

## Maker Bhavan - II, 1st Floor, 18, Sir Vithaldas Thackersey Marg, New Marine Lines, Mumbai- 400 020. Toll Free - 1800 22 5600 Fax: 022-2204 4990.

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

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

Please									_		•						_				_		_												
_						MAT	ΠO						RECI				lot t								-										
	sroke	r Na	me &	Coa	e			Sur	o-Bro	кеr	Code			I-	Code	•		ке	gistr	ar Se	riai i	NO.	l t	sank	Seri	al No	٠.		Dat	te &	IIm	ne of	кес	apt	
Α	RN	-16	319																																
1 1	XIST	ΓINC	UN	ITHO	OLD	ERS	DI	EΤΑ	ILS	(Plea	ase no	ote 1	hat t	ne ap	plica	nt d	etails	and	mod	le of	holdi	ing a	re as	per t	he e	xistir	ng Fo	lio N	lum	ber)	)				
Commo			t No.																																
Name of First Ur																														$\perp$	$\perp$	$\perp$	$\perp$		
2 1	IEW	AP	PLICA	\NT	S D	ETA	ILS	(Ple	ease	fill ir	n BLO	CK I	LETTE	RS w	ith b	lack/	/blue	ink,	use o	ne b	ox fo	or one	e alpł	nabet	t leav	ving	one k	oox l	olan	ık be	etwe	en t	wo v	vord	s)
NAME (	)F FIR	ST /	SOLE	APPL	ICAI	NT [	]	Mr.		Ms		ı	1	ı			1		ı				1	ı											
Data of		R	S	T		N	_	A	I M	E	DAN		M		D	D	L	I E		N	A	M	Faalaa			^	А	S				N	А	M	E
Date of Birth	L	)   [	)	IV	1   '	YYY		Υ	Υ		PAN	Dlos	se att	ach c	00110	t K/V		2014	daam	ont le	attar A			ed (ple PAN co		i									
NAME (	)F TH	E SE	COND	APP	LICA	NT [	1	Mr.		Ms		ried	ise all	acii c	opy o	I KI	c acki	IOWIE	ugem	lent ie	- Liein			1		J	L	Lo	1 -	- 1				L	l -
Data of		K	5			/ N	_	A	I M	E	DAN		IVI		I D	I	1	E		IN	A	IVI	Enclos	ed (ple	2250 4	^	А	5				N	А	IVI	E
Date of Birth	L	)   L	) IV	IV		YYY		Y	Y		PAN	Plas	se att	ach o	ony o	of KV(	C acki	nowle	daem	ant la	attor/\	_		PAN co		1									
NAME (	F TH	E TH	IRD A	PPLIC	ANT	Γ [	_ [	Mr.		Ms		1 100	la a	ucii c	ору о	1 5	C acki	L	ugem	lent ic	L	Las					La	Lo	1 -	- 1		s. 1		Laz	
Date of		K	5			N	_	A	IVI	E	PAN		IVI		I D	I D	L	E		I N	A	IVI	Enclos	ed (ple	2250 4	<u>                                     </u>	A	5				N	А	M	Ŀ
Birth		/ L	) IV	IV		Y		Y	Y		FAIN	Plas	se att	ach o	ony o	of KV(	C achi	nowle	daem	ant la	attor/\			PAN co		í									
Guardia	n Nar	ne	M	r.		Ms (if	firs	st app	plican	nt is a	Mino		ontac						_				Invest	tors -	PAN	not re	quire	d for	con	tact	persc	on)			
F		R	S	T		N		А	M	Е			M		D	D	L	Е		N	А	M	Е			L	А	S				N	А	M	Е
Date of Birth				N	1	YY		Υ	Υ		PAN			<u> </u>		f 10 (		<u> </u>	<u></u>				_	ed (ple		1									
^ In case	tha in	inctm	onto ar	o Do I	-0.00	10 and	ahe	i+	ic m	andati	on, to		se att						_					PAN co	1 /	]   Van	turos I	imita	d / n	rinta	ut of	VVC .	romal	ioneo	ctatus
downloa											JIY LO	allaci	i a cop	JY UI N	CHOW	Tour C	Luston	iei (Ki	C) AC	KI IUWI	eugen	ient ie	((6) 155	ueu b	у СБЗ	L VEII	luies L	.iiiiile	1/ h	HIIIO	וט זג	KIC C	.UIIIpi	ance	Status
ADDRES	S OF	FIRS	T / SC	LE A	PPLI	CANT	[P.	O. Bo	ox Ad	dress	is not	tsuff	icient]																						
							_																				1	I .				N /		Ь	
City							_								1			1							<u>                                       </u>		Pin	Code	 p	4	D I	IVI	А	I R	
State	$^{+}$			+	1		_						1				Co	untry											+	$\pm$	$\dashv$	$\dashv$			
OVERSE	AŞ AI	DDRI	ESŞ (ir	case	the	First A	۱pp	licant	t is NI	RI/FII/I	PIO) [P	.O. E	ox Ad	dress	is not	suffi																			
