

## **COMMON APPLICATION FORM**



Please read the instructions carefully, before filling up the application form. (All columns marked \* are mandatory.)

1. AGENT INFORMATION		2. E	XISTING UNIT HOLDER INFORMATION	OFF	CE USE ONLY
Broker Code / Name (AMFI registered me		Code Folio	No.	Rece	eipt Date / Time
RN No. 0988 / Ganesh S. Shar ront commission shall be paid directly by the inv the investor's assessment of various factors incl		ors based tributor.			
. UNIT HOLDER INFORMATION (I					
me of First / Sole Applicant*	icase iii iii BESSIX Ecitors)	Mr.	Ms. M/s.		Date of Birth
FIRST NA	M E	I A S	T N A M E	DID	
ntact Person (In case of non-individual Investors) / Na			Ms.		Date of Birth
F I R S T N A		L A S	T N A M E	DD	
ling Address of First/Sole Applicant*					
					PIN CODE*
N No.* ndatory case of Minor please provide Guardian's PA			KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above)		
ephone* Residence	1	Off	ice	Fax	
Mobile			Email		
I wish to receive updates via sms on my mobile. (Ple	ease ✓) Physical Communicativ	on Email Comm	nunication (Please ✓)	Frequency Dai	ly Weekly Monthly
			other communication by email, if the email address is given by the m. On request, the AMC will change the mode of sending the acco		
me of the Second Applicant	Ms. M/s.	ı	Name of the Third Applicant	Ms. M/s.	
FIRST	N A M E		FIRST	N A M E	
L A S T	N A M E	of Pirth	L A S T	N A M E	Data of Birth
PAN No.*	Date Date	of Birth	PAN NO."	DDD	Date of Birth
closed ( ✓ ) ☐ Attested PAN Card ☐	KYC Acknowledgement attached (Applicable in respect of investments	of Rs. 50,000 and above		YC Acknowledgement Applicable in respect of in	attached vestments of Rs. 50,000 and above
A Holder Details	☐ M/s.				
F I R S T N A	M E	L A S	T N A M E		
N No.*	Enclosed ( ✓ ) ☐ At	tested PAN Card	KYC Acknowledgement attached (Applicable in respect	of investments of Rs. 5	50,000 and above)
verseas Address* (Mandatory in case of NRI and FII	applicant in addition to mailing address.)				
	, , , , , , , , , , , , , , , , , , ,				
у	Country		Zip Code	No	
. STATUS OF SOLE/FIRST APPLIC	CANT (Please ✓) (In Rs.)				
Mode of holding** (Please ✓ )	Status of first applicant (Pleas	se ✓ ) (Mandatory)			
☐ Single ☐ Joint	Resident Individual	HUF			Repatriable (NRE)
Anyone or Survivor	<ul><li>□ Partnership Firm</li><li>□ Sole Proprietorship</li></ul>	☐ Ban ☐ Con	k / Financial Institution ☐ NRI Non-Repartriable (NRO)  pany ☐ On behalf of minor	☐ Trus	
n case of more than one applicant, if cho Occupation (of sole / First Applicant) (Please ✓)	ice is not indicated the mode of (Mandatory)	f holding will be tro	eated as joint.		
Bureaucrat	Doctor	Lawyer	☐ Teacher ☐ MNC Employee	☐ Agriculture/F	ishery
	<ul><li>□ Banking/Financial Institution</li><li>□ PSU/Govt. Employee</li></ul>	<ul><li>☐ Housewife</li><li>☐ Scientist</li></ul>	<ul><li>☐ Jeweller</li><li>☐ Student</li><li>☐ Money Service Bureau</li><li>☐ Information Technolog</li></ul>	☐ Retired gy ☐ Politically Ex	roccad Parson
Dealers in high value commodities (Arms, I		☐ Military Official		Other Service	!
DANK ACCOUNT DETAILS (Disc	as note that as now SERL	Dogwiotiono it io	mandatam fan investore te previde bank ee	\	
	se note that, as per SEBI F	Regulations it is	mandatory for investors to provide bank acc		
me of the Bank			Branch	City	
count No.			Branch Address		
count Type   Savings   Cu	ırrent	☐ FCNR	MICR Code		
GS Code			NEFT Code		
NG ING Mutual Fund: 6 Kalina, Santacruz (E	01/602, Windsor, Off. C.S.T. Road, ast), Mumbai 400098.		NLEDGEMENT SLIP illed in by the investor)		OFFICIAL
	Investment Details	Investment Options			Collection Centre's Stamp & Recei
Received from Mr. Ms. M/s	Scheme Name	(Please ✓)  Lumpsum	Amount in figures (Rs.):		Date & Time
		SIP through	Amount in words (Rs.):		
Pin Code	Plan	Auto Debit	Cheque/DD No.: Dated No. o Bank and Branch :	f Cheques:	
an application for purchase of units, subject to realisation of funds.	Option	SIP through		YIYIYIY	
to roundation or fullus.	Sub Option	Postdated		Monthly  Quarterly	Allotment is subject to realisation of cheque/D

