

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.

Website: www.principalindia.com • E-mail: customer@principalindia.com

# Application Form for Equity / Balanced & Fund of Funds Scheme(s)

Application No.

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMA	ATION & APPLICA	ATION REC	EIPT [	DATE														
Broker ARN Code	Sub-Broker Al	RN Code		EU	JIN			Suk	-Broke	er Code	•		Princip	al Gro	oup En	nploye	ee Co	de
ARN-0018	ARN-93	178	E	-096	35	8						L						
I/We hereby confirm that the EU without any interaction or advice by the advice of in-appropriateness, if distributor has not charged any advi Upfront commission shall be paid directly including the service rendered by the distributions.	the employee/relati any, provided by the isory fees on this tra y by the investor to the	ionship manage e employee/re insaction. (Refe	ger/sale elations er Instru	es persor ship mar action No.	of the ager/s G)	abov ales p	e distril erson o	outor of the	or notv distribu	vithstar utor an	nding d the	Sigr	nature	of Sole	e/ First	t Appli	cant/	' Holder
TRANSACTION CHARGI		TIONS THR	OUGI	H DIST	RIBUT	rors	/AGEI	NTS (	ONLY	[Refe	r Inst	tructi	on No	o. B(1	15)]			
Investors are advised to confirm if he (Note: If this section is left blank, it is as In case the subscription amount is ₹ 10,0 time mutual fund investor) will be deduced.	ssumed that the Applic 000/- or more and the	cant(s) is not a l Distributor has	First Tim opted t	ne Investo to receive	r for th Transac	e purp	ose of d harges, ₹	eductii • 150 (	ng Trans for first	action (	Tharge: utual fu	s) ind inv	estor) or	· <b>₹</b> 100		_	•	nvestor] r than firs
1 EXISTING UNITHOLDER															Refer lı	nstruct	ion N	lo. B(1)]
Please fill your Folio No. and Name a Name of Sole / First Unit Holder	and then proceed to	Section (6)				Con	nmon Ad	count	: / Folio	No.								
2 NEW APPLICANT'S DETA	AILS (Please fill in								•		•					vo wo	rds)	
NAME OF FIRST / SOLE APPLICANT	Mr. Ms	[Note:	: No Joi	nt holdin	g perm	nitted	in case o		or appl	icant - I	Refer I	nstruct	ion no.			l NI I	ΔΙ	МІЕ
Date of Birth (Mandatory for Minor Applica			D		Y	Y	Y   Y		PAN					, , ,				IVI L
<b>STATUS -</b> Resident Individual HUF	☐ NRI / PIO / FII ☐ Pa	rtnership Firm	BOI	Minor	Ban	k / Fl	Society	y/Club	Trus	st 🗀 C	ompan	y 🗆 C	thers (Pl	ease spe	ecify)			
Guardian (Mandatory for Minor Applicant)	/ POA Holder / Cont	act Person (In ca	ase of no	on-individu	ial Inves	tors - P	AN & KY	C not re	1' 1	for conta	ct perso	on)	Mr.	Ms	5	LNI	, I	мІг
Date of Birth DDMMM	Y   Y   Y   Y	PAN						I A	IVI	Re	lationsh nor Ap		Fá	ather [	Moth			Guardian ment]
NAME OF THE SECOND APPLICANT	☐ Mr. ☐ Ms	Date of Bir	rth _	D D	M	М	ΥΙΥ	Υ	Υ	PAN								
F I R S T	N A M E	M		D D	L	Е	N	А	M	Е		L	A   S	5 T		N	А	M E
NAME OF THE THIRD APPLICANT	Mr. Ms	Date of Bir	rth _	D D	M	М	ΥY	Υ	Υ	PAN								
F I R S T Kindly ensure that Copy of PAN & KYC Acki	N A M E	e enclosed to you	ur Applic	D D	L	Instruc	tion No. I	A of thi		E		L	A   S	5   T		N	А	M E
ADDRESS OF FIRST / SOLE APPLICANT		•	и Аррис	ation rom	i as pei	II ISU UC	tion No. L	01 (11	13 1 01111.									
	T [TOT DON'T TOUR COST IS							<u> </u>			<u> </u>							
Cit.	Ctata					Cause	<b>.</b>						L A		D	M	А	R K
OVERSEAS ADDRESS (in case the First A	State Applicant is NRI/FII/PIO	) [P.O. Box Add	lress is r	not suffici	ent] {Re	Coun efer Ins	,	No. B(	6)}				Pin Co	ue				
City	State					Coun	try						Zip Co	de				
CONTACT DETAILS OF FIRST / SOLE	APPLICANT (Please e	nsure that you f	ill in the	contact d	etails fo	or us to	serve yo	u bette	er)								'	
Phone O		R								Fa	x							
Mobile			]   / We	e wish to	recei	ve up		ia SM				ease (	<b>/</b> )		ı			
e-mail  I/We wish to receive the following docu	ments via e-mail in lieu		ument(s		/1 \ A	ccount	L E Stateme		<u> </u>	E R		Report	All	Statuto	rv Retu	rns / In	forma	ition
IF APPLICANT IS A NON-RESIDENT  NRI (Repatriable) FII (Repat	riable)	NRI Minor (Rep NRI Minor (No	patriabl n Repa	e) triable)		OC	<b>CUPATIC</b> Business House V	N OF Vife	1ST AP Service	PLICAN	IT / GL Profess	JARDIA ion		ase 🗸	) Ag			
3 NOMINATION (Please ✓					-			•										
☐ I/We do hereby nominate the undern settlements made to such Nominee and	mentioned Nominee to Signature of the Nom	receive the Ur	nits allot	tted to my	y/our cr	edit in	my/our	folio ir						o unde	erstand	that al	l payr	ments and
NOMINEE'S NAME Mr. NAME OF PARENT / LEGAL GUARDIA		Mr.	Ms								of Birth se of m		D D	M	M	Υ	Υ	YY
ADDRESS OF NOMINEE / GUARDIAN																		
City				Pin Code							Sp	ecimen	Signati	ure of N	Nomine	e / Gua	ardian	<u> </u>
OR  We do not wish to nominate a nom	inee in my / our folio.	Signatur	re of 1s	t Unit H			Sig	natur	e of 2n	d Unit	Holdei		9	Signatu	ire of	3rd Un	it Ho	lder
[Applicants can make multiple nominatio	on (to the maximum of	three) by filing	nomina	ation form	availak	ole at o	our Invest	tor Ser	vice Cer	ntres / w	ww.pri	ncipalir —	ndia.con	<u>a]</u>		. conti	nued	overlea
ACKNOWLEDGEMENT S	SLIP (To be filled	in by the Ap	plican	nt) AR	N No:				Sub-Br	oker A					UIN:			
Received from											_ Ap	plicat	on No	•				
Cheque / DD / RTGS / NEFT No Drawn on Bank & Branch					Da	ited: _	D D / N	<u>M M /</u>	Y )	/ Y Y								
Scheme / Plan / Option / Sub-Option Please Note: All purchases are sub		of navment i	nstrum	nent	Am	ount र	ŧ				_		Sigr	nature,	Stamp	a & Da	te	