					+		_									<u> </u>										<u> </u>		6 1	+	4	4				
City State	+	_		+	+		+										Cou	intry							<u>                                       </u>	1	ZIP	Code	3	+	+	_			
CONTA	CT DI	FΤΔΙΙ	S OF	FIRCT	· / S	OLE A	DD	IΙCΔ	NT (	Plaace	oncu	re th:	at vou	fill in t	the co	ntact			s to se	arvo v	nu het	tor)							_	_	=				
Phone	0		.5 01					LICA		licase	CIISU		R			litact	uetani	loru	10 30		Ju Dei		1	Fax	1	1	1	1							
Mobile							_						-	1/ V	Ve w	ish to	o rece	eive ı	updat	tes vi	a SIV	⊥ 1S on	my i		le (P	lease	<b>/</b> )								
e-mail										1	N		В	L	0	С	K		L	E	Т	Т	E	R	S										
I/We w	ish to	receiv	e the	follow	ing (	docum	ent	s via	e-ma	il in li	eu of p	physi	cal do	umen	t(s) [P	lease	<b>√</b> ] □	Acco	unt St	ateme	nt 🗌	New	sletter	A	nnua	l Repo	ort 🗌	All S	statu	itory	Retu	rns / I	nforr	nation	1
STATUS									4 O D			□ D(	N.						_		N OF	1ST	APPLI		Γ / G	UARD					г	¬ n	المسائة		
Kesic		ıaıvıc	lual [		tners ık / F	ship F -II	ırm		AOP Socie		lub [	B( O <sup>.</sup>	וכ thers (	Pleas	e spe	cify)			_ Bus _ Agr		ıre		☐ Se		Wife			Profe Stude		n	L	Ret	irea		
HUF	c <del></del>			Trus		-			Com	pany		-						-   🗖				e spe	cify) _										_		
IF APPLI NRI (	<b>CANI</b> Repat					II epatria	able	<u>a</u> )			NRI I	Mino	r (Rep	atrial	ble)			N					(Pleas												
PIO	·				IRI (1	vion R	epa	triab	ole)		NRI I	Minc	r (Noi	n Rep	atriat	ole)			Sing	gle	J	lointly	′ _	Eith	er / A	Anyon	e or S	Survi	vor (	Def	ault	Opti	on :	Join <sup>-</sup>	tly)
											-		e yo			-								_											
Do you the appl	want i icatio	a PIN n for	l assig m / av	ned ? ⁄ailabl	le at	Yes reau	est	」No / can	ln c) also	ase y be c	ou wo lownl	ould oade	want ed from	a PIN n our	assig web	ined; isite.)	pleas	e sub	mit a	duly	filled	and s	signed	I PIN	Form	alon	g wit	h thi	s Ap	plica	ation	. PIN	form	is pa	art of
4	NOM	IINA	TIOI	ı																															
I/We do settleme	hereb	y nor	ninate	the u	inde	rment	ione	ed No	omine	ee to	receiv	e the	Units	allot	ted to	my/o	our cr	edit ir	my/c	our fo	lio in	the e	vent c	of my/	our c	leath.	I/We	also	und	ersta	ind th	nat al	l pay	ments	and
NOMINI						Ms Ms	_	ature	. 01 11	ile ivo	Jillile	e ack	HOWIE	uging	recei	pt tile	ereor,	Silali	De Vai	iiu uis	Cliary	e by i							Lio		. a T	v I	v I	v I	
																								ate of 1 case			D	D	M		VI	Y	Y	Y	Y
NAME (	)F PAI	RENT	/ LEC	AL C	UAI	RDIAN	<b>(</b> ir	n case	e of r	minor	)	Mr.	, [	Ms			,																		
ADDDE	C OF	NOR	AINIFF	/ (1)	ADD	NI A BI																													
ADDRES	OF	NON	/IIINEE	/ 60	AKL	JIAN																													
	i	i		j	i						Ì		Ì		İ	İ	Ì						ī												
City				i							Ĺ		Ĺ		Pin	Code	: [_	Ĺ	Ĺ	Ĺ	Ĺ	Ĺ			Spe	ecime	n Sigr	natur	e of	Non	ninee	/ Gua	ardia	n	
	_	_												_							_							_			_ :::	conti	nuec	l ove	rleat
1	ACKI	VOV	VLEC	GEN	ΛEΝ	NT SI	LIP	(To	be	fille	d in	by	the	App	licar	nt)									ARN	l No	):								
Received	l from	ı																																	
Cheque	'DD N	lo														[	ated:	DI	_/_	1 M	/	ΥY	YY		-										
Drawn o																									-										
Scheme Amount		/ Up	tion /	Sub-(	Jptic	on																			-										
Diagon I	113.					l-:	4			4:-				:													9	Signa	iture	, Sta	amp	& Da	te		