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



6. INVESTMENT DETAILS				DI			0 "		0.1.0.1
Scheme Na	ame			PI	an		Optio	on	Sub Options
ING									
P.S. If any of the above details other than	scheme name are no	t mentioned	l, the default option w	ill be invoked.					
7. LUMPSUM PAYMENT DETA	AILS OR First SIF	installm	ent details thro	ugh auto d	ebit (Third	party chequ	ies are not a	llowed)	
Cheque/DD Amt.:	1	DD Charges	s:	To	otal Amount/C	Cheque Amount	(in figures):		
Amount (in words):									
Cheque/DD No.:	Ch	eque Date:		В	ank:			Branch:	
Account No.:    I/We undertake that the detail of the payment insapplication in case of third party cheque. Cheque	strument mentioned above	e pertain to my	y/our own bank account	in my/our name a	nd is not a third		et guardian in case		
8. FOR INVESTORS WHO WISH									
						·			,, ,
SYSTEMATIC INVESTMENT     In case of MICRO SIP, please submit an					ird party o	heques are	not allowed)	☐ SIP	☐ MICRO SIP
Frequency: Monthly* Qua	arterly (Jan/Apr/July/	Oct)		Choque Nu	mhore: Ero	m		To	
SIP Date: 1st 10th 15th 1		Ootj						10	
			1	Branch_				No. of	Cheques:
SIP Period:         From         M   M   Y   Y   Y   Y   Y   To         M   M   Y   Y   Y   Y   Y   Y   Y   Y			Investmen	Period:	m	onths Amount		ent (Rs.) :	
* Default Option				(in words)_					
10. NOMINATION DETAILS									
I/ We,				and					(strike out which is not
applicable) do hereby nominate the unde	ermentioned nominee(	s) to receive	the units allotted to	my / our credit	n my Folio in	the event of my	/ our death.		
Name and address of Nominee(s) if the	e nominee is a mino	r, Name & A	ddress of the guard	dian is manda	ory.				
.,									Third Namina
l .	F	irst Nomin	99		Second	Nominee			i nira Nominee
Namo	F	irst Nomin	ee		Second	Nominee			Third Nominee
Name	F	irst Nomin	ee		Second	Nominee			Inira Nominee
Guardian's Name	F	First Nomino	ee		Second	Nominee			i nira nominee
	F	irst Nomin	ee		Second	Nominee			i nira nominee
Guardian's Name	F	irst Nomin	ee		Second	Nominee			i nira nominee
Guardian's Name	F	irst Nomine	ee		Second	Nominee			i nira nominee
Guardian's Name	F	irst Nomine	ee		Second	Nominee			I nira nominee
Guardian's Name Address	F	irst Nomine	ee		Second	Nominee			I nira nominee
Guardian's Name Address Allocation %	F	irst Nomine	ee		Second	Nominee			I nira Nominee
Guardian's Name Address  Allocation %  Date of Birth (If nominee is a minor)		irst Nomini	ee		Second	Nominee			I nira Nominee
Guardian's Name Address  Allocation % Date of Birth		irst Nomini	96		Second	Nominee			I nira Nominee
Guardian's Name Address  Allocation %  Date of Birth (If nominee is a minor)	RE(S)			eby apply to the tri					I nira Nominee
Guardian's Name  Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have reac of Schemes, as indicated above and agree to abide	RE(S) d and understood the conte	ents of the offer	r document and I/We her	heme. I/We have	istee of ING Mut	ual Fund for units been induced by	First/Sole Applicant		I nira Nominee
Guardian's Name  Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making	RE(S)  d and understood the conte by the terms, conditions, this investment. I/We here	ents of the offer rules and regu	r document and I/We her ilations of the relevant sci at I/We am/are authorise	heme. I/We have ed to make this inv	istee of ING Mut not received nor restment in the a	ual Fund for units been induced by	Applicant Guardian/		I nira Nominee
Guardian's Name  Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making scheme and that the amount invested in Scheme evasion of any Act, Rules, Regulations, Notification	RE(S)  d and understood the conte by the terms, conditions, this investment. I/We her is through legitimate sources or Directions issued by a	ents of the offe rules and regu eby declare th ses only and dc any regulatory	r document and I/We her ilations of the relevant sci at I/We am/are authorise bes not involve and is not authority in India.	heme. I/We have ed to make this inv designed for the	istee of ING Mut not received nor restment in the a purpose of any c	ual Fund for units been induced by above mentioned ontravention and	Applicant		I nira Nominee
Guardian's Name  Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making Scheme and that the amount invested in Scheme ie evasion of any Act, Rules, Regulations, Notification Applications other than Individuals/HUF: I/We	RE(S)  d and understood the conte e by the terms, conditions, this investment. I/We her is through legitimate source so ro Directions issued by certify that as per the Men	ents of the offe rules and regu eby declare th ses only and do any riegulad do norandum and	r document and I/We her ilations of the relevant sci at I/We am/are authorise bes not involve and is not authority in India. I Articles of Association o	heme. I/We have ed to make this invidesigned for the f the Company, B	istee of ING Mut not received nor restment in the a our pose of any c	ual Fund for units been induced by above mentioned ontravention and ed or Partnership	Applicant Guardian/ POA Second		I nira Nominee