4 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]																
Bank Name (Do not abbreviate)																
Account No. Please provide the full account number (Please provide the full account number)			Branch /	City												
Branch Address							_	_					_			
Account Type (Please ✓) For Residents Savings Current For Non-Resident	NRO I F	NRE	Repatrial		Non-Re	natriah	ا ما	Oth	_	in Co	de					
MICR Code*               This is a 9 digit number				ᆂ	ential Encl	_	_			Bla	nk can	relled ch	heaue		opy of c	negue
Only for IFSC* RTGS* Code Code			· 				(, 0, 5								Manda	
5 DOCUMENTS ENCLOSED (Please ✓) [Refer Checklist on the Inst	ruction	n Panal							_							
MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution		_	on to inve	st [	List of	Autho	orised	d Sigr	atori	es wit	th Spe	cimen	Sign	nature	(s)	POA
6 PAYMENT DETAILS (Mandatory) [Refer Instruction No. C]								,					J			
(i) Investment   (ii) DD Charges (₹)						et Amo	unt (	₹)								
Amount (₹)  Mode of Payment (Please ✔) Cheque DD RTGS NEFT ECS	☐ Fu	unds Tran	sfer *0	heque	(I e / DD /	)+(ii) RTGS /	NEF1	No.								
Account Type (Please ✔) Savings Current NRE NRO FCNR	□ NF	RSR					D	ated	D	D	M	M	Υ	Y	Υ	Υ
Payment from Bank A/c. No.		Nam	e of 1st Bar	nk A/c	nolder											
Drawn on Bank			e of 2nd Ba													
Branch & City			e of 3rd Bar	ık A/c l	older											
Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder a  Parent/Grand Parent/related person (Not to exceed ₹ 50,000):  Name	s ment	tioned ab	ove)								datory CYC Ac			nent Le	etter &	
Employer: Name Custodian:			Name						_				9		ank A/c.	
Please enclose any one of the relevant documents as indicated below as per the Mod Debit the Account. • DD / Pay order / Banker's Cheque and the like - Declaration / A	e of Pa	yment: •	RTGS / N	NEFT /	ECS / E	ank Tr	ansf	er -	Ins	tructio	on to t	ne Ban	k fror	m the	Unithol	der to
* Please mention the Application No., PAN and Name of the First Unitholder on the revers					.ору от т	assuoo	K / D	alik 3	atemi	CIIL						
7 INVESTMENT DETAILS (Please ✓ Choice of Scheme / Plan /					there	is on	ıly d	one	chec	que/	DD i	oer a	ppli	icati	on fo	rm
Principal Growth Fund Principal Large Ca	_									irowt			••			
Principal Dividend Yield Fund Principal Emergin	g Blu	echip F	und		irect P	lan+										
Principal Global Opportunities Fund Principal Balanced Principal Index Fund Principal SMART I				R	egula		Dividend Payout Reinvest Sweep									
Principal Index Fund Principal SMART I	-amtv									Day	(OLIF	Doi:	invoc	+ ( )	CINION	`
Principal Potail Equity Sayings Fund# Growth #Culturations			- 45 / 24 1 5	/	a altitude	III.E- A.										
Principal Retail Equity Savings Fund* Growth #Subscriptions i	s restricte	ed only for i			_				Person							
Principal Retail Equity Savings Fund Growth Subscriptions is Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme	s restricte	ed only for i			_		on No	o. B(1	Person	ns & wh	nere an	individu	ual is ai	n ultima	ate bene	ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione	s restricte	ed only for i			_		on No	o. B(1 <b>case</b>	Person  (1)]  of Sv	ns & wh	nere an	individu	ual is an	n ultim		ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme   Option	s restricte	ed only for i			_		on No	o. B(1 <b>case</b>	Person  (1)]  of Sv	ns & wh	nere an	individu	ual is an	n ultim	ate bene	ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme   Option	s restricte	ed only for i		nored	[Refer li	nstructio	on No	o. B(1 <b>case</b>	Person  (1)]  of Sv	ns & wh	nere an	individu	ual is an	n ultim	ate bene	ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione  Sweep to Scheme Plan Option  B DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID	s restricte	ed only for i	le will be ig	nored	[Refer li	nstructio	on No	o. B(1 <b>case</b>	Person  (1)]  of Sv	ns & wh	nere an	individu	ual is an	n ultim	ate bene	ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  B DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']	s restricted, the b	ed only for i oroker cod Bene	e will be ig	count	[Refer li	nstructio	on No	o. B(1 n case inimu	Person  Of Syminy	weep vestm	Facilit ent cr	individu y, plea iteria	ase e	n ultima	to full	ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione  Sweep to Scheme Plan Option  Bepository Participant (DP) ID  BENEFICIAL OWNER [Refer instruction No. 'F']  We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application If no, kindly indicate the name of the Beneficial Owner	s restricted, the b	Bene	ficiary Aco	count	Refer li Numbe	er L	on No	o. B(1  o case inimu	Person  Of Sv  m inv	weep vestm	Facilitent cr	individu iy, plea iteria	ase e in the	n ultima	to full	ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  B DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID  Depository Participant (DP) ID  BENEFICIAL OWNER [Refer instruction No. 'F']  We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application If no, kindly indicate the name of the Beneficial Owner  [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AND Instruction	s restricted, the b	Bene	ficiary Aco	count	Refer li Numbe	er L	on No	o. B(1  o case inimu	Person  Of Sv  m inv	weep vestm	Facilitent cr	individu iy, plea iteria	ase e in the	n ultima	to full	ficiary).
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  B DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID 9  BENEFICIAL OWNER [Refer instruction No. 'F']  We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Applicati If no, kindly indicate the name of the Beneficial Owner [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AN 10  PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']  Yes No. We consent to and authorize the AMC to share all information (includi	on -	Bene  Yes  erves the	e will be ig	count : If this ek fur	Number section	er Lormatio	on No (Irr	o. B(1 case in	Person  of Sv m inv	weep yestm	Facilitent cr	individu xy, plea iteria plicant	ase e in the	n ultima ensure e new	to full	ficiary).  Fill the ne)  Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)'] Depository Participant (DP) ID 9 DENEFICIAL OWNER [Refer instruction No. 'F'] We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application finally indicate the name of the Beneficial Owner [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AN OPENION OF THE PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']  Yes No. IWe consent to and authorize the AMC to share all information (includit transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering	on -	Bene  Yes  erves the	e will be ig	count : If this ek fur	Number section	er Lormatio	on No (Irr	o. B(1 case in	Person  of Sv m inv	weep yestm	Facilitent cr	individu xy, plea iteria plicant	ase e in the	n ultima ensure e new	to full	ficiary).  Fill the ne)  Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)'] Depository Participant (DP) ID                9 BENEFICIAL OWNER [Refer instruction No. 'F'] We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Applicati If no, kindly indicate the name of the Beneficial Owner [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AND PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']  Yes No. We consent to and authorize the AMC to share all information (includit transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering Interval DECLARATION AND SIGNATURES	on -	Bene  Yes  erves the	e will be ig	count : If this ek fur	Number section	er Lormatio	on No (Irr	o. B(1 case in	Person  of Sv m inv	weep yestm	Facilitent cr	individu xy, plea iteria plicant	ase e in the	n ultima ensure e new	to full	ficiary).  Fill the ne)  Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)'] Depository Participant (DP) ID	on - MC Reso	Bene  Yes  erves the  nout limitaservices ar	e will be ig	count :: If this ek fur	Number section	eris left bl	on No (Irr m) ank, n/do	o. B(1 case inimu	Person  of Sv m inv	weep yestm	Facilitient cr	individu y, plea iteria	ase e in the ((s) is t	n ultimannur nultimannur nulti	to full	ficiary).  fill the ne)  Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)'] Depository Participant (DP) ID	on - MC Reso	Bene  Yes  erves the  services ar	ficiary Acc	count If this ek fur nal inf	Number Nu	nstruction  or L  is left bl  ormation  n or ser	ank,	o. B(1 case inimu	Person  of Sv m inv	weep yestm	Facilitient cr	individu y, plea iteria	ase e in the ((s) is t	n ultimannur nultimannur nulti	to fulf	ficiary).  fill the ne)  Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)'] Depository Participant (DP) ID	on - MC Reso	Bene  Yes  erves the  Signatur  1st App POA Ho	ficiary Action No (Note right to se stion person diproduct)	count If thin hal inf	Number section ther info	nstruction  or L  is left bl  ormation  n or ser	ank,	o. B(1 case inimu	Person  of Sv m inv	weep yestm	Facilitient cr	individu y, plea iteria	ase e in the ((s) is t	n ultimannur nultimannur nulti	to fulf	ficiary).  fill the ne)  Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)'] Depository Participant (DP) ID	on - MC Reso	Bene  Yes  erves the  Signatur  1st Appr	ficiary Action No (Note right to se stion person diproduct)	count  If this ek fur  POA PAN	Number Nu	er Listruction is left bl	on No (Ir m ank, on/do	o. B(1 case inimu	Person  of Sv m inv	weep vestm	Facilitient cr	individu yy, plei iteria	ase e e in the	n ultim. ensure e new	to fulf	ficiary).  The second s
