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 Bandra Kurla Complex, Bandra (East), Mumbai-400 051.  
 Toll Free - 1800 425 5600 • Fax: 022-6772 0512.  
 Website: www.principalindia.com • E-mail: customer@principalindia.com

# Application Form

(Please read Product Labelling details and Instructions before filling the Form)

All details are mandatory. The application is liable to get rejected if details not filled.

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

Please read the instructions before filling the Application Form

## DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker ARN Code <b>ARN-167174</b>	Sub-Broker ARN Code	EUIN <b>E326136</b>	Sub-Broker Code	Principal Group Employee Code
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I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (Refer Instruction No. G)

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.

Signature of Sole/ First Applicant/ Holder

## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(14) for Details]

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]

### 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. B(1)]

Please fill your Folio No. and Name and then proceed to Section (3) Common Account / Folio 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.  M/s. Gender -  Male  Female Date of Birth/Incorporation 

D	D	M	M	Y	Y	Y	Y
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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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FATHER'S NAME \_\_\_\_\_  
 PAN \_\_\_\_\_ Place / City of Birth / Incorporation \_\_\_\_\_ Country of Birth / Incorporation \_\_\_\_\_ Nationality \_\_\_\_\_

Enclose Proof of DOB (Mandatory for minor) -  Birth Certificate  Passport  Other \_\_\_\_\_ Relationship with Minor Applicant -  Father  Mother  Legal Guardian

[Note: • No Joint holding permitted in case of minor applicant - Refer Instruction no. B(11). • Guardian: Mandatory for Minor Applicant. • POA Holder/Contact Person: Mandatory for Non-Individual Investors]

GUARDIAN / POA HOLDER / CONTACT PERSON Gender -  Male  Female Date of Birth 

D	D	M	M	Y	Y	Y	Y
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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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FATHER'S NAME \_\_\_\_\_  
 PAN \_\_\_\_\_ Place / City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

NAME OF THE SECOND APPLICANT  Mr.  Ms. Gender -  Male  Female Date of Birth 

D	D	M	M	Y	Y	Y	Y
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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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FATHER'S NAME \_\_\_\_\_  
 PAN \_\_\_\_\_ Place / City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

NAME OF THE THIRD APPLICANT  Mr.  Ms. Gender -  Male  Female Date of Birth 

D	D	M	M	Y	Y	Y	Y
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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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FATHER'S NAME \_\_\_\_\_  
 PAN \_\_\_\_\_ Place / City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Pin Code \_\_\_\_\_  
 OVERSEAS ADDRESS [In case the First Applicant is NR/NI/PPIO] [P.O. Box Address is not sufficient] [Refer Instruction No. B(5)]  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
 Where e-mail ID is provided all communications like Account Statement, Newsletter, Annual Report etc. will be done electronically. Physical, if required, will be mailed to your registered address on request.

### 3 INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Note: Please refer KIM of the schemes before selecting appropriate 'Option', 'Sub-Option' and 'Frequency' as availability/applicability of these options may differ for various schemes.

Scheme / Plan / Option / Sub-Option / Frequency	<b>Principal -</b> Scheme Name		
	Plan: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan	Option: <input type="checkbox"/> Dividend <input type="checkbox"/> Growth <input type="checkbox"/> AEP Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	Sub-Option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep

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

In case the choice of option is not indicated, default option shall be Growth Option. Under Dividend Option, the default sub-option shall be Dividend reinvestment option. ... continued overleaf

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

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

Sub-Broker ARN: \_\_\_\_\_

EUIN: \_\_\_\_\_

Received from \_\_\_\_\_

Cheque / DD / RTGS / NEFT No. \_\_\_\_\_ Dated: DD / MM / YYYY

Drawn on Bank & Branch \_\_\_\_\_

Scheme / Plan / Option / Sub-Option \_\_\_\_\_ Amount ₹ \_\_\_\_\_

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

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

Signature, Stamp & Date

**4 KYC / FATCA DETAILS FOR ALL APPLICANTS (Mandatory, Please ✓ . The application is liable to get rejected if details not filled)**

Status details for	First Applicant	Second Applicant	Third Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI / PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian*	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI / FII / FPI	-	-	-
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in ₹)				
Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
above 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in ₹ (Mandatory for Non Individual) (Not older than 1 year)	as on _____	as on _____	as on _____	as on _____

Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____

\* Address of tax residence would be taken as available in KRA database. In case of any change. Please approach KRA & notify the changes.\*

