

Application No.

Please read the instructions before filling the Application Form

**DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE**

Broker Name & Code	Sub-Broker Code	EUIN	Principal Group Employee Code	Date & Time of Receipt
ARN-97821		E113814		

I/We hereby confirm that where the EUIN space has been left blank the transaction is an "execution-only" transaction. (Refer Instruction No. G)  
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.

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(15)]**

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓ one of the options:- ☐ First time Mutual Fund Investor ☐ Existing Investor]  
(Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor for the purpose of deducting Transaction Charges)  
In case the subscription amount is ₹ 10,000/- or more and the Distributor has opted to receive Transaction Charges, ₹ 150 (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested.

**1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. B(1)]**

Please fill your Folio No. and Name and then proceed to Section (6) Common Account / Folio No. \_\_\_\_\_  
Name of Sole / First Unit Holder \_\_\_\_\_

**2 NEW APPLICANT'S DETAILS (Please fill in Block Letters with black/blue ink, use one box for one alphabet leaving one box blank between two words)**

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms. [Note: No Joint holding permitted in case of minor applicant - Refer Instruction no. B(12)]  
F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth (Mandatory for Minor Applicant - Enclose Supporting Document) D D M M Y Y Y Y Y Y PAN \_\_\_\_\_  
STATUS - ☐ Resident Individual ☐ HUF ☐ NRI / PIO / FI ☐ Partnership Firm ☐ BOI ☐ Minor ☐ Bank / FI ☐ Society/Club ☐ Trust ☐ Company ☐ Others (Please specify) \_\_\_\_\_

Guardian (Mandatory for Minor Applicant) / POA Holder / Contact Person (In case of non-individual Investors - PAN & KYC not required for contact person) ☐ Mr. ☐ Ms. \_\_\_\_\_

Date of Birth D D M M Y Y Y Y Y Y PAN \_\_\_\_\_ Relationship with ☐ Father ☐ Mother ☐ Legal Guardian  
Minor Applicant [Note: Enclose Supporting Document]

NAME OF THE SECOND APPLICANT ☐ Mr. ☐ Ms. Date of Birth D D M M Y Y Y Y Y Y PAN \_\_\_\_\_  
F I R S T N A M E M I D D L E N A M E L A S T N A M E

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms. Date of Birth D D M M Y Y Y Y Y Y PAN \_\_\_\_\_  
F I R S T N A M E M I D D L E N A M E L A S T N A M E

Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are endorsed to your Application Form as per Instruction No. D of this Form.

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/FI/PIO) [P.O. Box Address is not sufficient] [Refer Instruction No. B(6)]

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)**

Phone O \_\_\_\_\_ R \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_  
e-mail \_\_\_\_\_  
☐ I / We wish to receive updates via SMS on my mobile (Please ✓)

I/We wish to receive the following documents via e-mail in lieu of physical document(s) [Please ✓] ☐ Account Statement ☐ Newsletter ☐ Annual Report ☐ All Statutory Returns / Information

**IF APPLICANT IS A NON-RESIDENT**

☐ NRI (Repatriable) ☐ FI (Repatriable) ☐ NRI Minor (Repatriable)  
☐ PIO ☐ NRI (Non Repatriable) ☐ NRI Minor (Non Repatriable)

**OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please ✓)**

☐ Business ☐ Service ☐ Profession ☐ Retired ☐ Agriculture  
☐ House Wife ☐ Student ☐ Others (Please specify) \_\_\_\_\_

MODE OF HOLDING (Please ✓) ☐ Single ☐ Jointly ☐ Either / Anyone or Survivor (Default Option : Jointly)

**3 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'**

☐ I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.

NOMINEE'S NAME ☐ Mr. ☐ Ms. \_\_\_\_\_ Date of Birth (in case of minor) D D M M Y Y Y Y Y Y

NAME OF PARENT / LEGAL GUARDIAN (in case of minor) ☐ Mr. ☐ Ms. \_\_\_\_\_

ADDRESS OF NOMINEE / GUARDIAN \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ Specimen Signature of Nominee / Guardian \_\_\_\_\_

OR \_\_\_\_\_ Signature of 1st Unit Holder \_\_\_\_\_ Signature of 2nd Unit Holder \_\_\_\_\_ Signature of 3rd Unit Holder \_\_\_\_\_

☐ I/We do not wish to nominate a nominee in my / our folio.

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / [www.principalindia.com](http://www.principalindia.com)]

... continued overleaf

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**

ARN-97821

Application No.

EUIN-E113814

Received from \_\_\_\_\_

Cheque / DD / RTGS / NEFT No. \_\_\_\_\_ Dated: D D / M M / Y Y Y Y

Drawn on Bank & Branch \_\_\_\_\_

Scheme / Plan / Option / Sub-Option \_\_\_\_\_

Amount ₹ \_\_\_\_\_

Please Note : All purchases are subject to realisation of payment instrument

Signature, Stamp & Date

ARN-97821

EUIN-E113814

**4 BANK ACCOUNT DETAILS (Mandatory)** [Refer Instruction No. C]

Bank Name (Do not abbreviate)										
Account No.										
(Please provide the full account number)										
Branch Address										
Pin Code										
Account Type	(Please <input checked="" type="checkbox"/> For Residents <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> For Non-Resident <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Repatriable <input type="checkbox"/> Non-Repatriable <input type="checkbox"/> Others									
MICR Code*	This is a 9 digit number next to your Cheque No.									
Only for RTGS*	IFSC*	NEFT* Code								Essential Enclosures : (For Direct Credit): <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque
										[* indicates - Mandatory]