5 PAYMENT	DETAILS	(Mand	latory	y)																								
Investment Amount (Rs.)							D Ch ls.)	arges	; 								│ Ne	et Am	ount									
Mode of Payment	Cheque	<del>, TT</del>	DD		*Chequ		\3.)		T	Ī							_ (IX:	s. <i>)</i>	Da	ted	D	D	M	М		Y	Υ	Υ
(Please ✓) L Account No.					DD No.	_							Acco	ount T	ype (Ple	ase 🗸	') E	Savino	as T	Curr	ent	NRE	П	NRO	FC	ONR	NRSI	R
Drawn on Bank &			П		T														- 1-									
Branch													ĺ			ĺ												
City																												
* Please mention the																							<b>.</b>		!! -	_4!		
6 INVESTME				Cnoi	се от :	_											re is								-			
Regular Plan In	rincipal In		-una				<b>Princ</b> gular F	•					nor	t lei	rm Pl	an		<b>Pri</b> ) Regu							ort	Matur	ity Pi	an
Growth - Accumula			to Earnir	ngs Payou		Gr	-		_				) Rei	invest	: O Sw	eep	_	Grov		all (	) II ISU	tution	ai Fiai	ı				
Dividend Dividend Frequency		Reinve		Sweep Annual			nd Fre					,						Divid	end		$\bigcirc$ F	ayout		Reinv	est	$\bigcirc$ S	weep	
	Quarterly		early [	Alliludi	'   5	STP-In	sti Plar	1 <u></u>	Week	dy [	For	rtnight	ly	M	onthly		Di	videnc	d Fred	luency	/ <u> </u>	aily		Week	ly	N	/lonthl	ly
Principal Floati	ing Rate Fur	nd - Flex	cible M	aturity F	Plan			Prin	cipa	l Mc	onth	ly In	com	ne Pl	lan			Prin	cipa	l Cas	h Ma	anage	emen	t Fur	ıd -	Liquid	l Opt	ion
Regular Plan In	nstitutional Pla	ın			(		0			dan E	¬ c		A t	F	: D-		1 6			an 🔘	Institu	utiona	Plan	○ Ins	tituti	onal Pre	emium	n Plan
Growth Dividend	Payout	○ Reinve	est (	Sweep			owtn · idend			tion ( Payou		owtn -			ings Pa			Grov Divid			( F	ayout	0	Reinv	est	$\bigcirc$ S	weep	
Dividend Frequency		Weekl		Month		Divide	nd Fre	quenc				Qua			,	-	Di	videnc	d Fred	luency	/ <u> </u>	aily		Week	ly	N	/lonth	ly
Principal Govern	nment Secur	ities Fun	d - Inve	estment F	Plan			Pri	ncipa	al Mo	ney	Mana	ager	Fun	d					Prin	icipal	Ultr	a Sho	ort Te	rm l	und		
Growth - Accum				,			gular F											Grov									) Sw	
<ul><li>Dividend</li><li>Dividend Frequency</li></ul>	Payout Ouarterly			Sweep Annual			owth nd Fre					out Wee			st ()   Mont	Swee	p Di	videnc	l Fred	luency	/ <u> </u>	ally		Week	ly	N	/lonth	ly
			Curry		'   '	JIVIUC	iu iic	quene	-y <u> </u>	Dully			ZKIY			y												
Sweep to Scheme															1													
Plan													Opt		L													
7 BANK ACC	COUNT D	•		of Swee		ase e	nsure	to t	rultill	the	mını	mum	inve	estm	ent cr	iteri	a ın 1	the n	ew :	Scher	ne)							
Bank Name	COOM! DI	EIAILS	(IVIai	luatory	y)									ı	1 1		ı	ı		1	1	1						
(Do not abbreviate)															. 6:.													
Account No.		(Please pr	rovide t	he full ac	count n	umbe	r)						Bra	anch /	/ City													
Branch Address		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,																			<u> </u>		
														<u> </u>			_					Code						Щ
• • • • • • • • • • • • • • • • • • • •	se 🗸) For Resi	idents [_	Savin	gs   Cı	urrent		on-Re			NRO		IRE _		atriat	ole	Non-	Repat	riable		Others	_							
MICR Code Only for IFSC						Inis	ıs a 9 i	aigit n NEF1		er nex	t to yo	our Ch	eque	IVO.											1.	ect Cred	<u> </u>	
RTGS Code								Cod	e 🗀															d cheq			of che	
Direct Credit Facility (N Bank, Standard Charte • Please verify and en Mutual Fund shall not	ered Bank, Axi nsure the accu	is Bank, In uracy of t	ndusind the banl	Bank and k details r	l Develop provided	omen abov	Credi e and	it Banl as sh	k (only all ani	y for o pear i	dividei n vou	nd). Fo ır acco	or an unt s	upda <sup>.</sup> staten	te in th nent w	is list hich s	please shall b	e conta ne issu	act ar ed to	ny of c	our ISC	at th	e cont	tact de	tails	provide	ed ove	erleaf.
							, ,																					
8 DOCUMEI  Memorandum &				se 🗸 )			- т	F	اممما		D. o. I			Doub	ب ا مامید م	. D.	ام											
