



COMMON APPLICATION FORM

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

1. AGENT INFORMATION		2. EXISTING UNIT HOLDER INFORMATION	OFFICE USE ONLY
Broker Code / Name (AMFI registered members only) ARN No. 0988 / Ganesh S. Shanbhag	Sub Broker Code	Folio No.	Receipt Date / Time

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.

3. UNIT HOLDER INFORMATION (Please fill in BLOCK Letters)

Name of First / Sole Applicant* Mr. Ms. M/s. Date of Birth

_____ _____ D | D | M | M | Y | Y | Y | Y

Contact Person (In case of non-individual Investors) / **Name of Guardian** (In case of minor) Mr. Ms. Date of Birth

_____ _____ D | D | M | M | Y | Y | Y | Y

Mailing Address of First/Sole Applicant*

_____ PIN CODE*

PAN No.* _____ Enclosed () Attested PAN Card KYC Acknowledgement attached Nationality* _____
Mandatory (In case of Minor please provide Guardian's PAN No) (Applicable in respect of investments of Rs. 50,000 and above)

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.

<p>Name of the Second Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/></p> <p>_____ _____</p> <p>_____ _____</p> <p>PAN No.* _____ Date of Birth _____</p> <p>_____ D D M M Y Y Y Y</p> <p>Enclosed (<input checked="" type="checkbox"/>) <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement attached <small>(Applicable in respect of investments of Rs. 50,000 and above)</small></p>	<p>Name of the Third Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/></p> <p>_____ _____</p> <p>_____ _____</p> <p>PAN No.* _____ Date of Birth _____</p> <p>_____ D D M M Y Y Y Y</p> <p>Enclosed (<input checked="" type="checkbox"/>) <input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgement attached <small>(Applicable in respect of investments of Rs. 50,000 and above)</small></p>
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POA Holder Details Mr. Ms. M/s.

_____ _____

PAN No.* _____ Enclosed () Attested PAN Card KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above)

Overseas Address* (Mandatory in case of NRI and FII 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 <input checked="" type="checkbox"/>) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	Status of first applicant (Please <input checked="" type="checkbox"/>) (Mandatory) <input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank / Financial Institution <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Company <input type="checkbox"/> Society/Club <input type="checkbox"/> NRI Non-Repatrable (NRO) <input type="checkbox"/> On behalf of minor	<input type="checkbox"/> NRI Repatriable (NRE) <input type="checkbox"/> Trust <input type="checkbox"/> Others _____
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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.

Occupation (of sole / First Applicant) (Please) (Mandatory)

<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 Savings Current NRE NRO FCNR MICR Code _____

RTGS Code _____ NEFT Code _____



ING Mutual Fund: 601/602, Windsor, Off. C.S.T. Road, Kalina, Santacruz (East), Mumbai 400098.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from Mr. Ms. M/s. _____ _____ Pin Code _____ an application for purchase of units, subject to realisation of funds.	Investment Details Scheme Name _____ Plan _____ Option _____ Sub Option _____	Investment Options (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP through Auto Debit <input type="checkbox"/> SIP through Postdated	Payment Details Amount in figures (Rs.): _____ Amount in words (Rs.): _____ Cheque/DD No.: _____ Dated _____ No. of Cheques: _____ Bank and Branch: _____ SIP Period _____ To _____ SIP Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 27 th Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	OFFICIAL Collection Centre's Stamp & Receipt Date & Time
				Allocation is subject to realisation of cheque/DD

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

6. INVESTMENT DETAILS			
Scheme Name	Plan	Option	Sub Options
ING			

P.S. If any of the above details other than scheme name are not mentioned, the default option will be invoked.

7. LUMP SUM PAYMENT DETAILS OR First SIP installment details through auto debit (Third party cheques are not allowed)			
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: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> 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.

8. FOR INVESTORS WHO WISH TO OPT FOR SIP THROUGH AUTO DEBIT OR STANDING INSTRUCTION, PLEASE FILL THE SIP INVESTMENT FORM (page no. 25)

9. SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POSTDATED CHEQUES (Third party cheques are not allowed)	
<input type="checkbox"/> SIP	<input type="checkbox"/> MICRO SIP

In case of MICRO SIP, please submit any one document as mentioned under 1 (i) (ii) of page no. 18.

Frequency: <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly (Jan/Apr/July/Oct)	Cheque Numbers : From _____ To _____
SIP Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 27 th	Drawn on Bank : _____
SIP Period: From [M] [M] [Y] [Y] [Y] [Y] To [M] [M] [Y] [Y] [Y] [Y]	Branch _____ No. of Cheques: _____
* Default Option	Investment Period: _____ months Amount Per Installment (Rs.) : _____ (in words) _____

10. NOMINATION DETAILS

I/ We, _____ and _____ (strike out which is not applicable) do hereby nominate the undermentioned nominee(s) to receive the units allotted to my / our credit in my Folio in the event of my / our death.

Name and address of Nominee(s) if the nominee is a minor, Name & Address of the guardian is mandatory.

