



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 Debt / Liquid Schemes

Please read the instructions before filling the Application Form

## DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE (Not to be filled in by the Applicant)

Broker Name & Code	Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt

## 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 words)

NAME OF FIRST / SOLE APPLICANT  Mr.  Ms

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
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Date of Birth 

D	D	M	M	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 PAN  Enclosed (please )  
Birth  PAN copy

Please attach copy of KYC acknowledgement letter^  PAN copy

NAME OF THE SECOND APPLICANT  Mr.  Ms

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 

D	D	M	M	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 PAN  Enclosed (please )  
Birth  PAN copy

Please attach copy of KYC acknowledgement letter^  PAN copy

NAME OF THE THIRD APPLICANT  Mr.  Ms

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 

D	D	M	M	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 PAN  Enclosed (please )  
Birth  PAN copy

Please attach copy of KYC acknowledgement letter^  PAN copy

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	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 

D	D	M	M	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 PAN  Enclosed (please )  
Birth  PAN copy

Please attach copy of KYC acknowledgement letter^  PAN copy

^ 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 status 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	K	
City	Pin Code								
State	Country								

## OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient]

	Zip Code
City	
State	Country

## 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   I / We wish to receive updates via SMS on my mobile (Please )

e-mail  I N B L O C K L E T T E R S

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

## STATUS OF FIRST APPLICANT (Please )

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> AOP	<input type="checkbox"/> BOI
<input type="checkbox"/> Minor	<input type="checkbox"/> Bank / FII	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> HUF	<input type="checkbox"/> Trust	<input type="checkbox"/> Company	

## OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please )

<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Profession	<input type="checkbox"/> Retired
<input type="checkbox"/> Agriculture	<input type="checkbox"/> House Wife	<input type="checkbox"/> Student	
<input type="checkbox"/> Others (Please specify)			

## IF APPLICANT IS A NON-RESIDENT

<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> FII (Repatriable)	<input type="checkbox"/> NRI Minor (Repatriable)
<input type="checkbox"/> PIO	<input type="checkbox"/> NRI (Non Repatriable)	<input type="checkbox"/> NRI Minor (Non Repatriable)

## MODE OF HOLDING (Please )

Single  Jointly  Either / Anyone or Survivor (Default Option : Jointly)

## 3 PERSONAL IDENTIFICATION NUMBER (To serve you better) – refer instruction page

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 part of the application form / available at request / can also be downloaded from our website.)

## 4 NOMINATION

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 

D	D	M	M	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 (in case of minor)

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

ADDRESS OF NOMINEE / GUARDIAN

City  Pin Code

Specimen Signature of Nominee / Guardian

... continued overleaf

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

Received from  ARN 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

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

## 5 PAYMENT DETAILS (Mandatory)

Investment Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD	*Cheque / DD No.	Dated D   D   M   M   Y   Y   Y   Y
Account No.	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR	
Drawn on Bank & Branch City		

\* Please mention the Application No. on the reverse of the Cheque/DD. All Cheques/DDs to be drawn in favour of "the Specific Scheme Name".

## 6 INVESTMENT DETAILS (Please ✓ Choice of Scheme / Plan / Option) - Please ensure there is only one cheque/DD per application form

<input type="checkbox"/> <b>Principal Income Fund</b>	<input type="checkbox"/> <b>Principal Income Fund - Short Term Plan</b>	<input type="checkbox"/> <b>Principal Floating Rate Fund - Short Maturity Plan</b>
<input type="radio"/> Regular Plan <input type="radio"/> Institutional Plan <input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout <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"/> Half Yearly <input type="checkbox"/> Annual Institutional Plan <input type="checkbox"/> Quarterly	<input type="radio"/> Regular Plan <input type="radio"/> Institutional Plan <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep Dividend Frequency - (STP) <input type="checkbox"/> Monthly STP-Insti Plan <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="radio"/> Regular Plan <input type="radio"/> Institutional 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"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> <b>Principal Floating Rate Fund - Flexible Maturity Plan</b>	<input type="checkbox"/> <b>Principal Monthly Income Plan</b>	<input type="checkbox"/> <b>Principal Cash Management Fund - Liquid Option</b>
<input type="radio"/> Regular Plan <input type="radio"/> Institutional 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"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="radio"/> MIP <input type="radio"/> MIP Plus <input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout <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"/> Quarterly	<input type="radio"/> Regular Plan <input type="radio"/> Institutional Plan <input type="radio"/> Institutional Premium 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"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> <b>Principal Government Securities Fund - Investment Plan</b>	<input type="checkbox"/> <b>Principal Money Manager Fund</b>	<input type="checkbox"/> <b>Principal Ultra Short Term Fund</b>
<input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout <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"/> Half Yearly <input type="checkbox"/> Annual	<input type="radio"/> Regular Plan <input type="radio"/> Institutional 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"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<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"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

