

**COMMON APPLICATION FORM
FOR DEBT SCHEMES**



Investors must read the instructions on page no. 47 before completing this form.

Date: _____/_____/_____

1. AGENT INFORMATION		FOR OFFICE USE ONLY			
Agent's Code/Name ARN-3852	Sub Agent Code	Date of receipt	Folio No.	Branch Trans No.	ISC Name & Stamp

2. EXISTING UNIT HOLDER INFORMATION (existing unit holder to quote folio number and proceed to section 8 Investment Details)
Folio No. _____

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

Name of First/Sole Applicant	Mr. Ms. M/s. _____
Contact Person (In case of non-individual investors)	Mr. Ms. _____
Mailing Address of First/Sole Applicant	_____ _____ _____ PINCODE _____
PAN/GIR No. (Compulsory for application of Rs. 50,000/- & Above)	_____ Circle/Ward/District _____
Date of Birth (dd/mm/yyyy)	_____ Telephone: Office _____ Resi. _____ Mobile _____
Fax	_____ Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of the Second Applicant	Mr. Ms. M/s. _____
PAN/GIR No. (Compulsory for application of Rs. 50,000/- & Above)	_____ Circle/Ward/District _____
Name of the Third Applicant	Mr. Ms. M/s. _____
PAN/GIR No. (Compulsory for application of Rs. 50,000/- & Above)	_____ Circle/Ward/District _____
Name of the Guardian (In case of minor)	Mr. Ms. Mrs. _____ Date of Birth of Minor _____
Overseas Address (in case of NRIs/FIIs)	_____ PINCODE _____

Mode of holding** (Please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	Status (Please ✓) <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-repatriable <input type="checkbox"/> On behalf of minor	<input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company	<input type="checkbox"/> Society/Club <input type="checkbox"/> Bank/F.I. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others	Occupation (of sole/First Applicant) (Please ✓) <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <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

4. 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 _____
Account No. _____	Branch Address _____
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO	
If the Bank Account is held with any of the following Bank, the payment of Dividend/Redemption would be made directly into your Bank Account	
<input type="checkbox"/> Standard Chartered Bank <input type="checkbox"/> HDFC Bank <input type="checkbox"/> UTI Bank <input type="checkbox"/> ING Vysya Bank Ltd <input type="checkbox"/> HSBC Ltd. <input type="checkbox"/> Citibank N. A. <input type="checkbox"/> ICICI Bank Ltd. <input type="checkbox"/> IDBI Bank Ltd. <input type="checkbox"/> Saraswat Bank <input type="checkbox"/> Deutsche Bank	
ING Vysya mutual fund retains the right to use any other mode of payment as deemed appropriate. I/We understand that ING Vysya mutual fund shall not be responsible if the direct credit could not be carried out because of the incomplete or incorrect information	

5. E-MAIL COMMUNICATION (Please ✓)	a) I/We wish to receive the Account Statement via e-mail instead of physical document <input type="checkbox"/> Yes <input type="checkbox"/> No b) If yes, please specify the frequency <input type="checkbox"/> Monthly* <input type="checkbox"/> Weekly** E-mail Address _____
---	---

* On the first day of the month ** On Monday of every week

6. NOMINATION DETAILS

I/We hereby nominate the under mentioned nominee to receive the amount to my/our credit on my/our death. I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Name and Address of Nominee
 Name : _____ Address : _____

 Date of Birth (to be furnished in case the nominee is minor)* _____
 *Name of Guardian : _____ Address of Guardian : _____

 Relationship with Minor : _____ Signature of Guardian : _____

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)



ING Vysya Mutual Fund
17, Lincoln Lodge, Altamount Road, Mumbai - 400 036.

Received from Mr./Ms./M/s. _____ Address _____ Date : _____

_____ an application for Units along with details as given below:

Name of the Scheme	Option	Amount Paid	Cheque/DD No.	Cheque/DD Date	Drawn On	Bank	Branch

Please Note: All Purchases are subject to realisation of cheques/demand drafts.