Guardian's Name  Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making scheme and that the amount invested in Scheme evasion of any Act, Rules, Regulations, Notification	RE(S)  d and understood the conte by the terms, conditions, this investment. I/We here is through legitimate source is or Directions issued by a certify that as per the Mem/Trust, I am/We are author.	ents of the offe rules and regu eby declare th ess only gulatory norandum and orise to enter in	r document and I/We hen ilations of the relevant sci at I/We am/are authorise bes not involve and is not authority in India. Articles of Association o ito this transactions for ar	heme. I/We have ed to make this invidesigned for the f the Company, B nd on behalf of the	istee of ING Mut not received nor restment in the a surpose of any c v laws, Trust Dec Company/Firm/	ual Fund for units been induced by above mentioned ontravention and ed or Partnership Trust.	Applicant Guardian/ POA		I nira Nominee
Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making Scheme and that the amount invested in Scheme i evasion of any Act, Rules, Regulations, Notification Applications other than Individuals/HUF: I/We Deed and resolutions passed by the Company/Fer Applicable to NRIs only: I/We confirm that I am/been remitted from abroad through approved banki	RE(S)  d and understood the conte by the terms, conditions, this investment. I/We her is through legitimate sources or Directions issued by a certify that as per the Men m/Trust, I am/We are authous are Non Resident of In ing channels or from my/ou	ents of the offe rules and regu eby declare th ses only and do any regulatory norandum and orise to enter in dian Nationali ur Non Resider	r document and I/We here ilations of the relevant so at I/We am/are authorise bes not involve and is not authority in India. Articles of Association on to this transactions for arty/Origin and I/We heretht External/Ordinary according to the statement of the statement in the sta	heme. I/We have ed to make this im designed for the f the Company, B and on behalf of the by confirm that the bunt/FCNR/NRSR	istee of ING Mut not received nor restment in the a surpose, frant Dec Company/Firm/ funds for the su Account: Yes [	ual Fund for units been induced by above mention and out or Partnership Trust. bscriptions have	Applicant Guardian/ POA  Second  Applicant/ POA		I nira Nominee
Guardian's Name  Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have rear of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making Scheme and that the amount invested in Scheme i evasion of any Act, Rules, Regulations, Notification Applications other than Individuals/HUF: I/We Deed and resolutions passed by the Company/Firr Applicable to NRIs only: I/We confirm that I am/	RE(S)  d and understood the conte by the terms, conditions, this investment. I/We her is through legitimate sources or Directions issued by a certify that as per the Men m/Trust, I am/We are authous are Non Resident of In ing channels or from my/ou	ents of the offe rules and regu eby declare th ses only and do any regulatory norandum and orise to enter in dian Nationali ur Non Resider	r document and I/We here ilations of the relevant so at I/We am/are authorise bes not involve and is not authority in India. Articles of Association on to this transactions for arty/Origin and I/We heretht External/Ordinary according to the statement of the statement in the sta	heme. I/We have ed to make this im designed for the f the Company, B and on behalf of the by confirm that the bunt/FCNR/NRSR	istee of ING Mut not received nor restment in the a surpose, frant Dec Company/Firm/ funds for the su Account: Yes [	ual Fund for units been induced by above mention and out or Partnership Trust. bscriptions have	Applicant Guardian/ POA Second Applicant/		I nira Nominee
Guardian's Name  Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making Scheme and that the amount invested in Scheme i evasion of any Act, Rules, Regulations, Notification Applications other than Individuals/HUF: I/We Deed and resolutions passed by the Company/Firr Applicable to NRIs only: I/We confirm that I am/been remitted from abroad through approved bank I/We undertake that all additional purchases made NRE/FCNRAccount.  I/We hereby declare that I/We am / are authorised	RE(S)  d and understood the conte e by the terms, conditions, this investment. I/We her is through legitimate source is or Directions issued by a certify that as per the Men m/Trust, I am/We are authous we are Non Resident of In ing channels or from my/ou e under this folio are from to make this investment ar	ents of the offe rules and regu eby declare th ess only gulatory norandum and orise to enter in dian Nationali ur Non Resider funds receiver and that the amo	r document and I/We hen lations of the relevant sci at I/We am/are authorise sees not involve and is not authority in India.  