

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

Broker Name & Code	Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt
ARN - 36250					

## EXISTING UNITHOLDERS DETAILS (Please fill in your Common Account No. & First Unitholder's Name)

Common Account No.	First Unitholder's Name
	MIN No.*

## NEW APPLICANT INFORMATION (Please fill-up entire form in CAPITAL LETTERS & black/blue ink)

<b>Status of First Applicant</b>				<b>Occupation of 1st Applicant / Guardian</b>	
<input type="radio"/> - Resident Individual	<input type="radio"/> - Partnership Firm	<input type="radio"/> - AOP	<input type="radio"/> - BOI	<input type="radio"/> - Business	
<input type="radio"/> - Minor	<input type="radio"/> - Body Corporate	<input type="radio"/> - Society/Club	<input type="radio"/> - Others	<input type="radio"/> - Service	
<input type="radio"/> - HUF	<input type="radio"/> - Trust	<input type="radio"/> - Company	Please specify.....		<input type="radio"/> - Profession
<b>If Applicant is a Non-Resident</b>				<input type="radio"/> - Retired	
<input type="radio"/> - NRI (Repatriable)	<input type="radio"/> - FII (Repatriable)	<input type="radio"/> - NRI Minor (Repatriable)		<input type="radio"/> - Agriculture	
<input type="radio"/> - NRI (Non Repatriable)		<input type="radio"/> - NRI Minor (Non Repatriable)		<input type="radio"/> - House wife	
<b>Mode of Holding</b>				<input type="radio"/> - Student	
<input type="radio"/> - Single	<input type="radio"/> - Jointly	<input type="radio"/> - Either / Anyone or Survivor		<input type="radio"/> - Others	
<b>Name of Sole/First Applicant/Minor/Karta of HUF/Non Individual/Donor</b>				<b>Date of Birth (dd/mm/yyyy)</b>	
				/ /	
MIN No.*					
<b>Name of Guardian (In case of minor)</b>				MIN No.*	
<b>Name of Alternate Guardian (In case of minor)</b>				MIN No.*	
<b>Name of Contact Person (In case of Body Corporate/Company/Society/FII/Trust/AOP/BOI etc)</b>				MIN No.*	

## Contact Details of Sole/First Applicant (Local Indian address only) (Mandatory)

City: \_\_\_\_\_ Pin: \_\_\_\_\_ Dist: \_\_\_\_\_ State: \_\_\_\_\_ Send me a pin for Internet services  
 Telephone: STD Code: \_\_\_\_\_ Off.: \_\_\_\_\_ Res.: \_\_\_\_\_ Fax: \_\_\_\_\_ ☐ - Yes / ☐ - No  
 Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Name of Second Applicant / Joint Holder (Only for Resident Individual & NRI)

## Date of Birth (dd/mm/yyyy)

MIN No.\*

## Name of Third Applicant / Joint Holder (Only for Resident Individual & NRI)

## Date of Birth (dd/mm/yyyy)

MIN No.\*

## PAN No/s. (Mandatory for investments for Rs. 50,000/- and above)

	Pan No.	Circle/Ward/District	PAN Card enclosed	Form 60/61 enclosed
Sole / First Applicant			<input type="radio"/> - Yes / <input type="radio"/> - No	<input type="radio"/> - Yes / <input type="radio"/> - No
Second Applicant			<input type="radio"/> - Yes / <input type="radio"/> - No	<input type="radio"/> - Yes / <input type="radio"/> - No
Third Applicant			<input type="radio"/> - Yes / <input type="radio"/> - No	<input type="radio"/> - Yes / <input type="radio"/> - No

## NOMINATION

## SIP / SWP / SSTP

Nomination form is enclosed: ☐ Yes ☐ No  
(Please fill up the form on Page No. 25)

SIP / SWP / SSTP form is enclosed: ☐ Yes ☐ No  
(Please fill up the form on Page No. 26)

## BANK ACCOUNT DETAILS (It is mandatory to furnish these otherwise your application may be rejected) (refer instruction page)

Account No.		<b>Bank Account Type</b>
Bank Name		<input type="radio"/> - Savings <input type="radio"/> - Current
Branch Name		<input type="radio"/> - NRO <input type="radio"/> - NRE
City Name		<input type="radio"/> - FCNR <input type="radio"/> - NRSR
Pin		
9 digit MICR code of Bank Branch		as appearing next to the MICR No. issued by the bank

## E-MAIL COMMUNICATION (To serve you better) (refer instruction page)

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 Information

## ELECTRONIC CLEARING SERVICE (ECS) (refer instruction page)

You may choose to receive dividend, if declared, in your bank account through the Electronic Clearing Service.  
☐ I/We authorise Principal Mutual Fund to credit my / our dividend through ECS. [Please ✓]

## PERSONAL IDENTIFICATION NUMBER (PIN) (refer instruction page)

Do you want a PIN assigned? ☐ Yes ☐ No

\* Presently mandatory to quote MIN for all applications for subscription of value of Rs. 50,000 and above.

## ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

**Principal Pnb Asset Management Company Private Ltd.**  
Investment Managers for Principal Mutual Fund  
Apeejay House, 5th Floor, 3 Dinshaw Vaccha Road, Churchgate,  
Mumbai 400 020. Tel: (91-22) 2202 1111.  
Fax: (91-22) 2204 4990. Website: www.principalindia.com E-mail: customer@principalindia.com

## Application Form for Other Schemes

## APPLICATION FORM

No.