Resolution / Aut Power Of Attorn	thorisation to		JII												nership Specin			ture(s	)									
9 DECLARAT	TION AND	SIGN	ATUR	ES																								
We have read and understood												A DD:	ICA:	UT C	ICHA							A 11	21.55	D C		TURE		
Scheme/s including the section Customers". I / We hereby apply	ns on "Prevention y to the Trustees of t	of Money La the Principal N	aungering Mutual Fun	and Know York d for units of	the		Signa Thum					APPL	ICAI	NI 5	IGNA						PU	АН	JLDE	:K 510	JIVA	TURE		
Scheme as indicated above ["the of the Scheme/s and such other so	a Scheme" J and agr chemes into which m	ree to abide b my/our investm	by the term nent may be	is and condition moved pursu	ons, iant		Impre	ssion	of	POA	Deta	ils - Na	ame															
Schemes including the section Customers". I/ We hereby apply Scheme as indicated above ["the of the Scheme/s and such other so to any instalment received from investment including any further have been jodged by any rebots."	n me/us to sweep/sw	witch the unit	ts as applic	able to my /	our nor		Sole / Appli		,	PAN																		
have been induced by any rebate further declare that the amount in	e or gifts, directly or	indirectly, in n	naking this	investment. V	We		POA I					olease	<b>/</b> ) [	PA	. И сору		(Att	ach co	pv of	KYC a	knowl	edgem	ent let	ter^)				
sources and is not held or design	aned for the purpose	se ot contrave	ention ot ar	nv act. rules. a	and	-																						
regulations or any statute or le directions issued by any governn	gislation or any oth mental or statutory :	her applicable authority fron	e laws or a n time to t	any notificatio ime.	ons,	S	Signa	ture /				APPL	ICAI	NT S	IGNA	TURI					PO	АН	OLDE	R SI	GNA	TURE		
I/We further confirm that I/we h invest in the units of the Scheme	nave the express au	uthority from	the relevan	nt constitution	n to	SIGNATURES	Thum	b																				
[AMC], its Trustee and the Mutu	ual Fund would not	t be responsib	ole if the in	ivestment is u	iltra	异	Impre 2nd	ssion	of	POA	Deta	ils - Na	ame															
vires the relevant constitution.  I/We authorize AMC to reject the	he application, rever	rse the units o	credited, re	strain me/us fr	rom	⋛	Appli			PAN																		
making any further investment	in any of the Scher	eme/s of Princi	cipal Mutua	al Fund, recov	er /	S	POA I	Holder	r	Enclo	sed (p	olease	<b>/</b> ) [	PA	. И сору		(Att	ach co	py of	KYC a	knowl	edgem	ent let	ter^)				
debit my/our folio(s) with the per case the cheque(s) / payment in	nstrument is /are re	eturned unpa	aid by my/o	our bank for	any	-																						
reason whatsoever. We hereby further agree that AMC	can directly credit all	the dividend pa	ayouts and n	edemption amo	ount		Signa Thum					APPL	ICAI	NT S	IGNA	TURI					PO	АН	OLDE	R SI	GNA	TURE		
to my / our bank details given herei	in, where AMC has su	uch arrangemen	nt with my /	our Bank.			Impre		of	POA	Deta	ils - Na	ame															
Applicable to NRIs only:    / We confirm that   am / we a	are Non- Residents	of Indian Nat	tionality / (	Origin and 17	We		3rd Appli	con+		PAN			1			Т												
hereby confirm that the funds approved banking channels or Account /FCNR Account.	for subscription ha from funds in my/o	ave been rem /our Non – Re	iitted from esidents Ex	abroad throu ternal / Ordin	ugh nary		POA I					olease	<b>√</b> ) [	PA	N copy		(Att	ach co	py of	KYC a	knowl	edgem	ent let	ter^)				
^ In case the investments are R	Rs. 50,000 and abo	ove, it is man	datory to a	attach a copy	of Know Y	our Cus	tomer (k	(YC) Acl	knowled	dgemen	nt letter i	issued by	/ CDSL	. Ventur	es Limited	d / print	out of k	CYC com	pliance	status (	downloa	aded fro	m CVL v	vebsite a	longw	ith the ar	plicatio	n form.



