Princi	pal
	Mutual Funds

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 Scheme(s)

Signature, Stamp & Date

Application No.

Please read the instructions before filling the Application	n Form	Application	No.	
DISTRIBUTOR INFORMATION & APPLICATION R	ECEIPT DATE			
Broker Name & Code Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt
ARN-56003				
Upfront commission shall be paid directly by the investor to the AMFI reg	istered Distributors based o	on the investor's assessment of	various factors including	the service rendered by the distributor.
1 EXISTING UNITHOLDERS DETAILS (Please note that		-		Number) [Refer Instruction No. B(1)]
Please fill your Folio No. and Name and then proceed to Section (6 Name of Sole /	5)	Common Account / Folio	No.	
First Unit Holder				
2 NEW APPLICANT'S DETAILS (Please fill in BLOCK LET				-
NAME OF FIRST / SOLE APPLICANT Mr. Ms [No	ote: No Joint holding per	mitted in case of minor appl	icant - *Refer Instructio	nno.B(11)] Is It In Ia Im Iel
Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document)		Y Y Y Y PAN		
STATUS - Resident Individual NRI / PIO / FII Partnership Firm	BOI Minor Bank /	'FI Society/Club Trust	Company Other	s (Please specify)
Guardian (Mandatory for Minor Applicant) / POA Holder / Contact Person ((In case of non-individual Inve	stors - PAN & KYC not required t	for contact person)	Mr. 🗌 Ms
F I R S T N A M E	M I D D L	E NAM	E L A Relationship with	S T N A M E
Date of Birth D D M Y Y Y				Father Mother Legal Guardian Note: *Enclose Supporting Document]
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 PAN				
NAME OF THE THIRD APPLICANT Mr. Ms		le I. In I.a. I.m. I.		
Date of Birth D M M Y Y Y PAN				J I N A M L
Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to	your Application Form as pe	r Instruction No. D of this Form.		
ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficien	nt]			
City State		Country		A N D M A R K
City State OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box /	Address is not sufficient] {R			n Code
City State		Country	Zip	o Code
CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that ye		or us to serve you better)		
Phone O O O O O O O O O O O O O O O O O O O	R Ve wish to rece	eive updates via SMS on n	Fax Fax	
e-mail	B L O C K	LETT	E R S	
I/We wish to receive the following documents via e-mail in lieu of physical	document(s) [Please ✓] 🗌	Account Statement 🗌 Newslet	tter Annual Report	All Statutory Returns / Information
IF APPLICANT IS A NON-RESIDENT NRI (Repatriable) FII (Repatriable) NRI Minor	(Ropatriable)	OCCUPATION OF 1ST AP		
	(Non Repatriable)		udent Others (Plea	Retired Agriculture ase specify)
MODE OF HOLDING (Please ✓) □ Single □ Jointly □ Either / A	Anyone or Survivor (Defa	ult Option : Jointly)		
3 PERSONAL IDENTIFICATION NUMBER (To serve y				
Do you want a PIN assigned ? Yes No (In case you would w at request / can also be downloaded from our website.)	vant a PIN assigned; pleas	e submit a duly filled and sigr	ned PIN Form along with	this Application. PIN form is available
4 NOMINATION (Please ✓ and confirm the option select	cted) - Please Refer Ins	truction No. 'E'		
IWe do hereby nominate the undermentioned Nominee to receive the	e Units allotted to my/our o	redit in my/our folio in the ev		
settlements made to such Nominee and Signature of the Nominee acknow	wledging receipt thereof, sl	nall be valid discharge by the A	AMC/Mutual Fund/ Truste	es.
NOMINEE'S NAME Mr. Ms			Date of Birth (in case of minor)	DMMYYYYY
NAME OF PARENT / LEGAL GUARDIAN (in case of minor)	Ms			
ADDRESS OF NOMINEE / GUARDIAN				
	Pin Code		Specimen Sig	nature of Nominee / Guardian
OR IWe do not wish to nominate a nominee in my / our folio.	ature of 4-4 11-4-11-1-1	Cimetan (C	a 11mia 11-14-14	Constant of Dud Halt 11-11
Applicants can make multiple nomination (to the maximum of three) by fi	ature of 1st Unit Holder	Signature of 2n able at our Investor Service Cer		Signature of 3rd Unit Holder
ACKNOWLEDGEMENT SLIP (To be filled in by the second	he Applicant)	ARN No:	Application	No.
Received from				
Cheque / DD / RTGS / NEFT No.	D	ated: <u>DD/MM/</u> YY	<u> </u>	
Drawn on Bank & Branch Scheme / Plan / Option / Sub-Option				
Amount ₹				

