

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. Website: www.principalindia.com E-mail: customer@principalindia.com

## **Application Form for Debt / Liquid Schemes**

Application No.

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION	ON & APPLICATION RECE	IPT DATE						
Broker Name & Code	Sub-Broker Code	EUIN	I	Principal	Group Emplo	yee Code	Date & Time	e of Receipt
ARN-97821		E113814						
I/We hereby confirm that where the EUI Upfront commission shall be paid directly by							rvice rendered b	v the distributor.
TRANSACTION CHARGES I								,
Investors are advised to confirm if he/she								sting Investor
(Note: If this section is left blank, it is assum								5 m 5 m 7
In case the subscription amount is ₹ 10,000/-							100/- (for invest	or other than firs
time mutual fund investor) will be deducted	from the subscription amount and	paid to the Distribu	utor. Units Will t	de issueu against t	ne Dalance anno	unt invested.		
1 EXISTING UNITHOLDERS D	ETAILS (Please note that the	applicant details a	nd mode of ho	olding will be as	per the existin	g Folio Numbe	er) [Refer Instru	ction No. B(1)]
Please fill your Folio No. and Name and Name of Sole / First Unit Holder	then proceed to Section (6)		Common	Account / Folio	No.			
2 NEW APPLICANT'S DETAIL	S (Please fill in Block Letters v	with black/blue inl	k, use one box	for one alphab	et leaving one	box blank b	etween two w	ords)
NAME OF FIRST / SOLE APPLICANT	Mr. Ms [Note: I	No Joint holding pe	emitted in cas	e of minor applic	ant - Refer Ins	truction no. B	(12)]	
	A M E M	I D D L		N A M E		L A 5	T N	A M E
Date of Birth (Mandatory for Minor Applicant -				Y PAN				
STATUS - Resident Individual HUF N				,	Company		7	
Guardian (Mandatory for Minor Applicant) / P	OA Holder / Contact Person (In cas	se of non-individual In	westors - PAN & I	KYC not required for	r contact person)	Mr.	Ms	
Date of Birth   D   D   M   M   Y	Y   Y   Y   PAN			1 1 1	Relationship	with Fath	er Mother	Legal Guardian
Date of Data					Minor Appli		nclose Supportin	
NAME OF THE SECOND APPLICANT	Mr. Ms Date of Birt	h D D M	MY	YYY	PAN			
FIRST N	A M E M	I D D L	E N	A M E	L	A 5	T N	A M E
NAME OF THE THIRD APPLICANT	Mr. Ms Date of Birt	h IDIDIM	IMIYI	v I v I v I	PAN			
			IVI T	1 1 1	FAIN			
Kindly ensure that Copy of PAN & KYC Acknowl	A M E M  edgement Letter are endosed to your	Annlication Form as r	ner Instruction No	D of this Form		A 5	T N	A M E
		r up record rollings	pe roudon n	J. D G1 0113 1 01111.				
ADDRESS OF FIRST / SOLE APPLICANT [P.0	Box Address is not surficient;							
City	State		Country			Pin Code		T
OVERSEAS ADDRESS (in case the First Appl		ess is not sufficient]		on No. B(6)}				
City	State		Country			Zip Code		
CONTACT DETAILS OF FIRST / SOLE APP	LICANT (Please ensure that you fill	in the contact details	s for us to serve	you better)				
Phone O	R				Fax			
Mobile		I / We wish to red	ceive updates	via SMS on m	y mobile (Plea	ise 🗸)		
e-mail				<u> </u>				
I/We wish to receive the following document	ts via e-mail in lieu of physical docu	ment(s) [Please ✓]	Account State	ment Newslette	er 🗌 Annual Re	port 🗌 All Sta	tutory Returns /	Information
IF APPLICANT IS A NON-RESIDENT				TION OF 1ST APP				
NRI (Repatriable)			Busine House		Professio dent □ Oth	n Retire		ure
MODE OF HOLDING (Please ✓) ☐ Single					ientour	ers (rieuse spi	city/	
3 NOMINATION (Please ✓ and	•							
I/We do hereby nominate the underment settlements made to such Nominee and Sign							understand that	all payments and
NOMINEE'S NAME  Mr. Ms	acture of the Northinee acknowledg	ging receipt thereor,	Silali De Valid U	ischarge by the Ai				
					Date of Birth (in case of mind	y D D	MMY	YYY
NAME OF PARENT / LEGAL GUARDIAN (in	case of minor) Mr.	Ms			(iii case or mile	"/		
ADDRESS OF NOMINEE / GUARDIAN								
City		Pin Code			Spec	men Signature	of Nominee / G	uardian
OR  I/We do not wish to nominate a nominee	in my / our folio Signature	of 1st Unit Holde	r   !	Signature of 2nd	Unit Holder	Sig	nature of 3rd U	Init Holder
[Applicants can make multiple nomination (to	•	nomination form ava	ailable at our Inv	estor Service Cent	res / www.princ	ipalindia.com]		ntinued overlea
ACVIOLITE CELEBRATION								
ACKNOWLED GEMENT SLIP	(to be filled in by the A	Applicant)	ARN-978	321	Appl	ication No.		
Received from					EL	IN-E1138	14	
Cheque / DD / RTGS / NEFT No			Dated:D_D_	/MM/_YY	Y Y			
Drawn on Bank & Branch								
Scheme / Plan / Option / Sub-Option								
Amount ₹	t to realisation of navment is	nstrument				Signat	ure, Stamp & D	ate

		ARN-9					EUIN	E11	3814									
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(Do not abbreviate)				1 1	1	1 1	1 1	1	Deanch / Cit	1								
Account No.	. (Pleas	e provide th	ne full acc	count num	nber)				Branch / City	у								
Branch Address														Pin Cod	e	1 1		
Account Type (Please	✓) For Residents	Saving	rs Cur	rrent For	r Non-Re	esident	NRO	NRE	Repatriable	Non-	Repatriable		thers	riii coo	-			
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Only for IFSC* RTGS* Code						NEFT Code												landatory]
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6 PAYMENT I	DETAILS (Ma	ndatory)	) [Refer								Net Amou	nt /₹\						
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Branch & City								_	me of 3rd Bank A/									
Details of the Payer (I	n case, the First	Unitholder	is not or	ne of the	Bank A	/c. hok	der as menti	oned a	above)						atory En			
Parent/Grand Parent/ Employer:	related person (No	ot to exceed	₹ 50,000	)):		Custod	Name	2	Name				-				nent Letter the Bank	
Please enclose any one	e of the relevant	t document	ts as indic	ated belo				ment:		T / ECS /	Bank Tra	nsfer -	ln					
Debit the Account. • DD	) / Pay order / B	lanker's Che	eque and	the like	- De	claratio	n / Acknowle	dgeme	nt from Bank	Copy of	Passbook	/ Bank	Staten	nent				
* Please mention the A								-		M					(D.D		t' e'	
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+ Only for investors without	ut broker code. If	Direct plan i	is opted ar	nd Broker o	code also	mentio	ned, the brok	er code	e will be ignored.					wilele al	II III GIVIC	lual is all	ultimate i	beneficiary).
Sweep to Scheme																	ensure to	fulfill the
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