Articles of Association onto this transactions for artity/Origin and I/We herebat External/Ordinary accord from abroad through appoint invested in the Schepolium inv	heme. I/We have be to make this invidesigned for the left the Company, Bind on behalf of the left confirm that	istee of ING Mut not received nor restment in the a surpose of any c y laws, Trust Der Company/Firm/ funds for the su Account:  **Standard Trust **Indianal Tru	ual Fund for units been induced by above mentioned ontravention and ed or Partnership Trust. bbscriptions have No (Please Tick V) funds in my/ our only and does not	Applicant Guardian/ POA  Second Applicant/ POA  Third		I nira Nominee
Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making Scheme and that the amount invested in Scheme evasion of any Act, Rules, Regulations, Notification Applications other than Individuals/HUF: I/We Deed and resolutions passed by the Company/ Firm Applicable to NRIs only: I/We confirm that I am/ been remitted from abroad through approved banki I/We undertake that all additional purchases made NRE/FCNRAccount.	RE(S)  d and understood the conte by the terms, conditions, this investment. I/We her is through legitimate sources or Directions issued by a certify that as per the Men m/Trust, I am/We are authowe are Non Resident of In ing channels or from myloue under this folio are from to make this investment are contravention or evasion of	ents of the offe rules and regue by declare the ses only and do any regulatory norandum and prise to enter in dian Nationali ur Non Resider funds received and that the amont fany Act, Rules	r document and I/We here lations of the relevant so at I/We am/are authorise bes not involve and is not authority in India.  Articles of Association or to this transactions for arty/Origin and I/We here the External/Ordinary accord from abroad through appunt invested in the Sches, Regulations, Notificati	heme. I/We have bed to make this induction designed for the lefthe Company, Bid on behalf of the by confirm that the yount/FCNR/NRSR oproved banking of the is through legions or Directions is	istee of ING Mut not received nor restment in the a surpose of any c / laws, Trust De Company/Firm/ funds for the su Account:	ual Fund for units been induced by been endinged ontravention and end or Partnership Trust.  biscriptions have  No (Please Tick  ) funds in my/ our bonly and does not gulatory authority	Applicant Guardian/ POA  Second Applicant/ POA  Third Applicant/	Date:	I nira Nominee
Address  Allocation %  Date of Birth (If nominee is a minor)  11. DECLARATION & SIGNATU  Applications by Individuals/HUF: I/We have read of Schemes, as indicated above and agree to abide any rebate or gifts, directly or indirectly, in making Scheme and that the amount invested in Scheme i evasion of any Act, Rules, Regulations, Notification Applications other than Individuals/HUF: I/We Deed and resolutions passed by the Company/Firr Applicable to NRIs only: I/We confirm that I am/been remitted from abroad through approved banki I/We undertake that all additional purchases made NRE/FCNR Account.  I/We hereby declare that I/We am / are authorised involve and is not designed for the purpose of any column and the suppose of any column.	RE(S)  d and understood the conte by the terms, conditions, at this investment. I/We here is through legitimate sources or Directions issued by a certify that as per the Menn/Trust, I am/We are author we are Non Resident of In ing channels or from my/ou e under this folio are from to make this investment are contravention or evasion of bt involved in any high risk	ents of the offe rules and regu eby declare th es only and do dany regulatory norandum and orise to enter ir didan Nationali ur Non Resider funds receiver and that the amo fany Act, Rulei occupation. In	r document and I/We hen lations of the relevant sci at I/We am/are authorise bes not involve and is not authority in India. Articles of Association o to this transactions for ar ity/Origin and I/We hereb tt External/Ordinary accord from abroad through appunt invested in the Sches, Regulations, Notificati case of non-individual(s	heme. I/We have ad to make this im designed for the left the Company, Bid on behalf of the lay confirm that the unt/FCNR/NRSR oproved banking one is through legions or Directions on, I/We here by co	ustee of ING Mut not received nor restment in the a purpose of any c V laws, Trust Dec Company/Firm/ funds for the su Account: Wes channels or from imate sources o ssued by any re nfirm that the uli	ual Fund for units been induced by above mentioned ontravention and ead or Partnership Trust. biscriptions have No (Please Tick ) funds in my/ our only and does not gulatory authority timate beneficial	Applicant Guardian/ POA  Second Applicant/ POA  Third  Applicant/ POA		ne/us all the commissions (in the form of trail

