

## Application Form for SIP, STP & SWP

FOR EXISTING UNIT HOLDERS ONLY

Application No. \_\_\_\_\_

In case of folios held on behalf of Minor - Standing Instructions in the nature of SIP, SWP & STP will be registered only till the date of Minor attaining Majority.

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. 3)

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. 12]

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 total commitment for SIP (i.e. amount per SIP installment x No. of installments) amounts to ₹ 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 in 3-4 installments. 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. 1]

Common Account / Folio No. \_\_\_\_\_

Name of Sole /

First Unit Holder \_\_\_\_\_

### 2 FIRST SIP PAYMENT DETAILS FOR INVESTMENT THROUGH - ☐ PDC ☐ Auto Debit (ECS) ☐ SI (Please ✓ choice of payment option selected)

(i) Investment Amount (₹) \_\_\_\_\_ (ii) DD Charges (₹) \_\_\_\_\_ Net Amount (₹) (i)+(ii) \_\_\_\_\_

Mode of Payment (Please ✓) ☐ Cheque ☐ DD# \_\_\_\_\_ \*First SIP Cheque/DD No. \_\_\_\_\_ (Note: DD is acceptable only for investment through Auto Debit / SI)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ NRSR ☐ Others \_\_\_\_\_ MICR Code \_\_\_\_\_ (This is a 9 digit number next to your Cheque No.)

Cheque issued from Bank A/c No. \_\_\_\_\_ Name of 1st Bank A/c holder \_\_\_\_\_

Bank Name \_\_\_\_\_ Name of 2nd Bank A/c holder \_\_\_\_\_

Branch & City \_\_\_\_\_ Pin code \_\_\_\_\_ Name of 3rd Bank A/c holder \_\_\_\_\_

Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]

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

☐ Employer: \_\_\_\_\_ Name \_\_\_\_\_ ☐ Custodian: \_\_\_\_\_ Name \_\_\_\_\_

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

# In case of payment through DD/Pay order (relevant only for investment through Auto Debit / SI) it is mandatory to enclose Declaration / Acknowledgement from Bank.

### 3 REGISTRATION FOR SIP THROUGH POST DATED CHEQUES [(Please ✓) ☐ New SIP Registration ☐ Micro SIP ☐ Change in Bank A/c.]

#### Equity / Balanced & Fund of Funds Schemes

☐ Principal Large Cap Fund ☐ Principal Growth Fund ☐ Principal SMART Equity Fund ☐ Direct Plan\* ☐ Growth  
☐ Principal Emerging Bluechip Fund ☐ Principal Index Fund ☐ Principal Balanced Fund ☐ Regular Plan ☐ Dividend  
☐ Principal Global Opportunities Fund ☐ Principal Dividend Yield Fund ☐ Payout ☐ Reinvest ☐ Sweep  
☐ Principal Retail Equity Savings Fund\* ☐ Direct Plan\* ☐ Regular Plan ☐ Growth

ELSS ☐ Principal Personal Tax Saver Fund ☐ Direct Plan\* ☐ Regular Plan

#### Debt / Liquid Schemes

☐ Principal Government Securities Fund ☐ Direct Plan\* ☐ Regular Plan ☐ Growth ☐ Dividend - ☐ Payout ☐ Reinvest ☐ Sweep  
☐ Principal Income Fund - Long Term Plan ☐ Dividend Frequency - ☐ Quarterly ☐ Annual  
☐ Principal Debt Opportunities Fund - Conservative Plan ☐ Direct Plan\* ☐ Regular Plan ☐ Growth ☐ Dividend  
☐ Principal Cash Management Fund\* ☐ Dividend Frequency / Facility - ☐ Daily ☐ Weekly ☐ Reinvest  
☐ Monthly - ☐ Payout ☐ Reinvest ☐ Sweep  
☐ Principal Retail Money Manager Fund\*\* ☐ Direct Plan\* ☐ Regular Plan ☐ Growth ☐ Dividend (Monthly) ☐ Reinvest  
☐ Principal Debt Opportunities Fund - Corporate Bond Plan ☐ Direct Plan\* ☐ Regular Plan ☐ Growth ☐ Dividend - ☐ Payout ☐ Reinvest ☐ Sweep  
☐ Principal Bank CD Fund ☐ Principal Income Fund - Short Term Plan ☐ Dividend Frequency - ☐ Monthly  
☐ Principal Debt Savings Fund ☐ Monthly Income Plan ☐ Direct Plan\* ☐ Regular Plan ☐ Growth ☐ Accumulation ☐ AEP ☐ Dividend ☐ Monthly ☐ Quarterly - ☐ Payout ☐ Reinvest ☐ Sweep  
☐ Retail Plan\* ☐ Direct Plan\* ☐ Regular Plan ☐ Growth ☐ Accumulation ☐ AEP

