



SIP INVESTMENT FORM

TO BE FILLED IN CAPITAL LETTERS. This form should be submitted along with the Common Application form. Please read the instructions carefully, before filling up the application form. All Columns marked * are mandatory.

1. AGENT INFORMATION			2. EXISTING UNIT HOLDER	OFFICE USE ONLY
Broker Code / Name (AMFI registered members only) ARN Code: 83671	Sub Broker Code: ARN of Sub Broker:	Employee Unique Identification Number (EUIIN) E100500	Folio No.	Receipt Date / Time

I/We hereby confirm that where the EUIIN space has been left blank by me/us, the transaction is an "execution-only" transaction
 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. New Investor (Investing first time in Mutual Fund) Existing Investor

3. UNIT HOLDER INFORMATION

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

_____ FIRST NAME _____ LAST NAME _____ D | D | M | M | Y | Y | Y | Y

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.

PAN/PEKRN & KYC Mandatory* (Please provide attested PAN/PEKRN card copy)

Enclosed () Attested PAN Card KYC Acknowledgment attached Attested PAN/PEKRN Card KYC Acknowledgment attached

4. REGISTRATION I wish to register the following SIP

5. CANCELLATION I wish to cancel my SIP

6. SIP TRANSACTION DETAILS SIP MICRO SIP

Scheme _____ Plan _____ * Please tick Direct if investing directly with the fund. Also indicate direct in the ARN column of the application forms. Please read SID / Addendum for default option.

Option (Please) Growth* Dividend Through Distributor Direct* Sub Option (Please) Payout Re-investment*

SIP Date 1st 10th 15th 27th SIP Period M | M | Y | Y | Y | Y To M | M | Y | Y | Y | Y

SIP Amount (per installment): _____ Frequency Monthly Quarterly (Jan, Apr, July, Oct) * Default Option

7. FIRST CHEQUE DETAILS

Cheque Amount _____ Account Type Savings Current NRE NRO FCNR Others

Cheque Number _____ Bank Name _____

Cheque Date D | D | M | M | Y | Y | Y | Y Bank Branch _____

Branch City _____

(W.e.f. August 1, 2013 only CTS 2010 standard cheques shall be acceptable.)

8. BANK ACCOUNT DETAILS FOR AUTO DEBIT (Mandatory)

Name of 1st Account Holder _____

Name of 2nd Account Holder _____

Name of 3rd Account Holder _____

Bank Name: _____ Branch Name: _____

Bank City: _____ Account No.: _____

9 Digit MICR Code: _____ Please provide a copy of cancelled cheque (Mandatory) leaf from an ECS/Direct Debit eligible bank Account Type Savings Current NRE NRO FCNR

(This is 9 digit MICR code next to Cheque number)

9. DECLARATIONS & SIGNATURE(S)

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or 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.

I/We have not received nor have been induced by any rebate or gifts directly or indirectly in making these investments. 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. I confirm I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or rolling period of 12 months.

I hereby agree and undertake to pay a transaction charge of Rs. 100/- (in case of existing investors of the mutual fund) or Rs. 150/- (in case of new investors of the mutual fund) per subscription of Rs. 10000/- & above and that such transaction charge, if any, shall be deducted by the AMC from the subscription amount and paid to the distributor; and the balance shall be invested. I further acknowledge that in case of SIP, such transaction charge shall be applicable only if the total commitment through SIP amounts to Rs. 10,000/- & above and in such cases the transaction charge shall be recovered in 4 installments. (Not applicable in case of direct investments).

Signature (s) (as in bank records)

First/Sole Unit holder / Guardian Second Unit holder Third Unit holder

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.

10. BANKER'S ATTESTATION (For bank use only)

Certified that the signature of account holder and the Details of Bank account are correct as per our records. Account Number Signature of authorised Official from Bank (Bank stamp and date)

11. AUTHORISATION OF THE BANK ACCOUNT HOLDER (To be filled and signed by investors)

To, The Branch Manager

Bank _____ Branch _____ Date D | D | M | M | Y | Y | Y | Y

Sub: Mandate verification for A/c. No. _____

This is to inform you that I/We have registered for making payment towards my investments in ING Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing). I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,
Yours sincerely

First/Sole Unit holder / Guardian Second Unit holder Third Unit holder



ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

SIP INVESTMENT FORM

Application No.: **S**

Received from Mr./Mrs./Ms. _____ an application for Systematic Investment Plan through ECS/Direct Debit.

