

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 _____ 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 _____ 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 _____ 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 _____ 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]

 City _____ Pn Code _____
 State _____ Country _____

OVERSEAS ADDRESS (in case the First Applicant is NRI/PI/PO) [PO. 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 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 _____
 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)
 PO 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 _____
 _____ Relationship with Minor _____

NAME OF PARENT / GUARDIAN (in case of minor) M: Ms _____

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 (Please ✓) 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"/> Principal Growth Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep	<input type="checkbox"/> Principal Dividend Yield Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep	<input type="checkbox"/> Principal Global Opportunities Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep
<input type="checkbox"/> Principal Junior Cap Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest	<input type="checkbox"/> Principal Large Cap Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest	<input type="checkbox"/> Principal Infrastructure & Services Industries Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep
<input type="checkbox"/> Principal Index Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep	<input type="checkbox"/> Principal Resurgent India Equity Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest	<input type="checkbox"/> Principal Balanced Fund <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep

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 _____
 (Please provide the full account number)
 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 9 digit number next to your Cheque No. _____
 Only for RTGS IFSC Code _____ NEFT Code _____
 Essential Enclosures : (for Direct Credit)
 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(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 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 Risk 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	Signature / Thumb Impression of 1st Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	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	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	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	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	
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 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 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 : • 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.