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)'] Depository Participant (DP) ID	on	Bene  Yes  erves the  Signatur  1st App POA Ho	ficiary Action No (Note right to se stion person diproduct)	count  If this ek fur  POA PAN Enclo	Number Nu	er Listruction is left bl	ank, n/do	o. B(1 case inimu	Person  of Sv m inv  sumec  onal c	weep vestm	Facilitient cr	individuity, plei iteria i i i i i i i i i i i i i i i i i i	ase e in the (s) is t	n ultim.  ensure e new  https://doi.org/10.1001/10.100	to full v Schem	Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID  9 BENEFICIAL OWNER [Refer instruction No. 'F']  We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Applicati If no, kindly indicate the name of the Beneficial Owner [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AN  10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']  Yes No. IWe consent to and authorize the AMC to share all information (includit transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering the have read and understood the contents of the Scheme Information 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 (the Mutual Fund) for units of the Scheme as indicated above ['the Scheme Information Document/s to the Scheme(s) induding the sections on "Prevention of Money Laundering and Know Your Customers". I/ We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ['the Scheme Indiagn any further transaction under the Schemeds) in which mylour investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment model pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instructio	ONE CRESC	Bene  Yes  erves the  Signatur  1st App POA Ho Guardia  Signatur  Signatur	ficiary Acc No (Note right to se stion perso d product re of licant /	count  If this ek fur  POA PAN Enclo	Number Nu	er Listruction is left bl	ank, n/do	o. B(1 case inimu	Person  of Sv m inv  sumec  onal c	weep vestm	Facilitient cr	individuity, plei iteria i i i i i i i i i i i i i i i i i i	ase e in the (s) is t	n ultim.  ensure e new  https://doi.org/10.1001/10.100	to full	ficiary).  Dwner)  Vus for
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID  9 BENEFICIAL OWNER [Refer instruction No. 'F']  We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Applicati If no, kindly indicate the name of the Beneficial Owner [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AN  10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']  Yes No. IWe consent to and authorize the AMC to share all information (includit transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering the have read and understood the contents of the Scheme Information 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 (the Mutual Fund) for units of the Scheme as indicated above ['the Scheme Information Document/s to the Scheme(s) induding the sections on "Prevention of Money Laundering and Know Your Customers". I/ We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ['the Scheme Indiagn any further transaction under the Schemeds) in which mylour investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment model pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instructio	ONE CRESC	Bene  Yes  Provided and provide	ficiary According to See See See See See See See See See Se	count If this ek fur nal inf POA PAN Enclc	Number Nu	nstruction  er	ank, n/do	o. B(1 case inimu	Person  of Sv m inv  sumec  onal c	weep vestm	Facilitient cr	individuity, plei iteria i i i i i i i i i i i i i i i i i i	ase e in the (s) is t	n ultim.  ensure e new  https://doi.org/10.1001/10.100	to full v Schem	Dwner)
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID  9 BENEFICIAL OWNER [Refer instruction No. 'F']  We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Applicati If no, kindly indicate the name of the Beneficial Owner [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AN  10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']  Yes No. IWe consent to and authorize the AMC to share all information (includit transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering the have read and understood the contents of the Scheme Information 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 (the Mutual Fund) for units of the Scheme as indicated above ['the Scheme Information Document/s to the Scheme(s) induding the sections on "Prevention of Money Laundering and Know Your Customers". I/ We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ['the Scheme Indiagn any further transaction under the Schemeds) in which mylour investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment model pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instruction received from melus to sweep/Switch the units as applicable to my / our investment may be moved pursuant to any instructio	ONE CRESC	Bene  Yes  erves the  Signatur  1st App POA Ho Guardia  Signatur  Signatur	ficiary According to See See See See See See See See See Se	count If this ek fur nal inf POA PAN POA PAN	Number Section Number	nstruction  er	on No (Irrina) m	D. B(1 case inimu	Person  Of Sym inv  Sumeconts for onal of the series of th	weep yestm	Facilities the Appropriate of th	plicant HOI	ase e in the cose of the cose	n ultim.  ensure e new  the Ber  style="text-align: right;">Insure e new  under the Ber  style="text-align: right;">Insure e new  under the Ber  style="text-align: right;">Insure the Ber  style="text-align: right;">Insure the Ber  under the Ber  under the Ber  style="text-align: right;">Insure the Ber  under th	to full sty Schemen  NATU	ficiary).  Dwner)  /us for
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID	ONE CRESC	Bene  Yes  Provided and provide	ficiary According to See See See See See See See See See Se	count If this ek fur nal inf POA PAN POA PAN	Number Section Number	nstruction  er	on No (Irrina) m	D. B(1 case inimu	Person  of Sv m inv  sumec  onal c	weep yestm	Facilities the Appropriate of th	plicant HOI	ase e in the cose of the cose	n ultim.  ensure e new  the Ber  style="text-align: right;">Insure e new  under the Ber  style="text-align: right;">Insure e new  under the Ber  style="text-align: right;">Insure the Ber  style="text-align: right;">Insure the Ber  under the Ber  under the Ber  style="text-align: right;">Insure the Ber  under th	to full v Schem	ficiary).  Dwner)  /us for
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID Option Option Option Option Option Option Option Participant (DP) ID Option	s restricted, the b	Bene  Yes  Provided and provide	ficiary According to See See See See See See See See See Se	ek furnal inf	Number Section Number	nstruction  er   is left bl  is left bl  n or ser  - Name  - Name  - Name	ank, n/do	D. B(1 or case inimu	Person  Of Sym inv  Sumeconts for onal of the second of th	weep yestm	Facilities the Application or information of the Application of the Ap	plicant HOI	ase e in the cose of the cose	n ultim.  ensure e new  https://doi.org/10.1001/10.100	to full sty Schemen  NATU	ficiary).  Dwner)  /us for
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID Option Option Option Option Option Option Option Participant (DP) ID Option	s restricted, the b	Bene  Yes  erves the  Signatur 1st App POA Ho Guardia  Signatur 2nd Ap POA Ho Signatur 3rd Api	ficiary According to See of Solicant / Incording to See of See o	count  If this ek fur nal inf  POA PAN Enclc	Number Nu	nstruction  ref	ank, an/do	D. B(1 or case inimu	Person  Of Sym inv  Sumeconts for onal of the second of th	weep yestm	Facilities the Application or information of the Application of the Ap	plicant HOI	ase e in the cose of the cose	n ultim.  ensure e new  https://doi.org/10.1001/10.100	to full to ful	ficiary).  Dwner)  /us for
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option  B DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID  Depository Participant (DP) ID  BENEFICIAL OWNER [Refer instruction No. 'F']  We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Applicati If no, kindly indicate the name of the Beneficial Owner  [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AN  PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']  Yes No. We consent to and authorize the AMC to share all information (includi transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering Interest and understood the contents of the Scheme Information Documents to the Scheme(s) including the sections on "Prevention of Morey Laundering and Know Your Customers". I'We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund Knowl Your investment may be moved pursuant to any instruction received from melus to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme(s) if the Scheme as indicated above ['the Scheme'] and agree to abide by the terms and conditions, of the Scheme and understood the contents of the Scheme and understood the content of the Scheme and understood the con	s restricted, the b	Bene  Yes  Perves the  Signatur  1st App POA Ho  Guardia  Signatur  2nd Ap POA Ho  Signatur	ficiary According to See of Solicant / Incording to See of See o	POA POA PAN PAN POA PAN POA PAN PAN PAN PAN PAN PAN PAN PAN PAN PA	Number Section Number	astruction  are referenced by the service of the s	ank, ank/do	ATU	Person  Of Sv m inv  Sumeconts for  Onal (  RE	weep yestm	Facilitient cr	y, pleatiteria in purp	ase e in the cose of the cose	n ultim.  ensure e new  ithe Ber  ovided  R SIG	to full v Schement v S	ficiary).  Dwner)  /us for  REE
+ Only for investors without broker code. If Direct plan is opted and Broker code also mentione Sweep to Scheme Plan Option Option  8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']  Depository Participant (DP) ID Option Option Option Option Option Option Option Participant (DP) ID Option	on - CREST WITH THE STATE OF TH	Bene  Bene  Yes  Property and a prop	ficiary According to See of Solicant / Incording to See of See o	POA POA PAN PAN POA PAN POA PAN PAN PAN PAN PAN PAN PAN PAN PAN PA	Refer II  Number section  Number section  Number section  Details  Details  Details  APPLICA  Details  APPLICA  Details	astruction  are referenced by the service of the s	ank, ank/do	D. B(1 or case inimu	Person  Of Sv m inv  Sumeconts for  Onal (  RE	weep yestm	Facilitient cr	y, pleatiteria in purp	ase e in the cose of the cose	n ultim.  ensure e new  ithe Ber  ovided  R SIG	to full to ful	ficiary).  Dwner)  /us for  REE

