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# COMMON APPLICATION FORM

FOR EQUITY, BALANCED FUND & FUND OF FUND



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	
Agent's Code / Name (AMFI registered members only) <b>Neerav S Parekh ARN - 36250</b>		Folio No.		Receipt Date / Time	
Sub Agent Code					

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

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

\_\_\_\_\_

Contact Person (In case of non-individual Investors) (Refer instructions) ☐ Mr. ☐ Ms.

\_\_\_\_\_

Name of Guardian (In case of minor) ☐ Mr. ☐ Ms. ☐ M/s. Date of Birth

\_\_\_\_\_

Mailing Address of First/Sole Applicant\*

\_\_\_\_\_

PIN CODE\* Circle/Ward/District

\_\_\_\_\_

PAN No.\* ☐ Enclosed (✓) ☐ KYC Acknowledgment attached Nationality\*

Mandatory ☐ Attested PAN Card

Telephone\* Residence Office Fax

\_\_\_\_\_

Mobile Email

\_\_\_\_\_

☐ I wish to receive updates via sms on my mobile. (Please ✓) ☐ I wish to receive account statement via email on monthly basis in lieu of physical document. (Please ✓)

Name of the Second Applicant ☐ Mr. ☐ Ms. ☐ M/s.

\_\_\_\_\_

Date of Birth PAN No.\*

\_\_\_\_\_

Enclosed (✓) ☐ KYC Acknowledgment attached

☐ Attested PAN Card

Nationality\*

\_\_\_\_\_

Telephone Residence Office

\_\_\_\_\_

Fax Mobile

\_\_\_\_\_

Email

\_\_\_\_\_

POA Holder Details ☐ Mr. ☐ Ms. ☐ M/s.

\_\_\_\_\_

PAN No.\* ☐ KYC Acknowledgment attached

Overseas Address\* (Mandatory in case of NRI and FI applicant in addition to mailing address.)

City Country Zip Code

\_\_\_\_\_

## 4. ANNUAL INCOME OF SOLE/FIRST APPLICANT (Please ✓)

INDIVIDUAL :	<input type="checkbox"/> Less than 5 Lacs	<input type="checkbox"/> 5 Lacs - 25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 1 Crore - 5 Crore	<input type="checkbox"/> 5 Crore & Above
NON-INDIVIDUAL :	<input type="checkbox"/> < 50 Lacs	<input type="checkbox"/> 50 Lacs - 2.5 Crore	<input type="checkbox"/> 2.5 Crore - 10 Crore	<input type="checkbox"/> 10 Crore - 50 Crore	<input type="checkbox"/> 50 Crore & Above

Mode of holding** (Please ✓)	Status (Please ✓) (Mandatory)
<input type="checkbox"/> Single	<input type="checkbox"/> Resident Individual
<input type="checkbox"/> Joint	<input type="checkbox"/> Partnership Firm
<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Proprietorship
	<input type="checkbox"/> HUF
	<input type="checkbox"/> Bank / FI.
	<input type="checkbox"/> Company
	<input type="checkbox"/> Society/Club
	<input type="checkbox"/> NRI Non-Repatribable
	<input type="checkbox"/> On behalf of minor
	<input type="checkbox"/> NRI Repatriable
	<input type="checkbox"/> Trust
	<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.

Occupation (of sole/First Applicant) (Please ✓) (Mandatory)	
<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Doctor
<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Banking/Financial Institution
<input type="checkbox"/> Indian Private Company Employee	<input type="checkbox"/> PSU/Govt. Employee
<input type="checkbox"/> Dealers in high value commodities (Arms, Bullion, Jewellery etc.)	<input type="checkbox"/> Military Official
	<input type="checkbox"/> Lawyer
	<input type="checkbox"/> Housewives
	<input type="checkbox"/> Scientist
	<input type="checkbox"/> Teacher
	<input type="checkbox"/> Jeweller
	<input type="checkbox"/> Money Service Bureau
	<input type="checkbox"/> Other Business
	<input type="checkbox"/> MNC Employee
	<input type="checkbox"/> Student
	<input type="checkbox"/> I.T.
	<input type="checkbox"/> Other Professional
	<input type="checkbox"/> Agriculture/Fishery
	<input type="checkbox"/> Retired
	<input type="checkbox"/> Politically Exposed Person
	<input type="checkbox"/> Other Service _____ please specify

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ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

ING Mutual Fund

101 Windsor, Off. C.S.T. Road, Kalina, Santacruz (East), Mumbai 400098.



Received from Mr./Ms./M/s. \_\_\_\_\_ Application for units of \_\_\_\_\_

Scheme \_\_\_\_\_ Option \_\_\_\_\_ Sub Option \_\_\_\_\_

☐ Lumpsum ☐ SIP through auto debit Cheque No. \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_

☐ SIP through post dated cheques No. of cheques \_\_\_\_\_ Total Amount \_\_\_\_\_ Bank \_\_\_\_\_

ISC stamp and date

