

FACILITIES FORM

Investment Advisor's Name & ARN	Sub-Broker's Name & ARN	Official Acceptance Point
NAME OF APPLICANT / UNITHOLDER		APPLICATION / FOLIO NO.
PAN* 		
* Mandatory if each Systematic Investment / Systematic Transfer Amount > = Rs. 50,000		
E-Mail ID for mailing for Account Statement 		

1. SYSTEMATIC INVESTMENT PLAN

Scheme		Plan		Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend:	<input type="radio"/> Payout	<input type="radio"/> Re-investment
					<input type="checkbox"/> Bonus			
Investment Amount 				Investment Frequency (Please ✓)				
				<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
Investment Period In Months From MM/YYYY To MM/YYYY				Dates: <input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 27th				
				Cheque No. From To 				
				(Min. 6 Cheques)				
				Cheque Dates From DD / MM / YYYY To DD / MM / YYYY				
Draw On Bank				Branch City 				

2. SYSTEMATIC WITHDRAWAL PLAN

Scheme		Plan		Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend:	<input type="radio"/> Payout	<input type="radio"/> Re-investment
					<input type="checkbox"/> Bonus			
Withdrawal Option <input type="checkbox"/> Fixed Sum 				Withdrawal Frequency (Please ✓)				
(Please ✓) OR (Please Specify Amount/Units)				<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
				Dates: <input type="checkbox"/> 5th				
				Withdrawal Period DD / MM / YYYY To DD / MM / YYYY				

3. SYSTEMATIC TRANSFER PLAN

From: Scheme		Plan		Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend:	<input type="radio"/> Payout	<input type="radio"/> Re-investment
					<input type="checkbox"/> Bonus			
To: Scheme				Option (Please ✓)				
				<input type="checkbox"/> Growth <input type="checkbox"/> Dividend: <input type="radio"/> Payout <input type="radio"/> Re-investment				
				<input type="checkbox"/> Bonus				
Transfer Option <input type="checkbox"/> Fixed Sum 				Transfer Frequency (Please ✓)				
(Please ✓) OR (Please Specify Amount/Units)				<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
				Dates: <input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 27th				
				Transfer Period DD / MM / YYYY To DD / MM / YYYY				

Note : • Signature(s) should be as it appears on the Application Form and in the same order.

- If no investment option is ticked default option will be Growth. • If no dividend option is ticked default option will be reinvestment. • This form should be accompanied with common application form (Equity)
- Minimum number of cheques equal to 6 (Monthly Option) or 4 (Quarterly Option). • Minimum installment Rs. 1000/100 Units (Monthly Option) Rs. 3000/300 Units (Quarterly Option)

4. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Offer Document(s) of the respective Scheme(s) of ING Vysya 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 Vysya 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.

SIGNATURE (S)			
	Sole / First Applicant	Second Applicant	Third Applicant
	(To be signed by All Applicants if mode of operation is "Joint")		

FACILITIES FORM

Received from _____
an application for Systematic Investment / Systematic Withdrawal / Systematic Transfer

Scheme	Facility Details
Scheme 	<input type="checkbox"/> SIP Date DD / MM / YYYY Amount (Rs.)
Plan 	<input type="checkbox"/> SWP Date DD / MM / YYYY Amount (Rs.)
Option 	<input type="checkbox"/> STP Date DD / MM / YYYY Amount (Rs.)

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

ACKNOWLEDGEMENT SLIP

APPLICATION / ACCOUNT NO.

Official Acceptance Point Stamp & Sign