Applications from investors residing in USA, Canada, Cuba, Syria, North Korea, Iran, Myanmar and Sudan shall be rejected.

54

## ING Investment Management (India) Pvt. Ltd.



## APPLICATION FORM FOR ZOOM INVESTMENT PAC (ZIP) Z

Investors must read the guidelines to ZIP & instructions before completing this form.

TO BE FILLED IN CAPITAL LETTERS. Please read the instructions carefully, before filling up the application form. All Columns marked \* are mandatory.

				· · · · · · · · · · · · · · · · · · ·			
AGENT INFORMAT					OLDER INFORMATION		OFFICE USE ONLY
Broker Code / Name (A ARN No. 0988 / Gal	MFI registered mer nesh S. Sha		ker Code	Folio No.			Receipt Date / Time
Upfront commission shall be paid d		3					
on the investor's assessment of var	rious factors including	the service rendered by the distrik	outor.				
3. UNIT HOLDER INI	FORMATION (F	Please fill in BLOCK Lett	ers)				
Name of First / Sole A	pplicant*		□ M	r. Ms. Ms.			Date of Birth
FIRS	T N A	м Е	ı	AST NA	м Е	1	D
					IVI E		Data of Pirth
Contact Person (In case of non-i	ndividual Investors) / INa T N A		or) M		м Е	1	Date of Birth
		IVI E		A 5 I N A	IVI E		
Mailing Address of First/Sole	Applicant						
							PNI CODE
							PIN CODE*
PAN No.* Mandatory (In case of Minor please prov Telephone*			Attested PAN Ca	rd KYC Acknowledgem (Applicable in respect of Rs. 50,000 and abo	of investments		
lelephone	Residence			Office		1 1 1	Fax
Mc	bile				Email		
I wish to receive updates via s	ms on my mohile (Ple	Physical Comm	unication	il Communication	/DI	ease Z) Frequenc	y Daily Weekly Monthly
If the option is not given specific	ally by the unit holder etement in physical co	r, the AMC will send the account	t statement, annual re	port & other communication by	email, if the email address is give	en by the unit holder i	in the application form. In case the investor int. The frequency mentioned above is
Name of the Second Appli	cant 🗌 Mr. [	☐ Ms. M/s. ☐		Name of the	Third Applicant	☐ Ms. M/s	. 🗆
	FIRST	N A M E			F I R S	T N A	M E
	L A S T	N A M E			L A S	T N A	M E
PA	N No.*	1.1	Date of Birth		PAN No.*	1	Date of Birth
		DIDIN	MIMIYIYIY	1 Y			DIDIMIMIYIYIY
Enclosed ( 🗸 ) 🔲 Attested F	PAN Card			` '	Attested PAN Card		edgement attached
		(Applicable in respect of inves	tments of Rs. 50,000 a	nd above)		(Applicable in I	respect of investments of Rs. 50,000 and above
POA Holder Details 🔲	Mr. Ms.	☐ M/s.					
F I R S 1	N A I	M E	L A	S T N A I	Λ E		
		1 = 1 1/ 21					