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

5 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]]														
Bank Name															
Account No.			Branch	/ City											
(Please provide the full account number) Branch Address									Pin Co	ode					
Account Type (Please 🗸) For Residents 🗌 Savings 🗌 Current For Non-Resident 🗌 NR	10	NRE	Repatrial	ble 🔲	Non-R	epatriak	ole 🗌	Others	5						
MICR Code* This is a 9 digit number n	next to	o your Chee	ue No.				Essential Enclosures : (For Direct Credit)								
Only for IFSC* NEFT* Code Code						1			🗌 Blar	nk cancell	ed chec	que 🗌	Copy of	chequ	
Direct Credit Facility is currently available with : BNP Paribas Bank, Citibank, Deutsche Bank, ICICI	Bank,	, IDBI Bank,	HDFC B	ank, HS	BC Bar	k, Kota	k Mahi	ndra Ba	ank, Pur	ijab Natio	onal Ba	ank, Star	ndard C	harter	
Bank, Axis Bank, Indusind Bank and Development Credit Bank (only for dividend). For an updat • Please verify and ensure the accuracy of the bank details provided above as it shall appear in y Fund shall not be held responsible for delays or errors in processing your request if the informat	te in th your a	his list plea account sta	ie conta iement v	ict any o which sl	of our l: nall be	SC at th issued t	ne cont	act det should	ails prov your ap	ided ove	erleaf. 1 be acc				
6 DOCUMENTS ENCLOSED (Please ✓)															
MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution	/ Aut	thorisatior	to inve	est 🗌] List c	f Auth	orised	Signat	ories w	ith Spec	imen :	Signatu	ıre(s)	PC	
7 PAYMENT DETAILS (Mandatory) [Refer Instruction No. C]						1	. (35								
(ii) Investment (iii) DD Charges (₹)						vet Am i)+(ii)	ount (₹)							
Mode of Payment (Please ✔) □ Cheque □ DD □ RTGS □ NEFT □ ECS □	🗌 Fur	nds Transf	er *	Cheque	/ DD /	RTGS	/ NEFT I	No.							
Account Type (Please ✔) Savings Current NRE NRO FCNR	NR:	RSR					Dat	ted	DD	M	М	Y N	Y Y	Y	
Payment from All All All All All All All All All Al		Name	of 1st Ba	nk A/c h	older										
Drawn on Bank		Name	of 2nd Ba	ank A/c I	nolder										
Branch & City		Name	of 3rd Ba	nk A/c h	older										
Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as n	mentio	oned abo	re)						Enc	losed (pla	ease 🖌)			
Parent/Grand Parent/related person: Name										KYC Ack	,	,	: Letter		
Employer: Name Custodian: Name										Declarati		5			
Please enclose relevant documents as indicated below as per the Mode of Payment: • R	TGS /	/ NEFT / E	S / Ban	k Tran	sfer -	Instr	uction t	o the B	lank fror	n the Ur	nitholde	er to Del	bit the /	Accoun	
• DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from															
* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. crossed "Account Payee Only".	ie Payn Perma	ment Instru anent Acc	ment. To ount Nu	o prever umber"	or fraud OR "N	ulent p lame o	ractices of the S	Investo cheme	ors are u e A/c. Fo	rged to olio Nur	make t nber" a	he Payn and the	nent Ins same s	trumer should	
8 INVESTMENT DETAILS (Please ✓ Choice of Scheme / Plan / Op	ptio	n) - Plea	se en	sure	there	is oi	nly o	ne ch	eque	/DD p	er ap	oplica	tion 1	form	
	-								•	•					
Principal Growth Fund Principal Emerging	-	-	na					Gro	wth						
Principal Dividend Yield Fund Principal Balanced															
Principal Global Opportunities Fund Principal Pnb Long			Fund					Divi	dend						
Principal Index Fund Principal SMART Ec	quity	y Fund					Payout Reinvest Sweep								
Principal Large Cap Fund Principal Conservat	tive (Growth	Fund						-,						
Principal Services Industries Fund															
Sweep to Scheme															
Plan Option										o Facility nent crit					
									investi						
9 DECLARATION AND SIGNATURES															
We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention				Α	PPLIC	ANT	SIGNA	TURE		ΡΟΑ	HOLE	DER SI	IGNAT		
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		Signature	of	Α	.PPLIC	ANT	SIGNA	TURE		РОА	HOLI	DER SI	IGNAT		
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Acknowledgement letter issued by CDSL Ventures Ltd / printout of KYC compliance status downloaded from CVL website, as applicable • Appropriate options are filled • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring **"Name of the Scheme A/c. First Investor Name"** OR **"Name of the Scheme A/c. Permanent Account Number"** OR **"Name of the Scheme A/c.** First Investor Name" OR **"Name of the Scheme A/c.** Folio Number" and the same should be crossed **"Account Payee Only"**. • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.