#### **Principal Mutual Fund**

Exchange Plaza, 'B' Wing, 2nd Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051. (Not an Official Point of Acceptance)

For investment related enquiries, Investor Grievance please contact: **Principal Mutual Fund**Maker Bhavan - II, 1st Floor, 18, Sir Vithaldas Thackersey Marg,
New Marine Lines, Mumbai- 400 020.

TOLL FREE: 1800 22 5600. Fax: 022-2204 4990. Email : customer@principalindia.com Website : www.principalindia.com



Maker Bhavan - II, 1st Floor, 18, Sir Vithaldas Thackersey Marg, New Marine Lines, Mumbai- 400 020. Toll Free - 1800 22 5600 • Fax: 022-2204 4990. Website: www.principalindia.com E-mail: customer@principalindia.com

# Application Form for Equity / Balanced & Fund of Funds

Please read the instructions before filling the Application Form

Broker Name & Code  ARN-1619  1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding are as per the existing Folio Number)  Common Account 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 wor NAME OF RIRST / SOLE APPLICANT   Mr.   Ms  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 wor NAME OF RIRST / SOLE APPLICANT   Mr.   Ms  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 wor NAME OF RIRST / SOLE APPLICANT   Mr.   Ms  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 wor NAME OF RIRST / SOLE APPLICANT   Mr.   Ms  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 wor NAME OF RIRST / SOLE APPLICANT   Mr.   Ms  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 wor NAME OF RIRST / SOLE APPLICANT   Mr.   Ms  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 wor NAME OF RIRST / SOLE APPLICANT   Mr.   Ms  First Unit Holder  2 NEW APPLICANT   Mr.   Ms  First Unit Holder  3 NAME OF THE THIRD APPLICANT   Mr.   Ms  First Unit Holder  4 Endosed please attach copy of KYC acknowledgement letter^A   PAN cop RICCANT   PAN	<u> </u>
EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding are as per the existing Folio Number)	
Name of Sole   Name	
Name of Sole / First Unit Holder    Variable	
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 work in the please attach copy of the second Applicant   Mr.   Ms	
NAME OF FIRST / SOLE APPLICANT   Mr.   Ms   M   E   M   D   D   E   N   A   M   E   E   A   S   T   N   A   M   E   M   D   D   E   N   A   M   E   E   D   D   E   D   D   E   D   D	
Date of Birth  Date o	'ds)
NAME OF THE SECOND APPLICANT Mr. Ms  Date of Birth D D M M Y Y Y Y PAN Please attach copy of KYC acknowledgement letter^  NAME OF THE THIRD APPLICANT Mr. Ms  F R S T N A M E M D D L E N A M E L A S T N A M D M A M D D D L E N A M D D D L E N A M D D D D M M D D D M M D D D M M D D D M M D D D M M D D D M M D D D M M D D D M M D D D M D D M D D M D D D M D D D M D D D M D D D D D M D	Le
NAME OF THE SECOND APPLICANT   Mr.   Ms      F	se <b>√</b> )
Date of Birth D D M M Y Y Y PAN PAN Please attach copy of KYC acknowledgement letter PAN cop P	у
NAME OF THE THIRD APPLICANT Mr. Ms    F     R   S   T   N   A   M   E   M   I   D   D   L   E   N   A   M   E   L   A   S   T   N   A   M   M   E	ΙE
NAME OF THE THIRD APPLICANT Mr. Ms    F   R   S   T   N   A   M   E   M   D   D   L   E   N   A   M   E   L   A   S   T   N   A   M	
Date of Birth    D   D   M   M   Y   Y   Y   PAN   PAN   PAN   PAN   PAN   Pen   Pan cop   Pan c	ý
