

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kuria Complex, Bandra (East), Mumbai-400 051. Toll Free - 1800 425 5600 • Fax: 022-6772 0512. Website: <u>www.principalindia.com</u> • E-mail: <u>customer@principalindia.com</u>

Application Form (Please read Product Labelling details and Instructions before filling the Form)

All details are mandatory. The application is liable to get rejected if details not filled. Please read the instructions before filling the Application Form

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Application No.

		ATION & APPLICATI	ON RECE	IPT DATE									
Broker ARM	N Code	Sub-Broker ARN	Code	EUIN		Sub-Broke	er Code	Prin	cipal Gro	oup Empl	oyee Co	de	
1668	309			E3246	59								
interaction or a n-appropriatene charged any ad	advice by the e ess, if any, prov dvisory fees on shall be paid dir	UIN box has been inten employee/relationship r vided by the employee, this transaction. (Refer rectly by the investor to the distributor.	manager/s /relationsh Instruction	ales person of the hip manager/sales No. G)	e above dist person of t	ributor or notw he distributor a	ithstanding t and the distri	he advice butor has	Signatur	e of Sole	/ First Ap	oplicant/	Hol
	,	ES FOR APPLICATIO	NS THRC	DUGH DISTRIBL	ITORS/AC	FNTS ONLY [Refer Instr	uction No.	B(14) f	or Deta	ils]		
		e/she is a First Time Mutu					•		• •		-	tor]	
EXISTING L	UNITHOLDER	RS DETAILS (Please no	ote that the	applicant details a	nd mode of h	olding will be as	per the existi	ng Folio Numl	oer) [Refe	er Instruct	ion No. B	(1)]	
ease fill your Folio	No. and Name	and then proceed to Sec	ction (3)			Common Acc	ount / Folio N	lo.					
me of Sole / First	t Unit Holder												
NEW APPL	ICANT'S DET	TAILS (Please fill in Blo	ck Letters v	with black/blue ink	, use one bo	x for one alphat	pet leaving or	ne box blank l	between	two wor	ds)		
ME OF FIRST / SO	LE APPLICANT	Mr. Ms. M.	/s.	Gender -	Male	Female	Date of Birth/	Incorporation	D	DM	MY	Y	Y
F I R	S T	NAME	M	IDD	LE	N A M	E	LAS	T	Ν	A M	E	
HER'S NAME		Place / City	of Pirth /			Country of Pir	+h /						
J		Incorporatio				Country of Bir Incorporation				Nation	ality		
	. ,	or minor) - 🗌 Birth Certi						ith Minor App				-	
te: • No Joint holdir ARDIAN / POA HO	01	se of minor applicant - Refer	Instruction r	no. B(11). • Guardian	-	or Minor Applicant.		Contact Perso Date of Birtl		D M			's] Y
			I I M				E			N			-
HER'S NAME													
		Place / City	of Birth			Country of Bir	th			Nation	ality		
ME OF THE SECO	ND APPLICANT	Mr. Ms			Gender -	Male Fer	nale	Date of Birt	ם <u>ו</u>	DM	MY	Y	Y
F I R	ST	N A M E	M			NAM	E		5 T	N	AM	E	
HER'S NAME		Place / City	of Birth			Country of Bir	th			Nation	ality		
ME OF THE THIRD		Mr. Ms	or birth		Gender -	Male Fer		Date of Birth		DM			 Y
			M				E		; T	N		E	<u> </u>
HER'S NAME													
J		Place / City	of Birth			Country of Bir	th			Nation	ality		
NTACT DETAILS (one O	OF FIRST / SOLE	Pin Coc APPLICANT (Please ensur	e that you fi R	I / We wish to rea			Fax	ease ()	Zip	Code			
	BL	0 C K L			. i .								
		nications like Account State					hysical, if requi	ired, will be ma	led to yo	ur registere	ed address	on reque	st.
INVESTME		(Cheque/DD should	l he in fa	vour of "Schen	ne Name")							
		nes before selecting app					bility/applica	bility of thes	e option	s may dif	fer for va	arious scl	ner
heme / Plan /	Principa	1 -		Scheme	e Name								
ption / ıb-Option /		Direct Plan	Option	: Dividend		AFP	Sub-Opti	on: 🗌 Payo	ut 🗆 R	einvest	Swe	en	
equency		egular Plan	•	ncy: Daily				,				<u>ор</u>	
dend Sweep into		3							(In c	ase of Div	idend Sw	eep Facili	ty,
	Plan			Ор	tion				plea	se ensure stment cri	to fulfill t	he minim	um
ase the choice of o	ption is not indic	ated, default option shall b	e Growth O	ption. Under Dividen	d Option, the	default sub-option	n shall be Divid	end reinvestme				ontinued	
							·						_
ACKNOWL	EDGEMENT	SLIP (To be filled in b	by the App	plicant) Al	RN No:	Su	b-Broker AR	RN:		EUIN:			
eived from								Applica	ion No.				
					Dated:	<u>DD/MM/</u>	YYYY						
wn on Bank & Bran eme / Plan / Option					Amount	Ŧ							

