



Exchange Plaza, 'B' wing, 11th Floor, NSE Building, Bandra Kurla Complex,
Bandra (E), Mumbai - 400 051, India.
Tel.: 022-2202 1111. Fax: 022-22044466
Website: www.principalindia.com E-mail: customer@principalindia.com

SIP Auto Debit Form / SI Form

REGISTRATION CUM MANDATE FORM FOR ECS / SI

(Debit clearing / Auto Debit)

First Investment in SIP vide a cheque and subsequent investments via **Auto Debit**, available in selected cities only

New SIP Registration - by an existing investor Change in Bank Account for an existing Investor with Principal Mutual Fund
 New SIP Registration - by a new investor (Also attach the new application form duly filled & signed)

1 COMPANY REQUIREMENTS

A APPLICANT AND INVESTMENT DETAILS (Please note that the applicant's details and mode of holding are as per the existing folio number)

Sole / First Applicant Name

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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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 Account No. for Existing Investors Application No. (As mentioned on the main Application Form)
 PAN Please attach copy of KYC acknowledgement letter^ Enclosed (please ✓)
 PAN copy

^ In case the investments is Rs 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Limited alongwith the application form.

B SIP AND BANK DETAILS (Please note that a minimum 30 days is required to set up Direct Debit / SI)

Each SIP Amount (Rs)
 First SIP Cheque No. (Note: Cheque should be drawn on bank details provided below)
 Second and subsequent installment dates 1st 5th 15th 25th (the date on which you want to invest for subsequent period) SIP Period Start From (2nd instalment) End on (Last instalment)
 AMC reserves the right to introduce / modify the frequency for SIP

2 BANK REQUIREMENTS

Account Holder Name as in the Bank Account

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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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 Bank Name
 Branch Name
 Branch City
 Address Pin Code Tel. No. MICR Code**

This is a 9 digit number next to your Cheque No.

Account Type (Please ✓) Savings Current Cash Credit NRE NRO Others
 Ledger No. / Ledger Folio No.
 Account No.
 Mandatory Enclosure Blank Cancelled Cheque Copy of Cheque

| Name of the Scheme / Plan / Option | Start Date | Periodicity (M / Q / ly) | Each amount of installment | Number of installments |
|------------------------------------|------------|--------------------------|----------------------------|------------------------|
| | | | | |
| | | | | |

Start Date

** Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected. MICR Codes starting or ending with 000 are not valid for ECS / SI.
 I/we hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS / Auto Debit. In case the Cheque(s) are dishonoured, the Bank and Principal Mutual Fund shall not be held responsible. I/we further understand that the contents hereof form an integral part of the main application form.

Sole / First Unit Holder's Signature
 (Signature of the legal guardian when the First Unit Holder is minor)

Second Unit Holder's Signature

Third Unit Holder's Signature

Please note Signature(s) should be as it appears on the application form and in the same order. In case, MOH is joint, all applicants are requested to sign.

Date

(Bank's Stamp)

Signature of the Authorised Official from the Bank

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

Recorded on Scheme Code
 Recorded by Credit Account Number
 Bank use Mandate Ref. No. Customer Ref. No.

AUTHORISATION OF THE BANK ACCOUNT HOLDER (to be signed by the Account Holder)

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

Bank Account Number

First Account Holder's Signature
 (As in Bank Records)

Second Account Holder's Signature
 (As in Bank Records)

Third Account Holder's Signature
 (As in Bank Records)