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

## 7 BANK ACCOUNT DETAILS (Mandatory)

Bank Name (Do not abbreviate)	Branch / City
Account No. (Please provide the full account number)	Pin Code
Branch Address	
Account Type (Please ✓) For Residents <input type="checkbox"/> Savings <input type="checkbox"/> Current	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 Code	NEFT Code
	Essential Enclosures : (For Direct Credit) <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque

Direct Credit Facility (Non Liquid Schemes) is currently available with : BNP Paribas Bank, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, Axis Bank, Indusind Bank and Development Credit Bank (only for dividend). For an update in this list please contact any of our ISC at the contact details provided overleaf.  
 • Please verify and ensure the accuracy of the bank details provided above and as shall appear in your account statement which shall be issued to you should your application be accepted. Principal Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

## 8 DOCUMENTS ENCLOSED (Please ✓)

<input type="checkbox"/> Memorandum & Article of Association	<input type="checkbox"/> Trust Deed <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Resolution / Authorisation to invest	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)
<input type="checkbox"/> Power Of Attorney	

## 9 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 for units of the Scheme as indicated above ("the Scheme") and agree to abide by the terms and conditions, of the Scheme/s and such other schemes into which my/our investment may be moved pursuant to any instalment received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme. 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 further confirm that I/We have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Pnb 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 authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s 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 details given herein, 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.

<b>SIGNATURES</b>	Signature / Thumb Impression of <b>1st Applicant / POA Holder</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
	PAN		
	Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter <sup>A</sup> )		
	Signature / Thumb Impression of <b>2nd Applicant / POA Holder</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
PAN			
Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter <sup>A</sup> )			
Signature / Thumb Impression of <b>3rd Applicant / POA Holder</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	
POA Details - Name			
PAN			
Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter <sup>A</sup> )			

<sup>A</sup> 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 status downloaded from 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.

Please read the instructions before filling the Application Form

**DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE (Not to be filled in by the Applicant)**

Broker Name & Code	Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt

**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 words)**

NAME OF FIRST / SOLE APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms		Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															PAN	Please attach copy of KYC acknowledgement letter <sup>^</sup>		Enclosed (please <input checked="" type="checkbox"/> PAN copy)
NAME OF THE SECOND APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms		Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															PAN	Please attach copy of KYC acknowledgement letter <sup>^</sup>		Enclosed (please <input checked="" type="checkbox"/> PAN copy)
NAME OF THE THIRD APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms		Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															PAN	Please attach copy of KYC acknowledgement letter <sup>^</sup>		Enclosed (please <input checked="" type="checkbox"/> PAN copy)
Guardian Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms (if first applicant is a Minor) / Contact Person (DESIGNATION in case of non-individual Investors - PAN not required for contact person)		Date of Birth <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															PAN	Please attach copy of KYC acknowledgement letter <sup>^</sup>		Enclosed (please <input checked="" type="checkbox"/> PAN copy)

<sup>^</sup> 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 status 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 K	
City	State	Country	Pin Code
OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient]			
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 <input type="checkbox"/> O	R	Fax
Mobile <input type="checkbox"/>	<input type="checkbox"/> I / We wish to receive updates via SMS on my mobile (Please <input checked="" type="checkbox"/>	
e-mail	I N B L O C K L E T T E R S	