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 • Website: www.principalindia.com



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.

Website: www.principalindia.com • E-mail: customer@principalindia.com

## **Application Form for ELSS**

Application No.

Please read the instructions before filling the Application Form

	DISTR	IBUT	or in	IFORM	/IATI	ON	& Al	PPLI	CATI	ON F	REC	EIPT	DA	ΓΕ																				
	Brok	er ARN	Code	!		Su	b-Bro	ker	ARN	Code					EUIN					Su	b-Bro	ker (	Code			Pri	ncip	al G	irou	p Em	ıploy	/ee C	ode	
	AR	N-C	01	8		ΑF	RN	-9	31	78										E-	09	63	58	3										
I/We withouthe advalention	t any in rice of tor has commis	nteracti in-appi s not cl ssion sh	on or opriat narged all be p	eness, i any ac aid direc	by th if and dviso ctly by	e emp y, pro ry fee y the i	oloyed vided s on 1	e/rela by this t	ations the er ransa	hip m nploy ction.	anag ee/r (Ref	<b>ger/sa elatio</b> er Inst	i <b>les p</b> i nship ructio	ers m	son of nanage No. G)	the er/sa	abo ales <sub>l</sub>	ve o	distrib on o	utor f the	or no distri	twitl ibuto	hstan r and	ding the		gnati	ire d	of So	ole/	First	Арр	lican	t/ Ho	lder
	•			CHAR			API	PLIC	ATIC	NS T	ΓHR	OUC	SH C	) 5	TRIB	UT	ORS	5/ <i>F</i>	AGEN	ITS	ONL	Y [R	efei	r Ins	truc	tion	No	). B	(15	)]				
Investo (Note:	f this se	ction is	left bla	ank, it is	assur	med th	nat the	e App	olicant	(s) is n	ot a	First T	ime In	ve	stor fo	the	e pur	pose	of de	educti	ing Tra	ansact	tion C	harge	es)							•	Inves	-
In case t time mu																													JO/- (	(for in	ivesto	ır oth	er tha	an first
1	EXIST	ING L	INITH	OLDE	RS I	DETA	AILS	(Ple	ase no	te tha	t th	e app	licant	de	etails a	nd ı	mod	e of	hold	ing v	vill be	as pe	er the	exis	ting l	Folio	Num	ber)	) [Re	fer In	ıstruc	tion	No. E	3(1)]
Please			No. ar	nd Nam	e and	d ther	proc	eed	to Sec	ction (	6)						Cor	nm	on Ac	coun	t / Fo	lio N	о.						$\perp$					
Name o First Ur																												$\perp$	$\perp$					
2	NEW	APPLI	CAN <sup>-</sup>	T'S DE	TAI	LS (F	Please	fill i	in Blo	ck Let	ters	with	black	/b	lue in	k, us	se o	ne k	ox fo	or on	e alpl	habe	t leav	ing o	one b	ox b	lank	bet	wee	n tw	10 W	ords)		
NAME (	OF FIRS	T / SO	E APP	LICANT	. [	Mr.	, [	Ms	5	[N	ote:	: No J	oint h	olo	ding p	ermi	itted	in o	case c	f mir	nor ap	plica	nt - R	Refer	Instru	iction	no.	B(12	2)]					
Data of	Dirth /N	R	S T	inar Anal	licant	A Factor	M Cupr	E	a Docu	mont)	M		D		D L	-   /	E		N	A	DAN	E			L	A	S	4	T.	L	N	I A	M	E
Date of STATUS			•	Inor Appi HUF			e supp PIO / FII		-	ment) rship Fir	m [	BOI		/line	or $\square$	Rank	k / Fl	T .	Society	_ /Club	PAN			ompar	nv 🗆	Othe	rs (Ple	2250	specif	fv)			_	
Guardia								_						_				_							, –	_	Mr.		Ms	y/				
F		R	S -		N	A	M	E			M		D	] [	D L		E		N	A	М	E			Ľ	А	S	$\underline{I}$	Т		N	А	M	E
Date of	Birth	D	DI	M N	Υ	Υ	Υ	Υ		PAN														ations						Moth				
					-	7.1.1		7.1.4		Data	t n:	-41-	1 5		5 L i i	1 .	I	17	Lv	1 1/	Lv	1		nor Ap	piicai	11   1	Note	. EIIC	riose	Supp	Orting	) DOC	umen	<u>.</u>
NAME (	JF IHE	SECOR	ID APF	LICANI	L	J Mr.	L	_  Ms	i 	Date	וום וכ הער	run					r I	Y	LN	I A	L		PAN		1	I .	L	+	_		L	L	L	
		K	5		IN	IA	IVI				IVI		D			-			. N	A	IVI			<u> </u>	1 -	I A	3	<u></u>	<del></del>		IN	I A	IVI	_ E
NAME (	OF THE	THIRD	APPLI	CANT	. –	Mr.	. [	_ Ms	5	Date	of Bii	rth	D		D M		M	Υ	Y	Y	Y	_	PAN	Ļ	<u> </u>	<u> </u>	Ļ	4					Ļ	Ļ
Kindly er	cure the	R Conv.	S DAN	0 VVC A	N	A	M mont L	ottor.	aro on	rlocad t	M	ur Ann	D lication	E	D L	nor li	E	ction	No P	A	is Forn	E			L	A	S		Т		N	A	M	E
ADDRES												ur App	licatioi	1 ГС	UIIII ds	per ii	IIIStruc	LUOII	NO. L	OI LI	IIS FUII	11.						_						
ADDKE:	55 UF F	/ ICAI	OLE F	APPLICA	NIN I [F	.U. bt	X Aud	11622	15 1101	Sumce	entj 																							
														Ĺ			ĺ									L	А		N	D	М	А	R	K
City							State										Cour	ntry								Pi	n Cod	de 📗						
OVERSE	AS AD	DRESS	(in case	the Fire	st Ap	plicant	is NR	I/FII/P	10) [P.	O. Box	Add	lress is	not s	uf	ficient]	{Ref	fer In	stru	ction	No. B	(6)}	ı		1	1	1		1	,	I	ı		ı	1
City						(	State									+	Cour	ntrv								   7i	) Cod	de l	_					+
	CT DF	ταιις σ	F FIRS	T / SOL	Ε ΔΡ			Please	ensur	e that v	/ου f	ill in tl	ne con	tac	t detail	s for		,	ve voi	ı hett	er)													_
Phone	0										R											ı	Fax	:		ī	T							Т
Mobile						+					<u> </u>	 	ve w	ish	to re	ceiv	ve ur	oda	tes vi	a SN	_ ∕IS on	my			lease	e 🗸)								
e-mail									N		В	L	0		C K		i	L	E	Т	Т	E	R	S		Ĺ								
I/We w	ish to r	eceive t	ne follo	wing do	cume	nts via	e-mai	l in li	eu of p	ohysica	l doc	umen	(s) [Pl	eas	se 🗸] 🗌	Ac	ccoun	t Sta	temer	nt 🗀	News	letter		nnual	Repo	rt 🗌	All S	Statu	ıtory	Retur	rns / I	nforn	nation	
IF APPL					ادادادا	l- 1 - V		_	LND	Minor	/D -		L-1-V				00				1ST						•		-	□	at an also			
INKI PIO	(Repatr	iabie)		FII (Rep NRI (No			ble)			Minor				ole)	)				siness use W		Serv	ice Stude		rofes		∟ s (Ple	Retii ase s			_ Agr	ICUILL	are		
MODE	OF HOI	DING												_		aul												1						
3	иом	NATIO	ON (P	lease 🗸	/ an	d con	firm	the	ontio	n sele	cte	d) - P	lease	R	efer li	nstr	uctio	on I	No 'F	,														
☐ I/We									-												n the	event	of m	y/our	death	n. I/W	e also	o un	ıders	tand	that a	all pa	ymen	ts and
settleme NOMIN	nts ma	de to su		ninee ar																		e AM	C/Mu		und/				м.	мТ	v I	l v	Lv	Lv
NAME (	OF PAR	ENT / L	EGAL	GUARD	IAN (	in case	e of m	inor)		Mr.		Ms		_										e of m					VI	IVI				
ADDRE:	SS OF N	IOMIN	EE / GI	JARDIA	N.																													
City													Pin	Сс	ode	ī				1		1		Sp	ecim	en Sig	ınatu	ire o	of No	mine	e / Gı	uardia	an	
OR										Ciar	2011	n of	1ct III	ai+	Holde				Cia	natiu	re of 2	2nd I	Init L	امامام				ian.		e of 3	0 m ol 111	loit L	امامام	
☐ I/We [Applica																	ole at	our								alindia			iture					erleat
	ACKN	OWL	EDGE	MENT	Γ SLI	IP (To	be 1	filled	d in b	y the	- Ap	plica	nt)	_	ARN N	lo:		_			Sub-	 Brok	er A	RN:					 EU	 IN:				
Receive																								_ A <sub> </sub>	oplica	ation	No.							
		RTGS	NEFT	No												Dat	ted:		D /N		/Y	YY	Y											
Drawn (	on Banl	k & Bra	nch																					_										
Scheme													Amou		₹									-										
<b>Please</b> Eligible		•		s are s section	•					•		nstru	ment	t													Sign	atur	e, S	tamp	& D	ate		