Type of Address given at KRA	Residential	Business	Registered Office
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5 MODE OF HOLDING (Please ✓ )**

Single  Jointly  Either / Anyone or Survivor (If no choice mode, default option : Jointly)

**6 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]**

Bank Name (Do not abbreviate) \_\_\_\_\_

Account No. \_\_\_\_\_ Branch / City \_\_\_\_\_  
(Please provide the full account number)

Branch Address \_\_\_\_\_ Pin Code \_\_\_\_\_

Account Type (Please ✓ )  Savings  Current  NRE  NRO  FCNR  NRSR

MICR Code\* \_\_\_\_\_ This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit):  Blank cancelled cheque  Copy of cheque

Only for RTGS\* IFSC\* Code \_\_\_\_\_ NEFT\* Code \_\_\_\_\_ [\* indicates - Mandatory]

**Note:** It is mandatory to enclose Proof of Bank (personalised cancelled cheque leaf) where the Payment Bank Account is different from the above mentioned Bank Account details.

**7 PAYMENT DETAILS (Mandatory) The name of the First/Sole Applicant must be preprinted on the cheque [Refer Instruction No. C]**

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

Mode of Payment (Please ✓ )  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer Payment from Bank A/c. No. \_\_\_\_\_

\*Cheque / DD / RTGS / NEFT No. \_\_\_\_\_ Dated DD / MM / YY / YY

Drawn on Bank \_\_\_\_\_ Branch & City \_\_\_\_\_

**Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)**

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

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

Mandatory Enclosure  
 KYC Acknowledgement Letter &  
 Third Party Declaration Form

Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer -  Instruction to the Bank from the Unitholder to Debit the Account.  
• DD / Pay order / Banker's Cheque and the like -  Declaration / Acknowledgement from Bank  Copy of Passbook / Bank Statement  Bank confirmation of Non-Resident Account Type / FIRC

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



For investment related enquiries, Investor Grievance please contact:

**Principal Mutual Fund**

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.  
TOLL FREE: 1800 425 5600. • Fax: 022-6772 0512 • E-mail: [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 KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, 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. 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.

**8 DEMAT ACCOUNT DETAILS (OPTIONAL) [Refer instruction No. 'B (13)']**

(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).  
In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form.

NSDL	DP Name _____	DP ID	Beneficiary Account No.
CSDL	DP Name _____	Beneficiary Account No.	

**9 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'**

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 |  
(in case of nominee being a minor)

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

\_\_\_\_\_

ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor)

\_\_\_\_\_

City \_\_\_\_\_ Pin Code | | | | | | | |

\_\_\_\_\_  
Specimen Signature of Nominee / Guardian

OR

I/We do not wish to nominate a nominee in my / our folio.

Signature of 1st Unit Holder | Signature of 2nd Unit Holder | Signature of 3rd Unit Holder

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / [www.principalindia.com](http://www.principalindia.com)]

**10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']**

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. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC 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 PMF/AMC'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.

**11 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)\***

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Principal Pnb Asset Management Company Pvt. Ltd., believing this statement to be true, will rely on it and act on it. In the event this statement is false, Principal Pnb Asset Management Company Pvt. Ltd. reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Principal Pnb Asset Management Company Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

I am a US Person  I am not a US Person

**12 FATCA INFORMATION / FOREIGN TAX LAWS [Refer instruction No. 'I']**

The below information is required for all applicant(s)/Guardian:

Category	First Applicant	Second Applicant/Guardian	Third Applicant
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below:			
Country#			
Tax Identification Number##			
Identification Type (TIN or Other, please specify)			

# To also include USA, where the individual is a citizen / green card holder of The USA

## In case Tax Identification Number is not available, kindly provide its functional equivalent.<sup>5</sup>

In case TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIN, etc.

**Non individuals:** Please fill FATCA & CRS Declaration also

In case the entities country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here: \_\_\_\_\_

**Non Individual Investors involved / providing any of the mentioned services**

i. Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration]	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii. Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iv. Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Ultimate Beneficiary Owner (UBO) Details (Refer Instruction No. F) (For Non-individual Only: UBO Declaration attached)**

Applicant is the UBO(s) of this investment (Default)  Applicant is NOT the UBO(s) of this investment

**FATCA & CRS – TERMS & CONDITIONS**

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as with holding agents for the purpose of ensuring appropriate with holding from the account or any proceeds in relations thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