Guardian Name Mr. Ms (if first applicant is a Minor) / Contact Person (DESIGNATION in case of non-individual Investors - PAN not required for contact person)    F	E
Guardian Name Mr. Ms (if first applicant is a Minor) / Contact Person (DESIGNATION in case of non-individual Investors - PAN not required for contact person)    F	
Date of Birth  Enclosed (plea  Date of PAN cop  NYC acknowledgement letter issued by CDSL Ventures Limited / printout of KYC compliance of Complianc	ý
KYC acknowledgement letter^ PAN cop  ^ In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Limited / printout of KYC compliance downloaded from CVL website alongwith the application form.  ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]  City PAN cop  Fin Code  Pin Code  Country	L
^ In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Limited / printout of KYC compliance downloaded from CVL website alongwith the application form.  ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]  City  State  Country  Country  Country	se 🗸)
downloaded from CVL website alongwith the application form.  ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]    L A N D M A R     City   Pin Code     State   Country   Country   Country   Country	
ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]  City  State  Country  Country  Country	a statu
City         Pin Code           State         Country	
City         Pin Code           State         Country	12
State Country Country	I K
The state of the s	+
City	+
State Country Country	+
CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)	
Phone   O	
Mobile □ I / We wish to receive updates via SMS on my mobile (Please ✔)	
e-mail	
[//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 / Informati	on
STATUS OF FIRST APPLICANT (Please ✓)  ☐ Resident Individual ☐ Partnership Firm ☐ AOP ☐ BOI ☐ Business ☐ Service ☐ Profession ☐ Retired	
☐ Minor     ☐ Bank / FII     ☐ Society/Club     ☐ Others (Please specify)     ☐ Agriculture     ☐ House Wife     ☐ Student       ☐ HUF     ☐ Trust     ☐ Company     ☐ Others (Please specify)	
IF APPLICANT IS A NON-RESIDENT	
<ul> <li>NRI (Repatriable)</li> <li>PIO</li> <li>NRI (Repatriable)</li> <li>NRI (Non Repatriable)</li> <li>NRI Minor (Repatriable)</li> <li>NRI Minor (Non Repatriable)</li> <li>MODE OF HOLDING (Please ✓)</li> <li>Single</li> <li>Jointly</li> <li>Either / Anyone or Survivor (Default Option: Jointly</li> </ul>	ntly)
3 PERSONAL IDENTIFICATION NUMBER (To serve you better)	
Do you want a PIN assigned ? 🔲 Yes 🔲 No (In case you would want a PIN assigned; please submit a duly filled and signed PIN Form along with this Application. PIN form is aw	ailabl
at request / can also be downloaded from our website.)	
4 NOMINATION  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 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 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 the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death.	nte an
settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.	ان ھاا
NOMINEE'S NAME Mr. Ms	Υ
NAME OF PARENT / LEGAL GUARDIAN (in case of minor) Mr. Ms	
ADDRESS OF NOMINEE / GUARDIAN	
City	
continued or	/erlea
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  ARN No	
And the	
Received from Chaque (DD No.	
Cheque/DD No Dated: _D D /M M / Y Y Y Y Drawn on Bank & Branch	
Scheme / Plan / Option / Sub-Option	
Amount Rs Signature, Stamp & Date	