Folio No.:	SIP Details		ECS / Direct Debit	OFFICIAL Collection Centre's Stamp & Receipt Date & Time Allotment is subject to realisation of ECS Installment
Scheme Name: _____	Cheque No. _____	Cheque Date _____	Bank Name: _____	
Option: _____	SIP Amount (per installment) _____	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	Account No.: _____	
Sub-Option: _____	SIP Period M M Y Y Y Y To M M Y Y Y Y	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		
Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement.				

12. SELF ATTESTED DOCUMENTS OF THE FIRST HOLDER: (please ✓ as applicable)

- | | |
|---|--|
| <input type="checkbox"/> Voter ID card | <input type="checkbox"/> ID card issued to employees of scheduled commercial / state / district co-operative banks. |
| <input type="checkbox"/> Government / Defence ID card | <input type="checkbox"/> Senior citizen / Freedom fighter ID card issued by government. |
| <input type="checkbox"/> Driving License | <input type="checkbox"/> Cards issued by universities / deemed universities or institutes under statutes like ICAI, ICWA, ICSI. |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Permanent retirement account no. (PRAN) card issued to new pension system (NPS) subscribers by CRA (NSDL). |
| <input type="checkbox"/> Photo Ration Card | <input type="checkbox"/> Any other photo ID card issued by central government / state governments / municipal authorities / government organisations like ESIC / EPFO. |
| <input type="checkbox"/> Photo Debit card | <input type="checkbox"/> KYC Acknowledgment |
| <input type="checkbox"/> Employee ID cards issued by companies registered with registrar of companies | |
| <input type="checkbox"/> Photo identification issued by Bank Managers of scheduled commercial banks / Gazetted Officers / Elected Representatives to the legislative assembly /parliament | |

INSTRUCTIONS & INFORMATION ON SYSTEMATIC INVESTMENT PLAN**General Instruction**

The SIP Investment Form should be filled in English and in block letters only. Please tick (✓) in the appropriate box where boxes have been provided. The SIP Investment form, complete in all respects should be submitted at any of the ING Mutual Fund branch or at official point of acceptance of transaction(s) of Computer Age Management Services (Pvt) Ltd. (CAMS).

New investors who wish to enroll for SIP are required to fill the SIP Investment form along with the common application form. New investors are advised to read the Scheme Information Document(s) of the respective Scheme(s) carefully before investing. The Scheme Information Document(s)/Key Information Memorandum(s) of the respective Scheme(s) are available with the ING Mutual Fund branches / Brokers / Distributors and also displayed on our website www.ingim.co.in. The common application form number must be compulsorily mentioned in the Systematic Investment Form.

Existing unit holders need not fill the Common Application Form. However they must compulsorily mention their Folio Number in the Systematic Investment Form. Existing unit holders should note that unit holder's details and mode of holding is mandatory (Single, Joint, Anyone or Survivor) will be as per the existing folio number.

Irrespective of the investment amount, mention your PAN/PEKRN details and enclose a photocopy of the PAN/PEKRN proof attested for all applicants including POA holder. In case of a minor, please furnish PAN/PEKRN details and proof of PAN/PEKRN of the Guardian. KYC Acknowledgment should be attached for all investors. If Date of Birth (DOB) not provided application liable to be rejected.

Systematic Investment Details

Schemes where SIPs are allowed	Please refer Scheme Information Document
Frequency	Monthly or Quarterly
Choice of Dates / Months	1st, 10th, 15th and 27th of every month / Jan, Apr, July, Oct
Default Date	If no choice is made, the default date will be 10th
Minimum Investment	Rs. 1000/- in monthly and Rs. 3000/- in quarterly (In multiples of Rs. 100, except for Tax Saving Scheme which is Rs. 500 in monthly & Rs. 1500/- in Quarterly & in multiples of Rs. 500 thereafter)
Minimum Period	6 cheques for monthly and 4 cheques for quarterly
Default Period	If the period is not mentioned, the default period will be for 3 years
Load	As per scheme structure.

Units will be allotted on the above application dates. In case the date falls on a Non-Business Day or falls during the book closure period the immediate next Business Day will be considered for the purpose of determining the applicability of NAV subject to the realisation of the cheques.