4 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]												
Bank Name (Do not abbreviate)												
Account No.		Branch /	City									
Branch Address (Please provide the full account number)							Pin Co	do				
Account Type (Please ✓) For Residents Savings Current For Non-Resident NRO 1	VIDE I	Donatriahl		Non Don	atriable	Otho		ue				=
	NRE	Repatriabl	_=	Non-Rep		Othe						닉
MICR Code* This is a 9 digit number next to you not provide the state of the state	oui c	Theque No.	Essei	ntial Enclos	sures : (For	Direct Cre	edit): Bla	ank cance	elled cheque			_
RTGS* Code Code									[* indi	cates - N	Mandator	y]
<b>DOCUMENTS ENCLOSED (Please </b> ✓) [Refer Checklist on the Instruction P	Page	1										
MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution / Author	-		t 🗆	List of	Authoris	ed Siana	tories wit	th Speci	imen Siar	nature(s	s)	DΑ
6 PAYMENT DETAILS (Mandatory) [Refer Instruction No. C]									5			
					I		/::\					
(i) Investment Amount (₹) (ii) DD Charges (₹)					let Amou		F(II)					_
Mode of Payment (Please ✔) Cheque DD RTGS NEFT ECS Fund	ls Tra	ansfer *C	heque	/ DD / R	TGS / NE	FT No.						_
Account Type (Please ✓) Savings Current NRE NRO FCNR NRSF	₹					Dated	D D	M	MY	Υ	YY	
Payment from Bank A/c. No.	Na	ame of 1st Banl	k A/c h	older								
Drawn on Bank	Na	ame of 2nd Ban	nk A/c h	nolder								
Branch & City	Na	ame of 3rd Bank	k A/c h	older								
Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mention	ned a	above)						datory E				
Parent/Grand Parent/related person (Not to exceed ₹ 50,000):		Mana							nowledgen			
Employer: Custodian:	4.	Name	IFFT /	F <i>C</i> C / D-	l. Tuan	-f			laration of			
Please enclose any one of the relevant documents as indicated below as per the Mode of Paym Debit the Account. • DD / Pay order / Banker's Cheque and the like -   Declaration / Acknowledge								on to the	3 Bank tro	m the Ui	nitnoider	to
* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Pa				ору от те	33200117	Danne Dea	terrierre					
7 INVESTMENT DETAILS (Please ✓ Choice of Scheme) - Please ensure	-			ne che	aue/D	D ner	annlica	ation f	form			
			•		•	-				1 201		,
Principal Personal Tax Saver Fund - Direct Plan <sup>+</sup> Regular Plan [+ Only for in	nvesto	ors without broke	er code.	If Direct pla	in is opted	and Broker	code also n	ientioned,	the broker	code will t	be ignored.]	
8 ASSIGNMENT CLAUSE (Relevant for resident applicant)				.1 1 (			11. 1. 4					
I*	ors in	hereby assign Principal Person	gn all i onal Ta	the benet x Saver Fu	its that n ind in fav	nay be pa our of	iyable in ti	ne event	of my ac	cidental (	death by 1	the
Name of Assignee Mr/Ms/Mrs	0.5	- Trincipal Telse	01101 101	, saver re			ate of Birt	h	) <u>/</u> M	M J Y	YYY	
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 dischalated talso confirm having noted the key terms and conditions of the referred accidental death insurance cover a admissibility of a claim shall be final and binding. Date  Place			Scheme			ment. Th	e decision	of the Ir	nsurer on a	any matt	ter related	l to
Witness Address					/itness Si							
* Name of the - Sole/First Applicant only in case of an individual applicant, Karta in case of HUF and First . Minor's Relationship	Appli	icant in case o	ot Asso	ciation of	Persons	(AOP)/Bo	dy of Indi	/iduals.				
It is compulsory for the applicants to furnish details of the assignee for this insurance cover in the space provided	for in	n the application	on forn	n. Investor	may not	get cover	ed under ir	nsurance	if the assic	anee is no	ot appoint	ed.
9 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']					,	J			-			
	Day	fisian. A		NIla a		1	1 1		1 1		1 1	
Depository Participant (DP) ID	bei	neficiary Acc	Lount	Number							$\bot$	
10 BENEFICIAL OWNER [Refer instruction No. 'F']												
We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application -	es [	No (Note:	: If this	section is	left blanl	c, it is assu	umed that	the Appl	licant(s) is	the Bene	eficial Own	ner)
If no, kindly indicate the name of the Beneficial Owner [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AMC Reserv	es th	ne right to see	ek furt	ther infor	mation/o	locumen	ts for veri	fication	purpose]			
11 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']												
$\square$ Yes $\square$ No. We consent to and authorize the AMC to share all information (including without ransacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services of the state of the services of t				ormation	or sensit	ive perso	nal data o	or inform	nation) pr	ovided b	oy me/us	for
12 DECLARATION AND SIGNATURES												
	П			A DDI I	CANT	CICNIAT	LIDE	DO A	HOLDE	D CICI	MATLIBE	
Whe have read and understood the contents of the Scheme Information 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 (the 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 scheme(s) of the Mutual Fund [Scheme(s)] into		Signature of		APPLI	CANT	SIGNAI	UKE	POA	HOLDE	K SIGN	VAIURE	
which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my / our investment		1st Applicar		POA Deta	ails - Nan	ne						
including any further transaction under the Scheme(s). I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. 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		POA Holder / Guardian		PAN	1				$\overline{}$			П
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		Gudiuldii		inclosed (p	lease 🗸)	PAN	KYC	(Att.	ach copy of	PAN & KY	/(^^)	,
by any governmental or statutory authority from time to time. We confirm that I we have read and understood "Privacy Policy" of PMF/AMC hosted on <a href="https://www.principalindia.com">www.principalindia.com</a> and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the	S											-
"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	1	Signature of		APPLI	CANT S	IGNAT	JRE	POA	HOLDE	R SIGN	IATURE	
for offering their services and products. We also consent to disclose all such information including without limitation personal information /sensitive personal	F	2nd Applica		OA Deta	<b>ails</b> - Nan	ne						
data or information provided by melus 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. We further confirm that twe have the express authority from the relevant constitution to invest in the	SIGNATURES	POA Holder		PAN								П
units of the Scheme and the Principal Pnb 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. We further confirm that the ARN holder (Broker/Sub-Broker) has disclosed to me/us all the commissions (in	S		Ė	inclosed (p	lease 🗸)	PAN	☐ KYC	(Atta	ach copy of	PAN & KY	/C^)	
the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the				ДРРП	CANT 9	IGNAT	URF	POA	HOLDE	R SIGN	JATURE	
Scheme(s) has been recommended to me/us. 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		Signature of	_									_
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		3rd Applicar		POA Deta	ails - Nan	ne	1 7					
AMC can directly credit all the dividend payouts and redemption amount to my / our bank account, 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		POA Holder		PAN	لبا		$\perp$					
subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External / Ordinary Account/		for Instruction		inclosed (p	lease ✔)	PAN	KYC	(Atta	ach copy of	PAN & KY	(Cv)	

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: <a href="mailto:customer@principalindia.com">customer@principalindia.com</a> • Website: <a href="https://www.principalindia.com">www.principalindia.com</a>



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.