	First Nominee	Second Nominee	Third Nominee
Name			
Guardian's Name			
Address			
Allocation %			
Date of Birth (If nominee is a minor)			

11. DECLARATION & SIGNATURE(S)

Applications by Individuals/HUF: I/We have read and understood the contents of the offer document and I/We hereby apply to the trustee of ING Mutual Fund for units of Schemes, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant scheme. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that I/We am/are authorised to make this investment in the above mentioned Scheme and that the amount invested in Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention and evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India.

Applications other than Individuals/HUF: I/We certify that as per the Memorandum and Articles of Association of the Company, By laws, Trust Deed or Partnership Deed and resolutions passed by the Company/ Firm/ Trust, I am/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust.

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 the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR/NRSR Account: Yes No (Please Tick ✓)

I/We undertake that all additional purchases made under this folio are from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR 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.

Applicable in case of Micro SIP: I / We do not have any existing Micro SIP which together with current application will result in aggregate investment exceeding Rs.50,000/- in a financial year or rolling period of 12 months.

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.



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.

1. AGENT INFORMATION		2. EXISTING UNIT HOLDER INFORMATION	OFFICE USE ONLY
Broker Code / Name (AMFI registered members only) ARN No. 0988 / Ganesh S. Shanbhag	Sub Broker Code	Folio No.	Receipt Date / Time

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.

3. UNIT HOLDER INFORMATION (Please fill in BLOCK Letters)

Name of First / Sole Applicant* Mr. Ms. M/s. Date of Birth

_____ _____ D | D | M | M | Y | Y | Y | Y

Contact Person (In case of non-individual Investors) / **Name of Guardian** (In case of minor) Mr. Ms. Date of Birth

_____ _____ D | D | M | M | Y | Y | Y | Y

Mailing Address of First/Sole Applicant* _____

_____ PIN CODE*

PAN No.* _____ Enclosed () Attested PAN Card KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above) Nationality* _____

Mandatory (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.

_____ _____ _____

_____ _____ _____

_____ PAN No.* Date of Birth _____

_____ _____ _____ _____

Enclosed () Attested PAN Card KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above) Enclosed () Attested PAN Card KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above)

POA Holder Details Mr. Ms. M/s.

_____ _____

PAN No.* _____ Enclosed () Attested PAN Card KYC Acknowledgement attached (Applicable in respect of investments of Rs. 50,000 and above)

Overseas Address* (Mandatory in case of NRI and FI 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 <input checked="" type="checkbox"/>)	Status of first applicant (Please <input checked="" type="checkbox"/>) (Mandatory)
<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Society/Club
<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank / Financial Institution <input type="checkbox"/> NRI Non-Repatriable (NRO) <input type="checkbox"/> Trust
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Company <input type="checkbox"/> On behalf of minor <input type="checkbox"/> Others _____

** 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)

<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	
RTGS Code	NEFT Code	



ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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 (Regular 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 (Regular 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 (Third party cheques not allowed)

The Cheque/DD should be drawn favouring "ING Liquid Fund"

Cheque/DD No. _____ Cheque/DD Date _____ Account Type SB CA NRE NRO 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.

8. SWITCH REQUEST TO ING LIQUID FUND (Regular 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 separate application form to register individual ZIP transactions}

Total investment amount to be transferred from ING Liquid Fund (Regular 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 - Regular	<input type="checkbox"/> ING OptiMix 5 Star Multi-Manager FoF Scheme
	<input type="checkbox"/> ING Tax Savings Fund*	<input type="checkbox"/> ING Midcap Fund	<input type="checkbox"/> ING Income Fund	<input type="checkbox"/> ING OptiMix Multi Manager Equity Fund
	<input type="checkbox"/> ING Domestic Opportunities Fund	<input type="checkbox"/> ING Dividend Yield Fund	<input type="checkbox"/> ING Short Term Income Fund	<input type="checkbox"/> ING OptiMix Asset Allocator Multi-Manager FoF Scheme
	<input type="checkbox"/> ING Nifty Plus Fund	<input type="checkbox"/> ING Contra Fund		

Choice of Option for "To Scheme" Growth* Dividend

In case of "Dividend Option" please tick any one Dividend Reinvestment* Dividend Payout

Daily Transfer Amount (Rs.) in "To Scheme" 99 199 499 999 1999 4999 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/-.

*Daily Transfer Amount (Rs.) In ING Tax Savings Fund 500 1000 1500 2000 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

10. E-MAIL COMMUNICATION (Please ✓)

a) I/We wish to receive the Account Statement via e-mail instead of physical document: Yes No

b) If yes, please specify the frequency: Daily Weekly Monthly

Please note e-statements will be send 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 asmandated in the SEBI 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 such change or technical reason is not the liability of the AMC.

11. NOMINATION DETAILS (For nomination facility please refer alongside)

12. DECLARATIONS & SIGNATURE(S)

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 'To Scheme' (as defined in the 'ZIP' form)indicated as above and agree to abide by the terms and conditions applicable thereto. I/We here 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 proofs/documents that may be required for the purpose of compliance with Prevention of Money Laundering Act. *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/NRSR 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.

First / Sole Applicant Guardian/ POA	
Second Applicant/ POA	
Third Applicant/ POA	
Date: _____	

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

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.