\* 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. 12]

\* SIP not available

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

2nd and subsequent Installments: No. of Cheques \_\_\_\_\_ { Atleast 6\*\* } Amount Per Cheque ₹ \_\_\_\_\_ Total Amount ₹ \_\_\_\_\_

Frequency ☐ Monthly ☐ Quarterly #2nd and subsequent installment Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Second and subsequent installment month \_\_\_\_\_ SIP Date ☐ 1st ☐ 5th ☐ 15th ☐ 25th (the date on which you want to invest)

\*\* Cheques to be dated as per the SIP date selected # Cheque should be drawn from the same Bank A/c. as mentioned in the First SIP Payment Details section.

Investors who wish to invest through Auto Debit (ECS) OR through Standing Instructions - please fill section 8 OR 9 respectively. Either Auto Debit (ECS) OR Standing Instructions can be selected. ... continued overleaf

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

ARN No: \_\_\_\_\_

Application No. \_\_\_\_\_

Received from \_\_\_\_\_ Folio No. \_\_\_\_\_ Application for \_\_\_\_\_

☐ SIP through ☐ PDC ☐ Auto Debit (ECS) ☐ SI Scheme / Plan / Option \_\_\_\_\_ Amount \_\_\_\_\_

Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on Bank & Branch \_\_\_\_\_

☐ STP ☐ SWP - From: Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
To: Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Signature, Stamp & Date

**4 SYSTEMATIC WITHDRAWAL PLAN (SWP) – Atleast 6 Withdrawals of ₹ 500/- each (Available only after the expiry of the scheme specific lock-in period, if any)**

I/We would like to enrol for SWP

Scheme													
Plan/Option													
Start Month			End Month (optional) <sup>^^</sup>			SWP Amount			SWP Units				
SWP date	<input type="checkbox"/> 1st	<input type="checkbox"/> 11th	<input type="checkbox"/> 21st	(the date of the month on which you want to withdraw)		No. of Installments (Atleast 6)			Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Annual

**5 SYSTEMATIC TRANSFER PLAN (STP) / SWITCH PLAN (SSP) – Atleast 6 Withdrawals of ₹ 500/- each (Available only after the expiry of the scheme specific lock-in period, if any)**

I/We would like to transfer			units OR ₹ (in figures)			Rupees (in words)		
From : Scheme					Plan			
To : Scheme					Plan			
Start Month			End Month (optional) <sup>^^</sup>			No. of Installments (Atleast 6)		
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Annual	STP date	<input type="checkbox"/> 1st	<input type="checkbox"/> 11th	<input type="checkbox"/> 21st
					(the date of the month on which you want to do STP)			

<sup>^^</sup> In case if the investor does not specify the end month the SWP/STP shall be active only upto such date that the sufficient funds are available.**6 ASSIGNMENT CLAUSE (Relevant for resident applicant of the Principal Personal Tax Saver Fund)**

I\* hereby assign all the benefits that may be payable in the event of my accidental death by the concerning Insurance Company ["Insurer"] under the Insurance Policy arranged by the Company for the investors in Principal Personal Tax Saver Fund; in favour of :

Name of Assignee Mr/Ms/Mrs Date of Birth DD / MM / YYYY

having his/her address at City Pin State

Name of Guardian (where the Assignee is a Minor)

I further declare that receipt of the benefits, if any, by the above named Assignee shall be sufficient discharge thereof to the Insurer/ Company.

I also confirm having noted the key terms and conditions of the referred accidental death insurance cover as provided in the Scheme Information Document. The decision of the Insurer on any matter related to admissibility of a claim shall be final and binding. Date Place Witness Name

Witness Address Witness Signature

\* Name of the - Sole/First Applicant only in case of an individual applicant, Karta in case of HUF and First Applicant in case of Association of Persons (AOP)/Body of Individuals.