Website: www.principalindia.com E-mail: customer@principalindia.com

## **Application Form for Debt / Liquid Schemes**

Application No.

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMA	TION & APPLICA	ATION RECI	EIPT D	DATE																	
Broker ARN Code	Sub-Broker AF	RN Code		E	UIN			Su	b-Brol	ker (	ode			Prin	cipal	Gro	up Er	nploy	/ee C	ode	
ARN-0018	ARN-93	178	E-	096	35	8							L								
I/We hereby confirm that the EU without any interaction or advice by the advice of in-appropriateness, if a distributor has not charged any advisu Upfront commission shall be paid directly including the service rendered by the dis	the employee/relation, provided by the sory fees on this train by the investor to the	onship manage e employee/re nsaction. (Refe	ger/sale elations er Instru	ship ma	n of to nager	he abo /sales	ve distr	butor of the	or no distri	twith buto	r and	ling the	Sig	natui	re of	Sole	/ Firs	t App	lican	t/ Ho	lder
TRANSACTION CHARGE	S FOR APPLICA	TIONS THR	OUGH	H DIST	RIBU	JTORS	/AGE	NTS	ONL	Y [R	efer	Inst	ruct	ion	No.	B(1	5)]				
Investors are advised to confirm if he/ (Note: If this section is left blank, it is ass In case the subscription amount is ₹ 10,0	sumed that the Applic	ant(s) is not a F	irst Tim	ie Investi	or for t	the pur	ose of o	deducti	ng Trai	nsact	ion Ch	arges	)						sting		•
time mutual fund investor) will be deduc	ted from the subscript	tion amount an	d paid t	to the D	istribut	tor. Unit	s will be	issued	l again:	st the	balan	ice ar	nount	inves	ted.	100/	(1011	ivesic	7 001	Ci tiid	11 11131
1 EXISTING UNITHOLDERS			e applic	ant det	ails an			_		-		exist	ing Fo	olio N	umb	er) [R	efer l	nstru	:tion	No. B	(1)]
Please fill your Folio No. and Name a Name of Sole /	and then proceed to	Section (b)		1 1	ı	COI	nmon A	ccoun	ι / <b>Γ</b> ΟΙ	IO INC	). 									ı	
First Unit Holder																					
NEW APPLICANT'S DETA NAME OF FIRST / SOLE APPLICANT	AILS (Please fill in Mr. Ms			<b>lack/blu</b> nt holdi								•					en tv	vo w	ords)		
	N A M E	M			lig pei	E	1	A		E				A	S	T		N	A	М	E
Date of Birth (Mandatory for Minor Applicar	nt - Enclose Supporting D	ocument)	D	M	1 Y	Υ	YY		PAN												
STATUS - Resident Individual HUF		· ·					Socie	•			Cor	' '		_	· .	se spec	ify)				
Guardian (Mandatory for Minor Applicant)	/ POA Holder / Conta	act Person (In ca	ase of no	on-individ	lual Inv	estors -	Pan & Ky	C not r	required	d for o	ontact	perso	n)	L N	1r. L   s	Ms		LN	LΔ	Гм	LE
Date of Birth   D   D   M   M	Y   Y   Y   Y	PAN									Relat	tionsh	ip wit					ner _			
											Mino	or App	olicant	[N	lote: I	Enclos	e Supp	portin	g Doc	umen	t]
NAME OF THE SECOND APPLICANT	☐ Mr. ☐ Ms	Date of Bir		D D	M	M	YY	Y	Υ		PAN					<u> </u>			<u> </u>		
F I R S T	N A M E	M		D D		E	N	A	M	E			<u> </u>	I A	S			N	A	M	] E
NAME OF THE THIRD APPLICANT	Mr. Ms	Date of Bir	th _	D D	M	M	YY	Υ	Υ		PAN										<u></u>
Kindly ensure that Copy of PAN & KYC Ackr	N A M E	onclosed to you	ır Applic	D D	m as no	er Instru	tion No.	D of th	M oic Form	E			L	А	S	Τ		N	А	M	E
ADDRESS OF FIRST / SOLE APPLICANT		•	ır Applica	ation ron	ii as pe	er iristru	LUOII INO.	ט טו נו	IIS FUIII	1.											
ADDRESS OF FIRST / SOLE APPLICANT	[F.O. BOX Addless is i	lot sufficient)																			
														L	А	N	D	М	А	R	K
City	State					Cou	,							Pin	Code			$\perp$	$\perp$		
OVERSEAS ADDRESS (in case the First A	Applicant is NRI/FII/PIO	P.O. Box Add	ress is n	not suffic	ient] {  	Refer In	structior 	No. B	(6)}				ı				ı	ı	ı	ı	
City	State					Cou	ntry							Zip	Code						1
CONTACT DETAILS OF FIRST / SOLE A	APPLICANT (Please er	sure that you fi	ll in the	contact	details	for us t	serve y	ou bett	er)												
Phone O		R									Fax										
Mobile			I/We	wish t	o rec	eive u	odates	via SN	1S on	my	mobil	. (	ease	<b>√</b> )							
e-mail		N B	L	0 0	K	•	L E	T	T I Name of	E	R	S			All Ca	- 4 4	D . 4.			4	
I/We wish to receive the following docum IF APPLICANT IS A NON-RESIDENT	nents via e-maii in lieu	or pnysical doci	ument(s	) [Please	<b>√</b> ] □		CUPATI		Newsl							-	у кети	irns / I	ntorm	ation	
☐ NRI (Repatriable) ☐ FII (Repatr		NRI Minor (Rep					Busines		Servi	ce	Pr	ofess	ion	F	Retire	d	Ag	ricult	ure		
PIO NRI (Non		IRI Minor (Nor			<i></i>		House \			tude	nt	0	thers	(Pleas	se sp	ecify)					
MODE OF HOLDING (Please ✓) ☐ Si	, , ,								)												
3 NOMINATION (Please ✓ a  ☐ I/We do hereby nominate the underm			-						n tha c	wont	of my	lour d	doath	100/0	alco	undo	ctand	that	دم الد	ıman:	tc and
settlements made to such Nominee and S	Signature of the Nomi	nee acknowled	lging re	ceipt the	ereof, s	shall be	valid dis	charge	by the	AM	C/Muti	ual Fu	ind/ T	rustee	25.	unuei	stariu	lilat	ııı pa	yiiieii	.3 aliu
NOMINEE'S NAME Mr. M	ls	1 1	1 1			1 1					ate of			D		М	М	Υ	Υ	Υ	Υ
NAME OF PARENT / LEGAL GUARDIAN	<b>V</b> (in case of minor)	Mr.	Ms							」 (i	n case	of mi	nor)								
ADDRESS OF NOMINEE / GUARDIAN																					
City				Pin Cod	e							Spe	ecime	n Sigr	nature	of N	omine	ee / Gi	uardia	ın	
OR		Signatur	o of 1s				Si	nnatuu	re of 2	nd L	Init H	oldor			Sin	ınatıı	ro of	3rd U	Init L	اماطما	
☐ IWe do not wish to nominate a nomi [Applicants can make multiple nomination	•													india.d		Jiiatu		con			
ACKNOWLEDGEMENT S	SLIP (To be filled i	n by the Ap	plican	t) A	RN N	— — o:			Sub-E	Brok	er AR				_		— - Jin:				
Received from												Ap	plica	tion I	No.						
Cheque / DD / RTGS / NEFT No					[	Dated: ,	DD/	M M	/Y	ΥY	Υ										
Drawn on Bank & Branch Scheme / Plan / Option / Sub-Option					Λ.	nount	<b>∌</b>														
Please Note : All purchases are sub	ject to realisation o	of payment in	nstrum	ent	AI	noull	`							S	ignat	ture,	Stamp	o & D	ate		

