / YYYY Amount (Rs.) _____

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

Official Acceptance Point Stamp & Sign



**Registration cum Mandate Form for ECS Debit**

Broker Code  <b>ARN-0032</b>	Sub-Broker Code	Folio No. _____  Receipt Date & Time
First Investment with a Current Date Cheque		New Application <input type="checkbox"/>
		Cancellation <input type="checkbox"/>
		Change in Bank Account* <input type="checkbox"/>

(\*Please provide a cancelled cheque)

I/We hereby apply to the Trustee of ING Mutual Fund for the Systematic Investment Plan (SIP) Enrolment under the following scheme and agree to abide by the terms and conditions of the plan. I/We have understood the details of the scheme and I/We have not received nor have been induced by any rebate or gifts directly or indirectly in making these investments.

**Applicant & SIP Details**

Sole / first Applicant's Name:	
Each SIP Amount (Rs.):	
Scheme - Plan:	Option
SIP Option:	<input type="checkbox"/> Monthly Option <input type="checkbox"/> Quarterly Option
SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 27th

First SIP Transaction via Cheque No. (Note: Cheque should be drawn on bank details provided below)

SIP Period	From		To		Cheque Details		
	MM	YYYY	MM	YYYY	Cheque No	Date	Amount

I/We hereby, authorize ING Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments.

**PARTICULARS OF BANK ACCOUNT (Mandatory)**

Bank Account Holders Name:	
Bank Name:	
Branch Name:	
Account No.:	
9 Digit MICR Code:	

Account Type:                       Savings                       Current                       Cash Credit

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform ING Mutual Fund, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

**Signatures as in Bank Records**

1 <sup>st</sup> Holder	2 <sup>nd</sup> Holder	3 <sup>rd</sup> Holder
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**Authorisation of the Bank Account Holder**

This is to inform I/We have registered for the RBI's Electronic Clearing Services (Debit Clearing) and that my payment towards my investment in ING Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorize the representative carrying this ECS Mandate Form to get it verified & executed.

1 <sup>st</sup> Holder	2 <sup>nd</sup> Holder	3 <sup>rd</sup> Holder
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**Acknowledgement Slip (Auto Debit) - ING Mutual Fund**

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

Each SIP Amount (Rs.) \_\_\_\_\_ SIP Period - From \_\_\_\_\_ SIP Period - To \_\_\_\_\_

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option & Sub-option \_\_\_\_\_

Collection Centre, Date & Stamp
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