5 PAYMENT DETAILS (Mandatory)											
Investment Amount (Rs.)		DD Charges (Rs.)				Net Ai (Rs.)	mount				
Mode of Payment Cheque DD	*Cheque /						Dated	D   D	MIM	YY	YYY
(Please ✓) Account No.	□ DD No.			Accour	nt Type (Please	✓) Savi	ings C	urrent NR	E NRO	FCNR	NRSR
Drawn on Bank &											
Branch											
City	( +    C	/DD All Charm	(DD- +-					N1			
* Please mention the Application No. on the reverse	·	·				•					
6 INVESTMENT DETAILS (Please ✓ C	hoice of Sch	eme / Plan /	Option)	- Please e	ensure the	ere is on	ly one	cheque/D	D per ap	plicatio	n form
Principal Growth Fund				end Yield F	und			pal Globa		unities F	und
Growth Dividend Payout Reinvest Sw			_ ,	○ Reinvest		☐ G	rowth		out		
Principal Junior Cap Fund				ge Cap Fur	nd			ncipal Serv		tries Fun	d
☐ Growth ☐ Dividend ☐ Payout ☐ Reinvest ☐ Sw			Dividend ○ Payout	○ Reinvest	Sweep	U	rowth	☐ Dividen	ia out ( ) Rei	nvest (	Sweep
Principal Index Fund		Principal R	esurgent	India Equ	ity Fund			Principal			
☐ Growth ☐ Dividend		Growth 🗌 [	Dividend		-	☐ Gi	rowth	Dividend	i		
Payout Reinvest Sv				Reinvest	Sweep			○ Payou	ut	vest $\bigcirc$ S	Sweep
Principal Emerging Bluechip Fun	d Swe	ep to Scheme	2								
Growth Dividend	.,,,,,,,	Plan					Option				
Payout Reinvest St	(In	ase of Sweep	, please en	sure to fulf	fill the mini	imum inve	estment	criteria in t	he new So	:heme)	
7 BANK ACCOUNT DETAILS (Manda	tory)										
Bank Name (Do not abbreviate)											
Account No.				Branc	ch / City						
Branch Address (Please provide the fi	ull account numl	oer)				1 1					
bialicii Address								Pin Code			
Account Type (Please ✓) For Residents Savings	Current For	Non-Resident	NRO N	NRE Repati	riable No	n-Repatriabl	le Oth	ers			
MICR Code	Thi	s is a 9 digit numl	ber next to yo	our Cheque No	0.			Essential E	nclosures : (F	or Direct Cr	edit)
Only for IFSC RTGS Code		NEFT Code							ancelled ched		
Direct Credit Facility is currently available with: BNP Pac Chartered Bank, Axis Bank, Indusind Bank and Develop • Please verify and ensure the accuracy of the bank det Mutual Fund shall not be held responsible for delays o	oment Credit Bar ails provided abo	nk (only for dividence and as shall a	end). For an ppear in you	update in thi ir account stat	is list please of tement which	contact any n shall be iss	of our ISC sued to you	at the cont	act details p	rovided ov	verleaf.
8 DOCUMENTS ENCLOSED (Please •	<b>(</b> )										
☐ Memorandum & Article of Association ☐ Resolution / Authorisation to invest ☐ Power Of Attorney		☐ Trust Deed☐ List of Au	_ ,	Laws 🗌 Pagnatories wit			(s)				
9 DECLARATION AND SIGNATURES							,				
IWe have read and understood the contents of the Scheme Information Docume Scheme/s including the sections on "Prevention of Money Laundering and K Customers". I/We hereby apply to the Trustees of the Principal Mutual Fund for u	now Your nits of the	Signature / Thumb		APPLICANT	SIGNATU	RE		POA H	IOLDER SI	GNATUR	E
Scheme as indicated above [""the Scheme"] and agree to abide by the terms and of the Scheme's and such other schemes into which mylour investment may be move to any instalment received from me/us to sweep/switch the units as applicable to	conditions, d pursuant	Impression of	POA Deta	nils - Name							
