

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

|  |  |  |  |                        |  |
|--|--|--|--|------------------------|--|
| <b>1. AGENT INFORMATION</b>  |  | <b>2. EXISTING UNIT HOLDER INFORMATION</b> |  | <b>OFFICE USE ONLY</b> |  |
| Agent's Code / Name (AMFI registered members only)<br><b>Neerav S Parekh ARN - 36250</b> |  | Sub Agent Code                             |  | Folio No.              |  |
|  |  |  |  | Receipt Date / Time    |  |

**3. UNIT HOLDER INFORMATION**

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

Date of Birth

E-mail ID for mailing of Account Statement Mobile

☐ For statements in lieu of physical statements ☐ For SMS alerts

PAN No.\* First / Sole Applicant\* Second Applicant\* Third Applicant\*

(Please provide attested PAN card copy)

Enclosed (✓) ☐ Attested PAN Card ☐ KYC Acknowledgment attached ☐ Attested PAN Card ☐ KYC Acknowledgment attached ☐ Attested PAN Card ☐ KYC Acknowledgment attached

**4. SIP TRANSACTION DETAILS**

Scheme Plan

Option (Please ✓) ☐ Growth ☐ Bonus ☐ Dividend Sub Option (Please ✓) ☐ Payout ☐ Re-investment

SIP Period To SIP Date ☐ 1 ☐ 10\* ☐ 15 ☐ 27 of every month or ( Jan, Apr, July, Oct ) \* Default Option

**5. FIRST CHEQUE DETAILS**

Cheque Amount Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

Cheque Number Bank Name

Cheque Date Bank Branch

Branch City

**6. PARTICULARS OF BANK ACCOUNT (Mandatory)**

Account Holders Name: (Records as in Bank)

Bank Name:

Branch Name:

Account No.:

9 Digit MICR Code: Account Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO

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 (As in Bank Records)

|                      |                  |                 |
|----------------------|------------------|-----------------|
| First/Sole Applicant | Second Applicant | Third Applicant |
|----------------------|------------------|-----------------|

**7. DECLARATION AND SIGNATURES**

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.

|                      |                  |                 |
|----------------------|------------------|-----------------|
| First/Sole Applicant | Second Applicant | Third Applicant |
|----------------------|------------------|-----------------|

Authorisation of the Bank Account Holder (As in bank record)

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.

|                      |                  |                 |
|----------------------|------------------|-----------------|
| First/Sole Applicant | Second Applicant | Third Applicant |
|----------------------|------------------|-----------------|

To be signed by all Applicants if mode of operations is "Joint". (As in Bank Records)

Received from \_\_\_\_\_ an application for Systematic Investment.

|   |   |
|---|---|
| Scheme  | Payment Mode  |
| Scheme  | First SIP cheque details:   |
| Plan  | Cheque No. _____ Amount _____ Total Investment Amount _____   |
| Option  | <input type="checkbox"/> Auto Debit <input type="checkbox"/> Standing Instruction for SIP Bank Name _____ |
| Please retain this slip duly acknowledged by the Official Acceptance Point till you receive your Account Statement. |   |

|  |
|--|
| APPLICATION / FOLIO NO.                |
|  |
| Official Acceptance Point Stamp & Sign |