

Application No. _____

Please read the instructions before filling the Application Form

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

Direct	Broker Name & Code*	Sub-Broker Code*	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt
Write Direct	ARN- Contact No: * AMFI Registered Distributors					

To select any one of these options - Direct or Distributor - write as indicated in the concerning blocks filling which Default Option : your last transacted Distributor or as mentioned here#.

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

Date of Birth DD MM YY YY PAN Enclosed (please ✓)
Birth 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 DD MM YY YY PAN Enclosed (please ✓)
Birth 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 DD MM YY YY PAN Enclosed (please ✓)
Birth PAN copy

Parent / Guardian Name Mr Ms (if any applicant is a Minor)
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 DD MM YY YY PAN Enclosed (please ✓)
Birth PAN copy

(to be filled compulsorily for insurance cover)
Please attach copy of KYC acknowledgement letter^
^ In case the investments is Rs 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC)
A acknowledgement letter issued by CDSL Ventures Limited alongwith the application form.

MAILING ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]

City _____ Pin Code _____
State _____ Country _____

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

City _____ Zip Code _____
State _____ Country _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Phone 0 _____ R _____ Fax _____
Mobile _____ I / We wish to receive updates via SMS on my mobile (Please ✓)
e-mail _____

I/We wish to receive the following documents via e-mail in lieu of physical document(s) [Please ✓] Account Statement Newsletter Annual Report Other Statutory Returns / Information

STATUS OF FIRST APPLICANT (Please ✓)
 Resident Individual Partnership Firm AOP BOI
 Minor Bank / FI Society/CLUB Others (Please specify)
 HUF Trust Company

IF APPLICANT IS A NON-RESIDENT
 NRI (Repatriable) FI (Repatriable) NRI Minor (Repatriable)
 PIO NRI (Non Repatriable) NRI Minor (Non Repatriable)

OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please ✓)
 Business Service Profession Retired
 Agriculture House Wife Student
 Others (Please specify)

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

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 DD MM YY YY

NAME OF PARENT / GUARDIAN (in case of minor) Mr Ms Relationship with Minor _____

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 _____
Cheque/DD No. _____ Dated: DD / MM / YYYY
Drawn on Bank & Branch _____
Scheme / Plan / Option _____
Amount Rs _____

Application No. _____

ARN No. _____

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.
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	Dated DD / MM / YY	
City		

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

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

Principal Tax Savings Fund Principal Personal Tax Saver Fund

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 IFSC RTGS Code	NEFT Code
Essential Enclosures: (For Direct Credit) <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque	

Direct Credit Facility is currently available with: BNP Paribas, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, UTI Bank & Indusind Bank. 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 ASSIGNMENT CLAUSE (Relevant for resident applicant of the Principal Tax Savings Fund and Principal Personal Tax Saver Fund)

I, _____ hereby assign all the benefits that may be payable in the event of my accidental death by the New India Assurance Co. Ltd. ["Insurer"] under the Insurance Policy arranged by the Company for the investors in Principal Tax Saving Fund / Principal Personal Tax Saver Fund; in favour of:

Name of Assignee: Mr/Ms/Mrs _____ Date of Birth: DD / MM / YYYY

having his/her address at _____

City _____ Pin _____ State _____

Name of Guardian (where the Assignee is a Minor) _____

I further declare that receipt of the benefits, if any by the above named Assignee shall be sufficient discharge thereof to the Insurer/Company.

I also confirm having noted the key terms and conditions of the referred accidental death insurance cover as provided in the Offer Document. The decision of the Insurer on any matter related to admissibility of a claim shall be final and binding.

Date _____ Place _____ Witness Name _____

Witness Address: Witness Signature _____

* Name of the - Sole/First Applicant only in case of an individual applicant, Karta in case of HUF and First Applicant in case of Association of Persons (AOP)/Body of Individuals

Minor's Relationship _____

9 APPLICATION ENCLOSED (Please ✓)

Systematic Investment Plan Post dated Cheques SIP Auto Debit Form HDFC Standing Instruction (HDFC Bank Account Holders only)
 ICICI Standing Instruction (ICICI Bank Account Holders only)

Systematic Withdrawal Plan Systematic Transfer Plan

10 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the offer documents 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 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	APPLICANT SIGNATURE		POA HOLDER SIGNATURE	
	Signature / Thumb Impression of Sole / 1st Applicant / POA Holder	POA Details - Name	PAN	Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter*)
	Signature / Thumb Impression of 2nd Applicant / POA Holder	POA Details - Name	PAN	Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter*)
Signature / Thumb Impression of 3rd Applicant / POA Holder	POA Details - Name	PAN	Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter*)	

* 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 along with the application form.



Principal Mutual Fund
Exchange Plaza, 'B' wing, 11th Floor, NSE Building, Bandra Kurla Complex,
Bandra (E), Mumbai - 400 051, India.

For investment related enquiries please contact
Principal Mutual Fund
Ph: 1800-22-5600 (Toll Free Number) or
022-22021111 (If calling from a Non MTNL / Non BSNL lines)
Email: customer@principalindia.com
Website: www.principalindia.com

* Any alteration to the Distributor Information Section should be counter signed by the applicant/s

CHECK LIST: Please ensure the following: • A application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN • 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.