investment including any further transaction under the Scheme, I / We have not re	ceived nor	Sole / 1st Applicant /	PAN								
have been induced by any rebate or gifts, directly or indirectly, in making this investr further declare that the amount invested by melus in the Schemes is derived through sources and is not held or designed for the purpose of contravention of any act,	rules, and	POA Holder	Enclosed (p	please 🗸) 🗌	PAN copy	copy of KYO	2 aknowledger	nent letter^)			
regulations or any statute or legislation or any other applicable laws or any no directions issued by any governmental or statutory authority from time to time.	tifications,	Signature /		APPLICANT	SIGNATU	RE		POA H	OLDER SI	GNATUR	
We further confirm that I/we have the express authority from the relevant consinvest in the units of the Scheme and the Principal Pnb Asset Management Compar	titution to ny Pvt. Ltd. ent is ultra  ne/us from over / debit	Thumb Impression of	POA Deta	nils - Name							
[AMC], its Trustee and the Mutual Fund would not be responsible if the investme vires the relevant constitution.	ent is ultra	2nd Applicant /	PAN								
I / We authorize AMC to reject the application, reverse the units credited, restrain r making any further investment in any of the Scheme's of Principal Mutual Fund, recomy/our folio(s) with the penal interest and take any appropriate action against melus cheque(s) / payment instrument is /are returned unpaid by my/our bank for any reason v		POA Holder	Enclosed (p	please 🗸) 🗌	PAN copy	(Attach	copy of KYO	C aknowledger	nent letter^)		
IWWe hereby further agree that AMC can directly credit all the dividend payouts and ramount to my / our bank details given herein, where AMC has such arrangement	edemption	Signature / Thumb		APPLICANT	SIGNATU	RE		POA H	IOLDER SI	GNATUR	E
our Bank.  Applicable to NRIs only:		Impression of 3rd		nils - Name		1			I		
I / We confirm that I am / we are Non- Residents of Indian Nationality / Origin a hereby confirm that the funds for subscription have been remitted from abroa approved banking channels or from funds in mylour Non – Residents External Account FCNR Account.	and I / We d through / Ordinary	Applicant / POA Holder	PAN Enclosed (p	please <b>√</b> ) □	PAN copy	(Attach	copy of KYC	C aknowledger	nent letter^)		
$^{\uplambda}$ In case the investments are Rs. 50,000 and above, it is mandatory to attach	a copy of Know Your C	ustomer (KYC) Acknow	ledgement letter	issued by CDSL Ve	ntures Limited / pr	intout of KYC o	ompliance stat	us downloaded fr	om CVL website	alongwith the	application form.



#### **Principal Mutual Fund**

Exchange Plaza, 'B' Wing, 2nd Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051. (Not an Official Point of Acceptance)

For investment related enquiries, Investor Grievance please contact: **Principal Mutual Fund**Maker Bhavan - II, 1st Floor, 18, Sir Vithaldas Thackersey Marg,
New Marine Lines, Mumbai- 400 020.

TOLL FREE: 1800 22 5600. Fax: 022-2204 4990. Email : customer@principalindia.com Website : 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 for investment of Rs. 50,000 & above • Appropriate options are filled • Cheques /DD should be drawn in favour of 'Principal Mutual Fund/Name of the Scheme' • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.