4 KYC / FATCA DETAILS FOR ALL APPLICANTS (Mandatory, Please ✓. The application is liable to get rejected if details not filled)

Status details for	First Applicant	Second Applicant	Third Applicant	Guardian	Politically Exposed Pe	erson (PEP) Details	s: Is a PEP	Related to PEP	Not Applicable
Resident Individual					First / Sole Applicant				
NRI / PIO					Second Applicant				
					Third Applicant				
Sole Proprietorship		-	-	-	Guardian				
Minor through Guardian#		-	-	-	Authorised Signatories				
Non Individual	Company/Body				Promoters				
	Corporate				Partners				
	Partnership				Karta				
	Trust Society	_	_	_	Whole-time Directors				
	HUF Bank				Gross Annual Income	e Range (in ₹)	· ·		
					Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
	🗌 FI / FII / FPI				Below 1 lac				
Others (Please specify)					1 - 5 lac				
Others (Flease specify)					5 - 10 lac				
Ourse stiller details for	Elast Assalles		Think Annulises	0	10 - 25 lac				
Occupation details for	First Applica	nt Second Applica	nt Third Applicant	Guardian	25 lac- 1 crore				

Private Sector		
Public Sector		
Government Service		
Business		
Professional		
Agriculturist		
Retired		
Housewife		
Student		
Others (Please specify)	 	

1 0 100									
5 - 10 lac									
10 - 25 lac									
25 lac- 1 crore									
above 1 crore									
OR Networth in ₹ (Mandatory for Non Individual) (Not older than 1 year	as on	as	on	as on	as on				
" Address of tax residence approach KRA & notify th		avai	lable in KRA da	tabase. In case of	any change. Please				
Type of Address given	at KRA		Residential	Business	Registered Office				
First / Sole Applicant									
Second Applicant									
Third Applicant									
Guardian									

5 MODE OF HOLDING (Please ✓)

Single Jointly Either / Anyone or Survivor (If no choice mode, default option : Jointly)

6	6 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]																																						
Bank Na (Do not a		iate) 🗌																																					
Accoun	t No.					(Ple	ease p	provi	de tr	ne fu	 acc	count	num	ber)							Bra	nch /	City																
Branch	Addr	ess L																													P	in Coc	le						
Accoun	Туре	e (Plea	se√)			Savi	ngs		Curr	ent		NRE		NRO		FCNF	2	NRS	SR																				
MICR C	ode*	L											Th	is is a	9 digi	t num	ber n	ext to	your	Cheo	que N	0.	E	ssent	ial En	closur	es : (Fo	or Dir	ect Cr	redit)	: 🗌 B	llank c	ance	lled c	chequ	ie 🗌	Сору	of ch	ieque
Only fo RTGS*		SC*														FT*																			[*	indica	ates -	Mano	datory]

Note: It is mandatory to enclose Proof of Bank (personalised cancelled cheque leaf) where the Payment Bank Account is different from the above mentioned Bank Account details.

7 PAYMENT DETAILS (Mandatory) The name of the First	st/Sole Applicant must be preprint	ed on the cheque [Refer Instruction No. C]	
(i) Investment Amount (₹)	(ii) DD Charges (₹)	Net Amount (₹) (i)+(ii)	
Mode of Payment (Please ✔) Cheque DD RTGS NEFT	ECS Funds Transfer	Payment from Bank A/c. No.	
*Cheque / DD / RTGS / NEFT No.	Dated D D M M	Y Y Y Y	
Drawn on Bank	Branc	h & City	
Details of the Payer (In case, the First Unitholder is not one of the Bank	A/c. holder as mentioned above)		Mandatory Enclosure
Parent/Grand Parent/related person (Not to exceed ₹ 50,000):	Name		KYC Acknowledgement Letter &
Employer: Name	Custodian:	Name	Third Party Declaration Form

Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer - Instruction to the Bank from the Unitholder to Debit the Account. • DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank Dopy of Passbook / Bank Statement Dank confirmation of Non-Resident Account Type / FIRC

* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument.



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: <u>customer@principalindia.com</u> • Website: <u>www.principalindia.com</u>

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 • Copy of Know Your Customer (KYC) Acknowledgement letter issued KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring **"Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number"** and the same should be crossed **"Account Payee Only"**. • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.

8 DEMAT ACCOUNT DETAILS (OPTIONAL) [Refer instruction No. 'B (13)']

(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form.

NSDL	DP Name	DP ID	Beneficiary Account No.	
CSDL	DP Name	Beneficiary Account No.		