PAN No.*		Enclosed (✓)	Attested PAN C	ard KYC Acknowledg	ement attached (Applicable in	respect of investmen	nts of Rs. 50,000 and above)
Overseas Address* (Mandatory	in case of NRI and FII app	licant in addition to mailing address.)					
City		Country		Zip Code		Contact No.	
4 STATUS OF SOLE	EIDOT ADDI IO	ANT (Please () (In Do.)					
4. STATUS OF SOLE	FIRST APPLIC	ANT (Please ✓) (In Rs.)					
Mode of holding** (Please	✓)	Status of first applicant			_		_
☐ Single ☐ Joint		Resident Individual Partnership Firm		☐ HUF ☐ Bank / Financial Institutio	Society/Club  NRI Non-Repartriable	e (NRO)	<ul><li>□ NRI Repatriable (NRE)</li><li>□ Trust</li></ul>
Anyone or Survivor		Sole Proprietorship		Company	On behalf of minor	c (MC)	Others
* In case of more than one	applicant, if cho	ice is not indicated the mo	ode of holding wil	l be treated as joint.			
Occupation (of sole / First A	pplicant) (Please✓) (	(Mandatory)					
□ Bureaucrat		Doctor	Lawyer		☐ MNC Employe		riculture/Fishery
☐ Telecommunication		☐ Banking/Financial Institu			Student		tired
<ul><li>Indian Private Company</li><li>Dealers in high value co</li></ul>		PSU/Govt. Employee	<ul><li>☐ Scientis</li><li>☐ Military</li></ul>	•	ice Bureau  Information Tess  Other Profess	•••	litically Exposed Person ner Serviceplease specify
	, .						
5. BANK ACCOUNT	DETAILS (Plea	se note that, as per S	EBI Regulation	s It is mandatory for i	nvestors to provide ba	nk account de	tails)
Name of the Bank				Branch			City
Account No.				Branch Add	ess		
Account Type		ırrent	NRO   FCNF	MICR Code	1 1		
RTGS Code	· ·		1 1 1	NEFT Code		1 1	
				<del></del>			
ING 🎒		<b>ACKNO</b>	WIFDGEMENT	SLIP (To be filled in	hy the investor)		
	uso tick one onti-			,	ay the hivestory		
Type of Investment (Plea		, <del>_</del>					
Received from Mr./Ms.	IVI/5		Addres		of amount of Rs.	(in figure	s)
		(in words) for pure	hase/switch in c				er Zoom Investment Pac (ZIP) th
details of which are as	given below: (F	' '			, ,	opaon, and	00111 11100011101111 1 40 (211 ) 11
	-	n - Growth Option)   Switc			Cheque / DD Date	Bank	Branch
From Scheme:	,		,	1	4 =====		
Option: Please Note: All Purchases a	are subject to realise	ation of cheque(s)/demand dra	aft(s)				Official
3400 110101/1111 1110114365 6	5 545,561 10 1541154		ER DETAILS				Collection Centre Date & Stamp
Folio No.	Total Amount	t to be transfered (Rs.)		nsfer Amount (Rs.)	Scheme to be Tran	sfered to	sensen contro sate a cump
			,	· · · /			I