Minor's Relationship

It is compulsory for the applicants to furnish details of the assignee for this insurance cover in the space provided for in the application form. Investor may not get covered under insurance if the assignee is not appointed.

**7 DEMAT ACCOUNT DETAILS [Refer instruction No. 11]**

Depository Participant (DP) ID											Beneficiary Account Number										
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**8 BENEFICIAL OWNER [Refer instruction No. 13]**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)

[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]

**9 PRIVACY POLICY CONFIRMATION [Refer instruction No. 14]**☐ 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**DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document(s) 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 / sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMFIAMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information / 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.

SIGNATURES

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

**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.

<sup>A</sup> Refer Instruction No. 4

**Applicable for Micro SIP:** I/We further confirm & declare that I/We do not have any existing Micro SIPs in the scheme(s) of Principal Mutual Fund which together with the current Micro SIP application will result in aggregate investments exceeding ₹ 50,000/- Further, I/We confirm that where the PAN& KYC acknowledgement letter has not been provided for any unitholder the same is on account of the fact that I/We do not hold PAN as on date.



For investment related enquiries, Investor Grievance please contact:

**Principal Mutual Fund**

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

TOLL FREE: 1800 425 5600. Fax: 022-6772 0512. Email : [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 • Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument. • 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".



**10 SIP AUTO DEBIT - REGISTRATION-CUM-MANDATE FORM FOR ECS (Please note that a minimum 30 days are required to set up Auto Debit)**

(Please ✓) <input type="checkbox"/> New SIP Registration <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Bank A/c.		Folio No.	Application No.
Broker Name & Code: <b>ARN-97821</b>		Sub-Broker Code:	EUIN <b>E113814</b>
Scheme		Plan	Option
I/We hereby authorise the bank to debit my / our account for making payment to Principal Mutual Fund through ECS (Debit) as per the details given herein:			
Bank A/c. No.		A/c. Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others	
Bank Name		Branch & City	
Name of 1st Bank A/c holder		Pin code	
Name of 2nd Bank A/c holder		MICR Code <small>This is a 9 digit number next to your Cheque No.</small>	
Name of 3rd Bank A/c holder		Mandatory Enclosure - <input type="checkbox"/> Blank Cancelled Cheque <input type="checkbox"/> Copy of Cheque <input type="checkbox"/> Copy of Pass Book	
Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]			
<input type="checkbox"/> Parent/Grand Parent/related person (Not to exceed ₹ 50,000): <small>Name</small>			
<input type="checkbox"/> Employer: <small>Name</small> <input type="checkbox"/> Custodian: <small>Name</small>			
Each SIP Installment Amount (₹)		SIP Start Date <small>D D M M Y Y Y Y</small>	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
SIP Period <small>Start From (2nd instalment) M M Y Y End on (Last instalment) M M Y Y</small>		No. of Installment (Atleast 6 incl. first instalment)	
		Second and subsequent installment dates (the date on which you want to invest for subsequent period) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th	
I/We herein declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. In case the cheques/ my/our instructions to the Bank are dishonoured or cannot be acted upon, then in such an event the Bank, the AMC and Principal Mutual Fund shall not be held responsible.			
Signature of 1st Holder/POA Holder/Guardian		Signature of 2nd Holder/POA Holder	
		Signature of 3rd Holder/POA Holder	
Please note Signature(s) should be as it appears on the application form and in the same order. In case, Mode of Holding is joint, all applicants are requested to sign.			
Date <small>D D M M Y Y Y Y</small>		(Bank's Stamp)	
		Signature of the Authorised Official from the Bank	

**FOR BANK USE ONLY (Not to be filled in by Applicant)**

Recorded on <small>D D M M Y Y Y Y</small>	Customer Ref. No.	Recorded by
Scheme Code	Credit A/c. No.	Bank use Mandate Ref. No.

**AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by all the Account Holder(s)]**

I/We hereby authorise the bank to debit my / our account for making payment to Principal Mutual Fund through ECS (Debit) as per the details given herein. I/We have read the relevant Scheme Information Document and Statement of Additional Information and agree to discharge the responsibility expected of me/us as a participant under the concerning scheme(s). I/We will also inform Principal Mutual Fund, about any changes in my/our bank account. Further this is to inform you that, I/ we have registered with the RBI's Electronic Clearing Service and that the payment towards my investment in Principal Mutual Fund shall be made from my/our within bank account with your bank. I/We authorise the representative carrying this ECS Mandate Form to get it verified & executed, if necessary. The verification charges, if any, may be debited from my/our account. I/We hereby further authorise Principal Mutual Fund, acting through their authorised service providers to debit my / our bank account by ECS (Debit Clearing) for collection of SIP payments.

1st Account Holder's Signature (As in Bank Records)	2nd Account Holder's Signature (As in Bank Records)	3rd Account Holder's Signature (As in Bank Records)	Bank Account Number
<b>Investors can opt either Auto Debit (ECS) OR Standing Instructions.</b>			

**11 SIP - DIRECT DEBIT / STANDING INSTRUCTION (SI) FORM**

(Please ✓) <input type="checkbox"/> New SIP Registration <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Bank A/c.		Folio No.	Application No.
Broker Name & Code:		Sub-Broker Code:	EUIN
<input type="checkbox"/> Axis Bank <input type="checkbox"/> Bank of Baroda <input type="checkbox"/> Bank of India <input type="checkbox"/> ICICI Bank <input type="checkbox"/> IDBI Bank <input type="checkbox"/> Indus Ind Bank <input type="checkbox"/> Kotak Mahindra Bank <input type="checkbox"/> Punjab National Bank <input type="checkbox"/> State Bank of India <input type="checkbox"/> Corporation Bank <input type="checkbox"/> Union Bank of India <input type="checkbox"/> Allahabad Bank			
Branch			
(please select [✓] your concerning Bank & mention the Branch)			

**Sub. : Request for maintaining of a Direct Debit / Standing Instruction (SI) for SIP with Principal Mutual Fund**

I/We, NAME OF FIRST UNITHOLDER, hereby authorise you to deduct on a monthly/quarterly basis (as a Direct Debit / SI) from my / our A/c. No. (hereinafter referred as "funding account") for ₹ IN FIGURES (₹ IN WORDS) only and remit the same to Principal Mutual Fund as per the details given below:

Name of Scheme/Plan/Option			
Direct Debit / SI Date	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	No. of Installment (Atleast 6)
Start Date	<small>D D M M Y Y Y Y</small>	End Date <small>D D M M Y Y Y Y</small>	(All Dates to be mentioned in DDDMMYYYY format only)
Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others		
Bank Account Number	MICR Code** <small>This is a 9 digit number next to your Cheque No.</small>		
Name of the 1st Bank Account Holder	Name of the 2nd Bank Account Holder	Name of the 3rd Bank Account Holder	
Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]			
<input type="checkbox"/> Parent/Grand Parent/related person: <small>Name</small>			
<input type="checkbox"/> Employer: <small>Name</small> <input type="checkbox"/> Custodian: <small>Name</small>			
Enclose both the following Documents • KYC Acknowledgement Letter of the Payer • Joint Declaration			

\*\* Please provide the MICR Code of the bank branch from where the ECS is to be effected. MICR Codes starting or ending with 000 are not valid for ECS.

I/We understand that the Debit to my / our account will take place at any time on the transaction day (Cycle date) and accordingly I/We undertake to keep sufficient funds in the funding account on the date of execution of Direct Debit / SI. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Principal Pnb Asset Management Company / Principal Mutual Fund or the Bank responsible. I/We understand that if the date of debit to my/our account happens to be a non Business Day as per the Principal Mutual Fund, allotment of units will happen on the following business day as per the Terms and Conditions listed in the Scheme Information Document of respective Scheme(s) of Principal Mutual Fund. Mandate verification charges, if any, may be debited from my/our account. The above referred Bank(s) shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above referred Bank(s) reasonable control and which has the effect of preventing the performance of the contract by the above referred Bank(s).

First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)	Third Account Holder's Signature (As in Bank Records)
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**FOR BRANCH USE ONLY (TO BE RETURNED TO PRINCIPAL MUTUAL FUND)**

Signature Verified by	Approved by BM
For CPU Use only:	
Maintained on	Maintained by
Name of the A/c Holder	Account Number
Direct Debit / SI Start Date	Direct Debit / SI End Date
Next Direct Debit / SI Date	Amount