



COMMON TRANSACTION FORM (For Existing Investors) T

Please use a separate form for each transaction

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 HOLDERS DETAILS (Mandatory)

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

F I R S T N A M E L A S T N A M E

4. PAN / KYC DETAILS (Compulsory for all applicants. Kindly attach attested copy of the PAN card) (Refer instructions)

PAN No.*	First / Sole Applicant*	Second Applicant*	Third Applicant*
(Please provide attested PAN card copy)			
Enclosed (✓)	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment attached	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment attached	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment attached
Scheme Name			
Plan / Option / Sub Option			
Choice of Option:	<input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment		

5. PLEASE SELECT ANY ONE TRANSACTION FROM THE BELOW MENTIONED OPTION

A. ADDITIONAL PURCHASE

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: Savings Current NRE NRO 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.

B. REDEMPTION

All units OR No. of units _____ OR Amount (Rs in figures): _____

Amount Rs. (in words) _____

C. SWITCH

To Scheme Name _____

Plan / Option / Sub Option _____

All units OR No. of units _____ OR Amount (Rs in figures): _____

Amount Rs. (in words) _____

D. SYSTEMATIC WITHDRAWAL PLAN

Withdrawal option: Fixed Sum _____ OR Fixed Units _____

(Please ✓)

Withdrawal frequency (Please ✓) 5th every month 5th of Jan / Apr / July / Oct

Period: From [M M Y Y Y Y] To [M M Y Y Y Y]

E. SYSTEMATIC TRANSFER PLAN

To Scheme Name _____ Plan / Option / Sub Option _____

Transfer option (Please ✓) _____

Withdrawal frequency (Please ✓) Monthly Quarterly (Jan/Apr/July/Oct)

Period: From [M M Y Y Y Y] To [M M Y Y Y Y]

Dates: 1st 10th 15th 27th

Systematic Transfer Amount: _____



Acknowledgment Slip (To be filled in by the investor)

Name of the Applicant _____ Application/Folio No _____

Received from the above mentioned investor the following:

Additional Purchase : Scheme _____ Cheque Amount (Rs.) _____

Cheque No. _____ Drawn on _____

Redemption or Switch Amount (Rs.) _____ OR Units _____

Switch from _____ Switch to _____

Change of Address Change of bank mandate SWP STP Nomination/Cancellation E-communication Folio Consolidation

OFFICIAL
Collection Centre, Date & Stamp

6. CHANGE OF BANK MANDATE (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	

8. CHANGE OF ADDRESS (Incase if the Folio is KYC compliant, please submit change of address to CVL)

_____ PIN CODE _____

District _____ State _____

Telephone _____ Residence _____ Office _____ Fax _____

Mobile _____ Email _____

9. E-MAIL COMMUNICATION Registration Cancellation Change in Email ID

Email ID : _____

I wish to receive documents via email. (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.

10. FOLIO CONSOLIDATION

I/We wish to consolidate the following folio numbers

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

TO
Folio Number _____ P.S. Details in all folios to be merged should be identical to the folio number to be merged to.

12. DECLARATIONS & 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/I/We are authorise 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.

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

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.

ING Investment Management (India) Pvt. Ltd.

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