DAIN ACCO	OUNT D	<b>ETAILS</b>	(Man	datory)	[Keter Inst	truction	No. C	[]																
Bank Name			T		1 1																			
(Do not abbreviate) Account No.			1 1				i		i	Bra	nch / Ci	tv	ì		i	ī								
		(Please p	rovide th	he full accou	ınt number	r)					1 1	,												
Branch Address																Pin Co	de				_			
Account Type (Please	/) For Res	sidents [	Saving	ıs Currei	nt For No	on-Reside	nt 🗔	NRO	NRE	Rer	atriable	Nor	n-Renat	riahle	Other		uc				$\equiv$			
MICR Code*		Idents [_	Javing	J Cuitch				er next to	-			Non-Repatriable   Others     Essential Enclosures : (For Direct Credit):   Blank cancelled cheque   Copy of cheque												
Only for IFSC*						,	EFT*	LI HEAL TO	your	incque	L	Essential	Enclosur	es : (For	Direct Cred	λιτ): Βι	ank cancelle							
RTGS* Code							ode											[* indic	cates - Ma	andato	ryj			
5 DOCUMENT			-	-																				
MOA & AOA	Trust Dee	d By	ye-Laws	Partne	ership Dee	d 🗌 R	esoluti.	on / Aut	horisa	tion to	invest	Lis	t of Au	ıthorise	ed Signat	ories wi	th Specir	nen Sigr	nature(s)	F	POA			
6 PAYMENT D	<b>ETAILS</b>	(Manc	latory	(Refer In	struction	No. C]																		
(i) Investment					(ii) DD C	harges (₹	)							mount	(₹)									
Amount (₹)  Mode of Payment (Please	<b>√</b> □ (	Cheque		O RTG	S I N	EFT	ECS	Fur	nds Tra	nsfer	1 *Che	que / D	i)+(ii D / RTG		T No									
Account Type (Please ✓)		Savings	Curr			RO 🗆	FCNR	NR:		insici		que / D	D / 101C			DID	M	мТу	Iv I:	v Iv	_			
Payment from		avillys	Cuii	ent   N	INL   IN	NO	I CIVIN	INIV.	_				1	ı	Dated _		IVI	IVI I	1 ' 1					
Bank A/c. No.											Ist Bank /		_								_			
Drawn on Bank									- '		nd Bank . rd Bank <i>A</i>		_								_			
Branch & City	casa the	Ciuct IIn	الماماماء	is not one	of the Da	ماد ۸ / مام	بمامام				IU Dalik F	VC HOIGE				Man	datanı Ene	locuro			=			
Details of the Payer (In Parent/Grand Parent/re					or the bar	ik A/C. II	loider a	Name		above)							datory Enc 'YC Ackno		ent Letter	&				
Employer:	siated pers	Name		1 \ 30,000).		Cust	odian: .	1101111	_	Na	me							_	the Bank A					
Please enclose any one	of the re	levant do	cument	ts as indica	ted below	as per th	ne Mod	le of Pay	ment:	• RT0	GS / NEI	T / ECS	/ Ban	k Trans	fer -	Instructi	on to the	Bank fror	m the Uni	tholde	r to			
Debit the Account. • <b>DD</b>	/ Pay ord	ler / Banl	ker's Che	eque and th	he like -	Declara	ition / A	Acknowled	dgeme	nt from	Bank [	Сору	of Pass	book / I	Bank Stat	ement								
* Please mention the Ap	plication I	√o., PAN	and Nan	ne of the Fir	st Unitholo	der on the	e revers	se of the	Payme	nt Inst	rument.													
7 INVESTMEN	T DETA	ILS (Ple	ase 🗸 (	Choice of S	cheme / P	lan / Op	otion a	vailable	for s	ubscrip	otion) -	Please	ensure	there	is only	one che	eque/DD	per app	olication	form				
Principal Gove							Direc	t Plan+	R	egular	Plan		rowth		Dividend			O Rein	vest	) Swe	ер			
Principal Incom					ı' Di					- 9				quenc		Quarte	rly	Annual						
Principal Debt Principal Cash				Conserva	tive Plan		Direc	t Plan+	R	egular	Plan		rowth and Fre		Dividend //Facilit		Daily 🗆	Weekly	/ - OR	einves	t			
Trincipal cush	Manage	iliciic i	unu							- 9						Rei		Swee		ciiives				
Principal Retail	Money	Manag	er Fun	d#			Direc	t Plan+	R	egular	Plan	G	rowth		Dividend	l (Month	nly) 🔘 R	einvest						
Principal Debt							Direc	t Plan+	R	egular	Plan		rowth		Dividend			O Rein	vest	Swe	ep			
Principal Bank CD						_						_		quenc		Month	,							
Principal Debt		thly Inco			t Plan+		ar Plaı			) Accur		AEP							Reinvest (					
Savings Fund	O Reta	ail Plan	f	Direc	t Plan+	Regul	ar Plai	<b>1</b>   G	rowth (	) Accur	mulation (	○ AEP	#SUDS Associ	criptions ation of	Persons	tea only & where	tor individi an individi	uai invesi ual is an i	tors (includu ultimate be	aing H eneficia	ufs, arv).			
+ Only for investors withou	ut broker c	ode. If Dir	ect plan	is opted and	Broker code	e also me	ntioned	, the brok	er code	will be	e ignored	. [Refer												
Sweep to Scheme														(	ln case o	f Sweep	Facility,	please e	ensure to	fulfill	the			
Plan						Opti	on							n	ninimum	investn	nent crite	ria in th	e new So	heme	)			
8 DEMAT ACC	OUNT	DFTAII	S [Ref	er instruc	tion No	'B (14)	) <b>′</b> ]																	
Depository Participant			J [NC]				' J		Rer	eficiar	у Ассоі	ınt Nu	mher	1		1 1			1 1					
	L				.=.2				DCI	icriciai	y Accor	arre rear	TIDE!											
9 BENEFICIAL								. –											- 0					
I/We am/are the Beneficia If no, kindly indicate the					ed pursuan	t to this A	pplicat	ion -	Yes	No	(Note: If	this sect	ion is le	ft blank	it is assur	ned that	the Applic	ant(s) is t	he Benetic	ial Ow	ner)			
ii iio, kiiiuiy iiiuicate tile	PAN & KY	C Acknov	vledgem	nent Letter f	or the Ben	eficial Ov	vner. A	MC Resei	rves th	e right	to seek	further	inform	ation/d	ocument	s for veri	fication p	urpose]						
[Kindly enclose Copy of I	., .,						ر ا′⊔′																	
		ONFIRM	ЛАТІО	N [Refer	instructi	on No															for			
10 PRIVACY PO	LICY C							lina witho	out lim	itation	nersona	linform	ation o	r sensiti	ve persor	nal data	or informa	ation) pro	ovided by	me/us	,			
	Consent to	and auth	norize th	e AMC to sh	hare all info	rmation	(includ	ling witho	out lim rvices	itation and pro	persona oducts	Iinform	ation o	r sensiti	ve persor	nal data	or informa	ation) pro	ovided by	me/us				
10 PRIVACY PO Yes No. IWe of transacting in Principal M	<b>DLICY C</b> onsent to lutual Fund	and auth d with any	norize the y of its A	e AMC to sl ssociates/Gr	hare all info	rmation	(includ	ling witho g their se	out lim rvices	itation and pro	persona oducts	l inform	ation o	r sensiti	ve persor	nal data	or informa	ation) pro	ovided by	me/us				
10 PRIVACY PO Yes No. IWe of transacting in Principal M 11 DECLARATIO	CONSENT TO CONSENT TO LUTUAL FUNC ON ANE	and auth d with any OSIGN	norize the y of its A <b>ATURI</b>	e AMC to sh Associates/Gr	hare all info roup Compa	ormation anies, for	(includ offerin	g their se	rvices	itation and pro	persona oducts										_			
10 PRIVACY PO Yes No. IWe of transacting in Principal M 11 DECLARATIO	CONSENT TO CONSENT TO LUTUAL FUNC ON ANE	and auth d with any OSIGN	norize the y of its A <b>ATURI</b>	e AMC to sh Associates/Gr	hare all info roup Compa	ormation anies, for	(includ offerin	g their se	rvices	and pro	oducts cure of	A	PPLIC	ANT S	IGNATU				ovided by		E			
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and	consent to lutual Fund ON ANI contents of the rs". I/We here d agree to abi	o and auth d with any D SIGN. Scheme Information of the leby apply to the ide by the ter	norize the y of its A ATURI mation Docu ne Trustees o ms and con	ne AMC to shows sociates/Gr  ES  Jument/s to the School the Principal Munditions, of the School the	hare all info roup Compa neme(s) including utual Fund (the N cheme and such	ormation anies, for the sections futual Fund) f other schem	on "Prever	ntion of Mone the Scheme a	ervices	Signat	cure of	A	PPLIC		IGNATU						E			
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information and the scheme Information and the scheme Information and the Information and the scheme Information and the Information and Informatio	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat	cure of pplicant Holder /	A	PPLIC	ANT S	IGNATU						E			
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information and the scheme Information and the scheme Information and the Information and the scheme Information and the Information and Informatio	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A	cure of pplicant Holder /	/ POA	PPLIC	ANT S	e		POA	HOLDE		ATUR	E			
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information and the scheme Information and the scheme Information and the Information and the scheme Information and the Information and Informatio	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A	cure of pplicant Holder /	/ POA PAN Enclo	PPLIC.  Detail	ANT S s - Nam se ✓) [	e	JRE	POA (Attac	HOLDE	R SIGNA	ATUR				