Counter Signature & Stamp

7. For Investors who wish to opt for SIP/SWP/STP

Systematic Transfer Plan (STP)/Systematic Investment Plan (SIP)/Systematic Withdrawal Plan (SWP) form is enclosed Yes No

8. INVESTMENT DETAILS

 <p>ING VYSYA LIQUID FUND</p>	The Cheque/DD should be drawn favouring "ING Vysya Liquid Fund "			<input type="checkbox"/> Regular <input type="checkbox"/> Institutional Plan Option (Please ()) <input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="checkbox"/> Daily <input type="checkbox"/> Weekly Reinvestment only
	Cheque/DD no.		Drawn on Bank	
	Cheque/DD Date		Branch	
	Amount in Figures (Rs.)			
	Amount (Words)			
 <p>ING VYSYA INCOME FUND</p>	The Cheque/DD should be drawn favouring "ING Vysya Income Fund "			<input type="checkbox"/> Regular <input type="checkbox"/> Institutional Plan Option (Please ()) <input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
	Cheque/DD no.		Drawn on Bank	
	Cheque/DD Date		Branch	
	Amount in Figures (Rs.)			
	Amount (Words)			
 <p>ING VYSYA INCOME FUND SHORT TERM PLAN</p>	The Cheque/DD should be drawn favouring "ING Vysya Income Fund - Short Term Plan "			Option (Please ()) <input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
	Cheque/DD no.		Drawn on Bank	
	Cheque/DD Date		Branch	
	Amount in Figures (Rs.)			
	Amount (Words)			
 <p>ING VYSYA MIP FUND PLAN A</p>	The Cheque/DD should be drawn favouring "ING Vysya MIP Fund Plan A "			Option (Please ()) <input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
	Cheque/DD no.		Drawn on Bank	
	Cheque/DD Date		Branch	
	Amount in Figures (Rs.)			
	Amount (Words)			
 <p>ING VYSYA SELECT DEBT FUND</p>	The Cheque/DD should be drawn favouring "ING Vysya Select Debt Fund "			Option (Please ()) <input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Option <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
	Cheque/DD no.		Drawn on Bank	
	Cheque/DD Date		Branch	
	Amount in Figures (Rs.)			
	Amount (Words)			
 <p>ING VYSYA GILT FUND - REGULAR PLAN</p>	The Cheque/DD should be drawn favouring "ING Vysya Gilt Fund - Regular Plan"			Option (Please ()) <input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
	Cheque/DD no.		Drawn on Bank	
	Cheque/DD Date		Branch	
	Amount in Figures (Rs.)			
	Amount (Words)			
 <p>ING VYSYA GILT FUND - PF PLAN - DYNAMIC PLAN</p>	The Cheque/DD should be drawn favouring "ING Vysya Gilt Fund - PF Plan - Dynamic Plan"			Option (Please ()) <input type="checkbox"/> Growth Option <input type="checkbox"/> Regular Growth <input type="checkbox"/> Auto Income payout <input type="checkbox"/> Half Yearly Dividend <input type="checkbox"/> Annual Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Cyclical Series Option
	Cheque/DD no.		Drawn on Bank	
	Cheque/DD Date		Branch	
	Amount in Figures (Rs.)			
	Amount (Words)			

For all regular plans Minimum Application amount of Rs. 2,000/- & in multiples of Re. 1 thereunder for all the above schemes except for schemes given below. Minimum application amount for ING Vysya MIP Fund Plan A- Rs. 20,000/- for Dividend Option and Rs. 10,000/- for Growth and Bonus Option . ING Vysya Liquid Fund Institutional Plan Rs. 5 crore and in multiples of Re. 1 lacs thereafter. For ING Vysya Income Fund Institutional Plan minimum application amount Rs. 25 Lacs and in multiples Re. 1 thereafter. In case the option is not specified the default option will be growth.If no dividend option is ticked default option will be payout.

9. DECLARATIONS & SIGNATURE(S)

I/We have read and understood the contents of the Offer Document of the scheme(s) of ING Vysya Mutual Fund. I/We hereby apply to the Trustee of ING Vysya Mutual Fund for Units of respective schemes of ING Vysya Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). *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/NRNR Account. 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. * Applicable to NRIs only	First / Sole Applicant	
	Second Applicant	
	Third Applicant	

For any queries please contact customer care no. **1600 44 5433**

or

email us at ceo@ingvysyamf.com

or

visit us at www.ingvysyamf.com