6. INVESTMENT DETAILS: Regular Investment	s (Third party cheques not allowed)			
The Cheque/DD should be drawn favouring "ING Liquid	, , , , , , , , , , , , , , , , , , , ,			
Cheque/DD No Ch		ccount Type 🔲 SE	B □ CA □ NRE □ NRO □ F	CND
			CIVIC	
DD Amount Rs. a)DI				
(Words)				
The AMC reserves the right to reject the application in case				
8. SWITCH REQUEST TO ING LIQUID FUND (Re	gular Plan - Growth Option)			
From Scheme:	Plan		Option:	
Amount (Rs. in figures):	Amount (Rs. in words):			
Units	All units			
9. ZOOM INVESTMENT PAC (ZIP) {Please fill	a seperate application form to register indiv	ridual ZIP transac	ctions}	
Total investment amount to be transferred from ING Liq	uid Fund (Regular Plan-Growth Option):			
In Figures: Rs.	In Words: Rs.			
☐ ING Core Equity Fund	☐ ING Balanced Fund ☐ ING Gilt Fund	l - Regular	☐ ING OptiMix 5 Star Multi-Manager FoF Scheme	
To Scheme (Please tick only one)  ING Tax Savings Fund*  ING Demostic Opportunities Funds	☐ ING Midcap Fund ☐ ING Income F	und	☐ ING OptiMix Multi Manager Equity Fund	
scheme from alongside) ING Domestic Opportunities Fu	nd ING Dividend Yield Fund ING Short Tei	rm Income Fund	☐ ING OptiMix Asset Allocator Multi-Manager FoF Sci	heme
Choice of Option for "To Scheme"	☐ Growth* ☐ Dividend			
In case of "Dividend Option" please tick any one	☐ Dividend Reinvestment*	Dividend Pay	out	
*Daily Transfer Amount (Rs.) in "To Scheme"	☐ 99 ☐ 199 ☐ 499 ☐ 999*	☐ 1999 ☐ 499	99 Other**	
Other than ING Tax Savings Fund	**Please note: You may specify any other amount to be transfe	erred daily such that the	minimum transfer amount cannot be below Rs. 99/	
*Daily Transfer Amount (Rs.) In ING Tax Savings Fund	☐ 500 ☐ 1000 ☐ 1500 ☐ 2000	Other***		
	***Please note: You may specify any other amount to be trans	ferred daily such that the		
	has to be in multiples of Rs.500/- thereafter.		*	Default
10. E-MAIL COMMUNICATION (Please ✓)				
a) I/We wish to receive the Account Statement via e-mail instea	d of physical document:  Yes  No			
b) If yes, please specify the frequency:   Daily Weel	ly			
Please note e-statements will be send to the ID provided under t	he first / sole applicants information.			
In case no e-mail id is mentioned, ING Investment Manageme	**	nt asmandated in the S	EBI regulations. It is the responsibility of the investor to inform	the AMC
incase of change in e-mail id. Non-receipt of e-mails due to suc			,,	
11. NOMINATION DETAILS (For nomination	facility please refer alongside)			
	nuemi, proues rerer urongenee,			
12. DECLARATIONS & SIGNATURE(S)				
	//			
I/We have read and understood the contents of the offer doc allotment/purchase of units in the 'To Scheme' (as defined in the "Z			First / Sole	
thereto. I/We here declare that I/We are authorised to make this inve		Applicant Guardian/		
designed for the purpose of any contravention or evasion of any Ac Money Laundering Act, Anti Corruption Act or any other applicable			POA	
details of the scheme and I/We have not received nor been induced		Second		
provide the AMC with necessary additional proofs/documents that r			Applicant/	
*Applicable to NRIs only: I/We confirm that I am/We are Non-resider been remitted from abroad through approved banking channels or fr			POA	
I/We hereby declare that I /We am / are authorised to make this investigation			Third	
does not involve and is not designed for the purpose of any contrave regulatory authority in India. Further I/We are declare that, I/We are			Applicant/ POA	
that the ultimate beneficial owner (holding>25% of the shares/vot				
money laundering/terrorist financing activity.	Date:			
Applications from investors residing in USA, Ca be rejected.	nada, Cuba, Syria, North Korea, Iran, Myanmar a	and Sudan shall	The ARN holder has disclosed to me/us all the commissions (in the fo commission or any other mode), payable to him for the different competing S	

## ING Investment Management (India) Pvt. Ltd.

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

T: 1800 200 2267 / 022 4082 7999

W: www.ingim.co.in SMS: 'ING ZIP' to '54545' E: information@in.ing.com 56