Received from : \_\_\_\_\_  
 Cheque/DD No. \_\_\_\_\_ Dated: DD / MM / YYYY  
 Drawn on Bank & Branch : \_\_\_\_\_

Signature, Stamp & Date

**FOREIGN ADDRESS DETAILS (In case the 1st Applicant is NRI / FII)**

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone: STD Code: \_\_\_\_\_ Off.: \_\_\_\_\_ Res.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INVESTMENT & PAYMENT DETAILS**

**INVESTMENT DETAILS**

Scheme / Plans	Plan / Option (Please ✓)	Dividend Distribution Option (Please ✓)	Amount (Rs.)
Principal Tax Savings Fund	N.A.	N.A.	
Principal Personal Tax Saver Fund	N.A.	N.A.	
Scheme	Plan / Option (Please ✓)	Target Period (Please ✓)	Amount (Rs.)
Principal Child Benefit Fund ○ Super Saver Option	<input type="checkbox"/> Career Builder Plan <input type="checkbox"/> Future Guard Plan	<input type="checkbox"/> 7 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years	
GROSS AMOUNT (Rs. in figures)			
LESS BANK CHARGES (Rs. in figures)			
NET AMOUNT (Rs. in figures)			

**PAYMENT DETAILS (Mandatory)**

<input type="radio"/> - Cheque	<input type="radio"/> - D.D.	<input type="radio"/> - NRE	<input type="radio"/> - NRO	<input type="radio"/> - FCNR	<input type="radio"/> - NRSR
Drawn on	Bank Name	Cheque / DD No. & Date			
	Branch Name	Cheque Amount (in figures)			
	City name	Cheque Amount (in words)			

All Cheques / DDs to be drawn in favour of "Principal Mutual Fund"

**ASSIGNMENT CLAUSE (To be filled up compulsorily for Insurance Cover only for Principal Tax Savings Fund)**

I \_\_\_\_\_ do hereby assign the money payable in the event of my death by The New India Assurance Co. Ltd. to:  
 Name of Assignee Mr/Ms/Mrs \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address of Assignee \_\_\_\_\_ City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_  
 Name of Guardian (If Assignee is Minor) \_\_\_\_\_  
 I further declare that his/her receipt shall be sufficient discharge to the company  
 Date \_\_\_\_\_ Place \_\_\_\_\_ Witness Name \_\_\_\_\_  
 Witness Address \_\_\_\_\_ Witness Signature \_\_\_\_\_

**DONOR INFORMATION (To be compulsorily filled only for Principal Child Benefit Fund)**

Name of Donor Mr/Ms/Mrs \_\_\_\_\_ (All Capital letters) Date of Birth DD / MM / YYYY  
 (First Name) (Middle Name) (Last Name)  
 Address of Donor \_\_\_\_\_ City: \_\_\_\_\_ Pin: \_\_\_\_\_  
 Telephone: STD Code: \_\_\_\_\_ Off.: \_\_\_\_\_ Res.: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Status (Please 4) ☐ Individual ☐ Trust ☐ Others NRI - ☐ Repatriable ☐ Non Repatriable

**ALTERNATE BENEFICIARY INFORMATION (To be filled only for Principal Child Benefit Fund)**

Name of Alternate Beneficiary Mr/Ms/Mrs \_\_\_\_\_ (All Capital letters) Date of Birth DD / MM / YYYY  
 (First Name) (Middle Name) (Last Name)  
 Name of Guardian (in case Alternate Beneficiary is a Minor) \_\_\_\_\_ Minor's Relationship \_\_\_\_\_

**DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the above mentioned scheme/s, for which units are been subscribed or exchanged into. I/We agree to abide by the terms, conditions, regulations of the Schemes under the above mentioned scheme/s. The Mutual Fund scheme(s) in which I/We are investing offers varied sales/exit load. I/We have reviewed the Offer Document explaining the difference between loads including the reduction of sales load for units based upon the amount invested. I/We understand that switch between schemes including under asset allocation are taxable transactions. I/we understand that A/c Statements and all investor communication will be emailed to the email id specified by me. I/We confirm that I am/We are Non-Residents of Indian Nationality/Origin and that I/We hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our Non-Resident External Account/FCNR/NRO/NRSR Account. (Applicable to NRI/FIIs only)  
 I/We understand that the Fund reserves the right to refuse/reject the allotment of units in case of incomplete/incorrect information provided by me/us. I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

Signature / Thumb Impression of Sole / 1st Applicant / Holder /	
Signature / Thumb Impression of Sole / 2nd Applicant / Holder /	
Signature / Thumb Impression of Sole / 3rd Applicant / Holder /	

Power of Attorney Registration No. \_\_\_\_\_ (if registered with the Registrar of the scheme concerned). MIN No.\* \_\_\_\_\_

**WITNESS DETAILS (To be filled in if Application is signed by Thumb Impression)**

Name of 1st Witness		Name of 2nd Witness	
Address of 1st Witness		Address of 2nd Witness	
Signature of 1st Witness		Signature of 2nd Witness	

**ACKNOWLEDGEMENT SLIP (To be filled in by the investor)**

Scheme Name/Plan/Option	Gross Investment Amount Rs.
TOTAL GROSS AMOUNT	
LESS BANK CHARGES	
TOTAL NET AMOUNT	

Note: All future communications in connection with this application should be addressed to Investor Services Mumbai, quoting full name of the first applicant, the application serial number, the name of the scheme/plan/option, the amount invested under individual schemes or asset allocation, optional feature details, date and place of the Investor Service Centre where application was lodged.