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information and the scheme Information and the scheme Information and the Information and the scheme Information and the Information and Informatio	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A POA H Guard	cure of pplicant Holder / Holder / Holder wure of	/ POA PAN Enclo	PPLICA	ANT S s - Nam l sse ✓) [	e   PAN	JRE	POA (Attac	HOLDE	R SIGNA	ATUR				
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information and the scheme Information and the scheme Information and the Information and the scheme Information and the Information and Informatio	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A POA H Guard	cure of Holder / Holder / Holder / Holder / Holder / Holder Applicant	POA PAN Enclo AI POA	PPLICA	ANT S s - Nam se ✓) [	e   PAN	JRE	POA (Attac	HOLDE	R SIGNA	ATUR				
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information and the scheme Information and the scheme Information and the Information and the scheme Information and the Information and Informatio	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A POA H Guard	cure of Holder / Holder / Holder / Holder / Holder / Holder Applicant	POA PAN Enclo POA PAN PAN	PPLICA  Detail:	ANT S s - Nam l sse ✓) [	e   PAN	JRE	POA I	HOLDER	R SIGNA	ATUR				
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information apply to the die by the ter coved pursuant onder the Scher coved pursuant	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A POA H Guard	cure of Holder / Holder / Holder / Holder / Holder / Holder Applicant	/ POA PAN Enclo A / POA PAN Enclo	PPLICA  sed (pleased	ANT S s - Nam lise ✓) [ ANT S s - Nam lise ✓) [	e PAN  PAN  PAN  PAN	JRE KYC	(Attac	HOLDER  HOLDER	R SIGNA  PAN & KYC'  PAN & KYC'	ATUR				
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information apply to the die by the ter coved pursuant onder the Scher coved pursuant	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A POA F Guard Signat 2nd A POA F	oducts  ure of  pplicant  dolder /  lian  ure of  applicant  Holder	/ POA PAN Enclo A PAN Enclo A A A A A	PPLICA Detail  Detail  sed (plea	ANT S s - Nam l sse ✓) [ ANT S s - Nam l sse ✓) [	e PAN IGNATU e PAN IGNATU	JRE KYC	(Attac	HOLDER  HOLDER	R SIGNA  PAN & KYC'  R SIGNA	ATUR				
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information apply to the die by the ter coved pursuant onder the Scher coved pursuant	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A POA F Guard Signat 2nd A POA F	cure of Holder / Holder / Holder / Holder / Holder / Holder Applicant	POA PAN Enclo POA PAN Enclo A PAN Enclo	PPLICA Detail  Detail  sed (plea	ANT S s - Nam lise ✓) [ ANT S s - Nam lise ✓) [	e PAN IGNATU e PAN IGNATU	JRE KYC	(Attac	HOLDER  HOLDER	R SIGNA  PAN & KYC'  PAN & KYC'	ATUR				
10 PRIVACY PO Yes No. We of transacting in Principal M 11 DECLARATIO We have read and understood the c Laundering and Know Your Custome indicated above ("the Scheme") and [Scheme(s)] into which mylour investm / our investment including any furthe	consent to lutual Fund ON ANI contents of the rrs". I / We here d agree to abi ment may be m er transaction u not. IWe further	and auth d with any Scheme Information apply to the die by the ter coved pursuant onder the Scher coved pursuant	ATURI mation Docu ne Trustees o ms and con t to any instr me(s). I / We the amount	e AMC to sl ssociates/Gr ES ument/s to the Sch of the Principal Mu iditions, of the Scr uction received fire have not received invested by me/us	hare all inforcup Compositual Fund (the Notemers) including trual Fund (the Notemers and such mersus to swed nor have been in the Schemers.	the sections futual Fund) for other schemep/switch the induced by a solid served to the solid so	on "Prever or units of he(s) of the units as a ny rebate	ntion of Mone the Scheme a e Mutual Fun pplicable to m or gifts, direct	ervices ey ey ey ey ey ey	Signat 1st A POA F Guard Signat 2nd A POA F	ture of pplicant Holder / lian sure of pplicant Holder wure of pplicant Holder wure of pplicant sure of pplicant	POA PAN Enclo POA PAN Enclo POA PAN Enclo	PPLICA  Detail  Detail  Detail  Detail	ANT S s - Nam	PAN  GNATU  e  PAN  GNATU  e  PAN  GNATU  e	JRE KYC JRE KYC	(Attac	HOLDER HOLDER HOLDER	PAN & KYC	ATUR				
10 PRIVACY PO  Yes No. We or transacting in Principal M  11 DECLARATIC  We have read and understood the c Laundering and Know Your Custome indicated above ["the Scheme"] and [Scheme(s)] into which mylour investment including any furthe	DLICY Consent to clutual Fund DN ANI Contents of the srs". I / We here d agree to abinent may be my transaction unt. I / We further unto when the "Phop provided by n provided by n provided by n provided by no power of the "Phop provided by not provided by my under the "Phop provided by my	and auth d with any D SIGN.  Scheme Infoneby apply to the deby apply to the deby the ter owed pursuant advention of a mental or state palindia.com a mental or state for externative persons or en ensitive person persons or en unit of state palindia. State palindia state	norize they of its A  ATURI mation Docue In Trustees o ms and con t to any instr me(s). I / We the amount ny act, rules, tutory author and hereby o and to use inding and of officer intities that an ion to invest non the respo- me/us all the runds from a ted, restrain enal interest my reason w unt, where A	e AMC to shad a support of the School of the Principal Muditions, of the School of the Principal Muditions, of the School of the Principal Muditions, of the School of the	hare all inforoup Comp.  neme(s) including intual Fund (the Nothern and such om me/us to swed nor have been in the Scheme(or any statute or any statute or any statute or any statute or in including with dis upport reques ducts. Whe also to deed by me/us to including with the Scheme and the statute of the statute of the statute of the scheme had for the scheme and	the sections futual Fund of the sections futual Fund) for other schemegofswitch the induced by a s) is derived the legislation or m that I/We hollect person thout limitation thout limitation thout limitation that day and the Principal st the relevant ommission or been recomminvestment in against meAree that AMC my / our Bank Televant of the principal standard manipulation of the principal standard manipul	(incluce offerin on "Preve on "Preve on "Preve on "Preve on units of lefs) of the units as a ny rebate units as a ny rebate any rebate any other aware read a linformatic or on personal are with a dark of left of le	ntion of Mone the Scheme as Mutual Fun pplicable to mor or gifts, direct titimate source applicable to mor gifts, direct titimate source applicable to mor or gifts, direct titimate source applicable to mor or sensitivi information or sensitivi information or sensitivi information of disclose thich information of disclose thich information of the such as such as, but further confirst the Managemen. I. We further confirst the Managemen. I. We further mode), payabl me /u.s. I / We be Scheme/s c the cheque(s) dly credit all the	ervices  ey  ey  sid d  ey  sid d	Signat 1st A POA F Guard Signat 2nd A POA F	ture of pplicant Holder / lian sure of pplicant Holder wure of pplicant Holder wure of pplicant sure of pplicant	POA PAN Enclo POA PAN Enclo POA PAN Enclo	PPLICA  Detail  Detail  Detail  Detail	ANT S s - Nam l sse ✓) [ ANT S s - Nam l sse ✓) [	PAN  GNATU  e  PAN  GNATU  e  PAN  GNATU  e	JRE KYC	(Attac	HOLDER HOLDER HOLDER	R SIGNA  PAN & KYC'  PAN & KYC'	ATUR				

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 • Website: www.principalindia.com