**5 DOCUMENTS ENCLOSED (Please ☒)** [Refer Checklist on the Instruction Page]
☐ MOA & AOA ☐ Trust Deed ☐ Bye-Laws ☐ Partnership Deed ☐ Resolution / Authorisation to invest ☐ List of Authorised Signatories with Specimen Signature(s) ☐ POA
**6 PAYMENT DETAILS (Mandatory)** [Refer Instruction No. C]

(i) Investment Amount (₹)	(ii) DD Charges (₹)	Net Amount (₹)
Mode of Payment (Please <input checked="" type="checkbox"/> )		*Cheque / DD / RTGS / NEFT No.
<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> ECS <input type="checkbox"/> Funds Transfer		
Account Type (Please <input checked="" type="checkbox"/> )	Dated	
<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR	D D M M Y Y Y Y	
Payment from Bank A/c. No.	Name of 1st Bank A/c holder	
Drawn on Bank	Name of 2nd Bank A/c holder	
Branch & City	Name of 3rd Bank A/c holder	

Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)

☐ Parent/Grand Parent/related person (Not to exceed ₹ 50,000): Name \_\_\_\_\_  
☐ Employer: Name \_\_\_\_\_ ☐ Custodian: Name \_\_\_\_\_

 Mandatory Enclosure  
☐ KYC Acknowledgement Letter &  
☐ Joint Declaration of the Bank A/c.

 Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer - ☐ Instruction to the Bank from the Unitholder to Debit the Account. • DD / Pay order / Banker's Cheque and the like - ☐ Declaration / Acknowledgement from Bank ☐ Copy of Passbook / Bank Statement

\* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument.

**7 INVESTMENT DETAILS (Please ☒ Choice of Scheme / Plan / Option available for subscription) - Please ensure there is only one cheque/DD per application form**

<input type="checkbox"/> Principal Government Securities Fund <input type="checkbox"/> Principal Income Fund - Long Term Plan <input type="checkbox"/> Principal Debt Opportunities Fund - Conservative Plan <input type="checkbox"/> Principal Cash Management Fund	<input type="checkbox"/> Direct Plan+ <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan+ <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan+ <input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep Dividend Frequency - <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Dividend Frequency / Facility - <input type="checkbox"/> Daily <input type="checkbox"/> Weekly - <input type="radio"/> Reinvest <input type="checkbox"/> Monthly - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Retail Money Manager Fund* <input type="checkbox"/> Principal Debt Opportunities Fund - Corporate Bond Plan <input type="checkbox"/> Principal Bank CD Fund <input type="checkbox"/> Principal Income Fund - Short Term Plan	<input type="checkbox"/> Direct Plan+ <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan+ <input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Monthly) <input type="radio"/> Reinvest <input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep Dividend Frequency - <input type="checkbox"/> Monthly
<input type="checkbox"/> Principal Debt Savings Fund <input type="radio"/> Monthly Income Plan <input type="radio"/> Retail Plan*	<input type="checkbox"/> Direct Plan+ <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan+ <input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="radio"/> Accumulation <input type="radio"/> AEP <input type="checkbox"/> Dividend <input type="radio"/> Monthly <input type="radio"/> Quarterly - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep

\* Only for investors without broker code. If Direct plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer Instruction No. B(11)]

Sweep to Scheme Plan \_\_\_\_\_ Option \_\_\_\_\_ (In case of Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

**8 DEMAT ACCOUNT DETAILS** [Refer instruction No. 'B (14)']

Depository Participant (DP) ID \_\_\_\_\_ Beneficiary Account Number \_\_\_\_\_

**9 BENEFICIAL OWNER** [Refer instruction No. 'F']We are/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application - ☐ Yes ☐ No (Note: If this section is left blank, it is assumed that the Applicant(s) is the Beneficial Owner)

If no, kindly indicate the name of the Beneficial Owner \_\_\_\_\_

[Kindly enclose Copy of PAN &amp; KYC Acknowledgement Letter for the Beneficial Owner. AMC Reserves the right to seek further information/documents for verification purpose]

**10 PRIVACY POLICY CONFIRMATION** [Refer instruction No. 'H']
☐ Yes ☐ No. I/we consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products
**11 DECLARATION AND SIGNATURES**

We have read and understood the contents of the Scheme Information Document to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I / We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ("the Scheme") and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund (Scheme(s)) into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme(s). I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/we further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/we confirm that I/we have read and understood "Privacy Policy" of PMFIAMC hosted on [www.principalindia.com](http://www.principalindia.com) and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information or sensitive personal data or information provided by me/us for extending and offering services and products. I/we also consent to disclose all such information including without limitation personal information or sensitive personal data or information provided by me/us to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. I/we further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Prib. Asset Management Company Pvt. Ltd. (AMC), its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution. I/we further confirm that the ARN holder (Broker/Sub-Broker) 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(s) has been recommended to me/us. I / We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Schemes of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is/are returned unpaid by my/our bank for any reason whatsoever. I/we hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my / our bank account, where AMC has such arrangement with my / our Bank.

Applicable to NRIs only: I / We confirm that I am / we are Non-Residents 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 funds in my/our Non-Residents External / Ordinary Account / FCNR Account.

SIGNATURES	Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
	PAN _____ Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC)		
SIGNATURES	Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
	PAN _____ Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC)		
SIGNATURES	Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
	PAN _____ Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC)		

\* Refer Instruction No. D



For investment related enquiries, Investor Grievance please contact:

**Principal Mutual Fund**

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.

TOLL FREE: 1800 425 5600 • Fax: 022-6772 0512 • E-mail: [customer@principalindia.com](mailto:customer@principalindia.com) • Website: [www.principalindia.com](http://www.principalindia.com)

**CHECK LIST :** Please ensure the following : • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN card • Copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Ltd / printout of KYC compliance status downloaded from CVL website, as applicable • Appropriate options are filled • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only". • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.