

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 failing 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  M:  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 Brth 

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

 PAN \_\_\_\_\_ Enclosed (please ✓)  
 PAN copy  
 Please attach copy of KYC acknowledgement letter^

NAME OF THE SECOND APPLICANT  M:  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 Brth 

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

 PAN \_\_\_\_\_ Enclosed (please ✓)  
 PAN copy  
 Please attach copy of KYC acknowledgement letter^

NAME OF THE THIRD APPLICANT  M:  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 Brth 

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

 PAN \_\_\_\_\_ Enclosed (please ✓)  
 PAN copy  
 Please attach copy of KYC acknowledgement letter^

Guardian Name  M:  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 Brth 

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

 PAN \_\_\_\_\_ Enclosed (please ✓)  
 PAN copy  
 Please 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 alongwith the application form.

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

																				L	A	N	D	M	A	R	K
																				Pn Code							

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

OVERSEAS ADDRESS (in case the First Applicant is NRI/PIO) [PO. 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/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

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

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

**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  M:  Ms \_\_\_\_\_ Date of Brth 

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

NAME OF PARENT / GUARDIAN (in case of minor)  M:  Ms \_\_\_\_\_ Relationship with Minor \_\_\_\_\_

ADDRESS OF NOMINEE / GUARDIAN \_\_\_\_\_

City \_\_\_\_\_ Pn 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 /Pan /Option \_\_\_\_\_  
 Amount Rs. \_\_\_\_\_

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

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

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

Signature, Stamp & Date \_\_\_\_\_

**5 PAYMENT DETAILS (Mandatory)**

Investment Amount (Rs.) \_\_\_\_\_ DD Charges (Rs.) \_\_\_\_\_ Net Amount (Rs.) \_\_\_\_\_  
 Mode of Payment  Cheque  DD \*Cheque / DD No. \_\_\_\_\_ Dated DD / MM / YY  
 Account No. \_\_\_\_\_ Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NFSR  
 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 "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**

<input type="checkbox"/> <b>Principal Income Fund</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	<input type="checkbox"/> <b>Principal Income Fund - Short Term Plan</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"/> Weekly <input type="checkbox"/> Monthly	<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 <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest 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="radio"/> Regular Plan <input type="radio"/> Institutional Plan <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> <b>Principal Monthly Income Plan</b> <input type="radio"/> MP <input type="radio"/> MPPlus <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="checkbox"/> <b>Principal Cash Management Fund - Liquid Option</b> <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 - Savings Plan</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	<input type="checkbox"/> <b>Principal Government Securities Fund - Investment Plan</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="checkbox"/> <b>Principal Liquid Plus Fund</b> <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

**Principal Money Manager Fund**  
 Regular Plan  Institutional Plan  Institutional Premium Plan  
 Growth  Dividend  Payout  Reinvest  Sweep  
 Dividend Frequency  Daily  Weekly  Monthly

Sweep to Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 (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) \_\_\_\_\_  
 Account No. \_\_\_\_\_ Branch / City \_\_\_\_\_  
 Branch Address \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Repatriable  Non-Repatriable  Others \_\_\_\_\_  
 MCR Code \_\_\_\_\_ This is a 9digit number next to your Cheque No. \_\_\_\_\_ Essential Enclosures : (For Direct Credit)  
 Only for RTGS  IFSC Code \_\_\_\_\_ NEFT Code \_\_\_\_\_  Bank cancelled cheque  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 DOCUMENTS ENCLOSED (Please ✓)**

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

**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 document & to the Scheme & 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 & 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 & 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 Prib Asset Management Company Pte. 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 & 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>^</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>^</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>^</sup> )		

<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 alongwith 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 MITNL / 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 &.

**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 • 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.