SIP Auto Debit – Terms and Conditions

Payment to be made by current dated cheque drawn on any bank which is situated at and is a member of the banker's Clearing House located at the place where the SIP investment form is submitted. No Cash, Money Orders or Postal Orders will be accepted. In case if the cheque is from NRE account, please furnish a NRI declaration / attached cancelled cheque copy from your banker.

The bank account details provided for ECS / Direct Debit should be that of the First SIP cheque only. The bank branch through which the SIP auto debit takes place should participate in local MICR Clearing.

It is mandatory to provide the 9 digit MICR Code which appears on the right side of the cheque number on the cheque leaf along with a cancelled cheque leaf from an ECS / Direct Debit eligible bank.

Any cancellation or modification should be submitted 30 days prior to the next auto debit date. Any modification should be accompanied with a new SIP form duly filled in and carrying the revised SIP request details.

Extension of SIP needs to be accompanied with a cancelled cheque leaf only if the debit bank account details remain the same as per the first SIP.

If 3 consecutive SIPs fail, the SIP will automatically stand terminated. Incorrect, incomplete or ambiguous forms are liable to be rejected.

The investor agrees to abide by the terms and condition of ECS / Direct Debit facility of the Reserve Bank of India as applicable at the time of investment and as may be modified from time to time at a later stage.

Investors will not hold ING Mutual Fund, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP due date to various clearing cycle of ECS. ING Mutual Fund, its registrars, banks and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.

DECLARATION AND SIGNATURES

a) Signatures can be in English or in any Indian language. Thumb impressions must be attested by a Magistrate/Notary Public under his/her official seal. In case of HUF, the Karta will sign on behalf of the HUF. Similarly, for the Association of Persons (AOP) the application must be signed by the Authorised Signatory. b) Applications on behalf of minors should be signed by their Guardian. c) If the application form is signed by a Power of Attorney (PoA) holder, the form should be accompanied by a notarized photocopy of the PoA. Alternatively, the original PoA can be submitted, which will be returned after verification. d) In case of corporates or any non-individual investors, a list of authorized signatories should be submitted along with the application form.

I hereby agree that AMC shall in case where multiple purchase / additional purchase / switch-in transactions aggregating to Rs. 2 lakh or more are submitted by me / us for the same transaction date /Net Asset Value (NAV) applicability date, then all such multiple applications will be aggregated and will be considered as a single transaction for considering NAV applicability date.

LIST OF BANKS WITH DIRECT DEBIT FACILITY (All Branches)

Axis Bank (Please fill 15 Digit Bank Account Numbers Only), **IDBI Bank** (Please fill between 13-16 Digit Bank Account Numbers Only), **ING Vysya Bank, IndusInd Bank** (Please fill between 13-16 Digit Bank Account Numbers Only), **Kotak Mahindra Bank, Bank Of Baroda** (Please fill 14 Digit Bank Account Numbers Only), **Punjab National Bank** (Please fill 16 Digit Bank Account Numbers Only), **Bank Of India** (Please fill 15 Digit Bank Account Numbers Only), **Union Bank Of India** (Please fill 15 Digit Bank Account Numbers Only) **State Bank of India, Citi Bank, Corporation Bank**

LIST OF ECS LOCATIONS

Delhi	Dehradun	Surat	Gwalior	Mangalore	Chennai	Coimbatore	Haldia
Ludhiana	Gorakhpur	Mumbai	Jabalpur	Udipi	Pondicherry	Kolkata	Asansol
Amritsar	Agra	Goa	Rajpur	Hubli	Trichy	Bardhaman	Cuttack
Jalandhar	Jaipur	Pune	Hyderabad	Gadag	Madurai	Durgapur	Raichur
Chandigarh	Bhilwara	Sholapur	Tirupati	Bijapur	Salem	Siliguri	Bikaner
Shimla	Udaipur	Kolhapur	Vijaywada	Belgaum	Erode	Bhubaneswar	Gangtok
Jammu	Jodhpur	Nasik	Nellore	Davangere	Thirupur	Guwahati	Dargeeling
Kanpur	Rajkot	Aurangabad	Vizag	Shimoga	Calicut	Patna	Anand
Allahabad	Jamnagar	Nagpur	Kakinada	Tumkur	Trichur	Dhanbad	Bhavnagar
Varanasi	Ahmedabad	Indore	Bangalore	Mandya	Cochin	Jamshedpur	Kota
Lucknow	Baroda	Bhopal	Mysore	Gulbarga	Trivandrum	Ranchi	Tirunelveli

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