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

<b>STATUS OF FIRST APPLICANT (Please <input checked="" type="checkbox"/>)</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP <input type="checkbox"/> BOI <input type="checkbox"/> Minor <input type="checkbox"/> Bank / FII <input type="checkbox"/> Society/Club <input type="checkbox"/> Others (Please specify) <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> Company		<b>OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please <input checked="" type="checkbox"/>)</b> <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Profession <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Others (Please specify)	
<b>IF APPLICANT IS A NON-RESIDENT</b> <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> FII (Repatriable) <input type="checkbox"/> NRI Minor (Repatriable) <input type="checkbox"/> PIO <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI Minor (Non Repatriable)		<b>MODE OF HOLDING (Please <input checked="" type="checkbox"/>)</b> <input type="checkbox"/> Single <input type="checkbox"/> Jointly <input type="checkbox"/> Either / Anyone or Survivor (Default Option : Jointly)	

**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 available at request / can also be downloaded from our website.)**4 NOMINATION**

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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms	Date of Birth
NAME OF PARENT / LEGAL GUARDIAN (in case of minor) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms	(in case of minor)
ADDRESS OF NOMINEE / GUARDIAN	
City	Pin Code

Specimen Signature of Nominee / Guardian

... continued overleaf

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

ARN No:

Received from	Dated: DD / MM / YYYY
Cheque/DD No.	
Drawn on Bank & Branch	
Scheme / Plan / Option / Sub-Option	
Amount Rs.	

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

Signature, Stamp &amp; Date

## 5 PAYMENT DETAILS (Mandatory)

Investment Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)
Mode of Payment (Please ✓)	*Cheque / DD No.	Dated
Account No.	Account Type (Please ✓)	
Drawn on Bank & Branch City	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR	

\* Please mention the Application No. on the reverse of the Cheque/DD. All Cheques/DDs to be drawn in favour of "the Specific Scheme Name".

## 6 INVESTMENT DETAILS (Please ✓ Choice of Scheme / Plan / Option) - Please ensure there is only one cheque/DD per application form

<input type="checkbox"/> Principal Growth Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	<input type="checkbox"/> Principal Dividend Yield Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	<input type="checkbox"/> Principal Global Opportunities Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Junior Cap Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	<input type="checkbox"/> Principal Large Cap Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	<input type="checkbox"/> Principal Services Industries Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Index Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	<input type="checkbox"/> Principal Resurgent India Equity Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	<input type="checkbox"/> Principal Balanced Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Emerging Bluechip Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	Sweep to Scheme _____ Plan _____ Option _____ <b>(In case of Sweep, please ensure to fulfill the minimum investment criteria in the new Scheme)</b>	

## 7 BANK ACCOUNT DETAILS (Mandatory)

Bank Name (Do not abbreviate)	Branch / City
Account No. (Please provide the full account number)	Pin Code
Branch Address	
Account Type (Please ✓) For Residents <input type="checkbox"/> Savings <input type="checkbox"/> Current 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.	Essential Enclosures : (For Direct Credit) <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque
Only for IFSC Code _____ NEFT Code _____	

Direct Credit Facility is currently available with : BNP Paribas Bank, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, Axis Bank, Indusind Bank and Development Credit Bank (only for dividend). For an update in this list please contact any of our ISC at the contact details provided overleaf.

• Please verify and ensure the accuracy of the bank details provided above and as shall appear in your account statement which shall be issued to you should your application be accepted. Principal Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

## 8 DOCUMENTS ENCLOSED (Please ✓)

<input type="checkbox"/> Memorandum & Article of Association	<input type="checkbox"/> Trust Deed <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Resolution / Authorisation to invest	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)
<input type="checkbox"/> Power Of Attorney	

## 9 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 for units of the Scheme as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme/s and such other schemes into which my/our investment may be moved pursuant to any instalment received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme. 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 further confirm that I/We have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Pnb 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 authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s 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 details given herein, 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 / Thumb Impression of Sole / 1st Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN	
		Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter <sup>A</sup> )	
	Signature / Thumb Impression of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
	PAN		
	Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter <sup>A</sup> )		
Signature / Thumb Impression of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	
	POA Details - Name		
	PAN		
	Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter <sup>A</sup> )		

<sup>A</sup> 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 status downloaded from 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 Vitthaladas 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.