9 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees NOMINEE'S NAME Mr. Ms Date of Birth (in case of nominee being a minor) NAME OF PARENT / LEGAL GUARDIAN (in case of nominee being a minor) Ms ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor) Specimen Signature of Nominee / Guardian City Pin Code OR Signature of 1st Unit Holder Signature of 2nd Unit Holder Signature of 3rd Unit Holder I/We do not wish to nominate a nominee in my / our folio.

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / www.principalindia.com]

10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information or sensitive personal data or information including without limitation personal information 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 data or information provided by me/us 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.

11 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)#

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Principal Pnb Asset Management Company Pvt. Ltd., believing this statement to be true, will rely on it and act on it. In the event this statement is false, Principal Pnb Asset Management Company Pvt. Ltd. reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Principal Phb Asset Management Company Pvt. Ltd. within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Principal Phb Asset Management Company Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

I am a US Person I am not a US Person

12 FATCA INFORMATION / FOREIGN TAX LAWS [Refer instruction No. '1']

The below information is required for all applicant(s)/Guardian:

Category	First Applicant	Second Applicant/Guardian	Third Applicant										
Are you a tax resident of any country other than India?	Yes No	Yes No	Yes No										
If yes, Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below:													
Country [#]													
Tax Identification Number##													
Identification Type (TIN or Other, please specify)													
To also include LISA, where the individual is a citizen / green card holder of The L	A21	•											

[#] To also include USA, where the individual is a citizen / green card holder of The USA

In case Tax Identification Number is not available, kindly provide its functional equivalent.\$

In case TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIN, etc.

Non individuals: Please fill FATCA & CRS Declaration also

n case the entities country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here:									
	n and the entities countr	v of Incorporation	/ Toy regidence is LLC, but Entity	ic not o C	poolfied LLC Dercon	montion Entity	1/2 OVOM	ntion code here.	

No	Non Individual Investors involved / providing any of the mentioned services													
i.	Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration]	VES	NO											
ii.	Foreign Exchange / Money Changer Services	YES	NO											
iii.	Gaming / Gambling / Lottery / Casino Services	YES	NO											
iv.	Money Lending / Pawning	VES	NO											
Ult	Ultimate Beneficiary Owner (UBO) Details (Refer Instruction No. F) (For Non-individual Only: UBO Declaration attached)													
	Applicant is the UBO(s) of this investment (Default)													

FATCA & CRS – TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as with holding agents for the purpose of ensuring appropriate with holding from the account or any proceeds in relations thereto.

Should there by any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

13 FATCA & CRS DECLARATION AND CERTIFICATION (Please consult your professional tax advisor for further guidance on FATCA & CRS classification) I. FOR NON-INDIVIDUAL / ENTITY:

PAF	PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial institution ⁶ GIIN																													
1.	We are a, Financial institution ⁶ or Direct reporting NFE ⁷	Note	e: If y		lo not e belo	have a	GIIN	out	you a	are s	ponse	ored I	by an	other	enti	ty, ple	ease	provic	le you	ur spi	onsor	's Gll] N abi	ove a	nd in	idica	te yo	ır		
	(please tick as appropriate)					entity																								
]
	GIIN not available (please tick as applicable) Applied for If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category ¹⁰ Not obtained – Non-participating FI ART B. (Please fill any one as appropriate " to be filled by NFEs other than Direct Reporting NFEs")																													
PAF	ART B (Please fill any one as appropriate " to be filled by NFEs other than Direct Reporting NFEs")																													
1.	1. Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange																													
2.	Name ut stock exchange																													
3.																														
4.	4. Is the Entity a passive ⁴ NFE Yes (If yes, please ?II UBO declaration in the next section.) Nature of Business																													
¹ Re	efer 2a of Part D ² Refer 2b of Part D	3	Refe	r 2c (of Par	tD	⁴ Ref	er 3	3(ii) c	of Pa	art D	6	Refe	r 1 o	Par	t D	Re	fer 3(vii) a	of Pai	rt D	10	Refe	⁻ 1A (of Pa	rt D				

II. ALL APPLICANTS:

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

III. INDIVIDUAL / NON-INDIVIDUAL DECLARATION:

I/We 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 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 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. 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 l/we have the express authority from the relevant constitution to invest in the units of the 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 O Frincipal Mutual Fund, Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) payable to him for the different competing Scheme/s Or any season whatsoever. I/We hereby further agree that 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. I/We hereby agree for the AMC/Trustees to compulsorily reduirements of the scheme any Units heid directly or beneficially by me/us if l/we fail to provide the information called for by th

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 // CNR Account.

IV. SIGNATURE:

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Enclosed Notarised Power of Attorney Name	Enclosed (please ✓) □ PAN □ KYC Attach copy of PAN & KYC^)
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Enclosed Notarised Power of Attorney Name	Enclosed (please ✓) □ PAN □ KYC Attach copy of PAN & KYC^)
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Enclosed Notarised Power of Attorney Name	Enclosed (please ✓) □ PAN □ KYC Attach copy of PAN & KYC^)

^ Refer Instruction No. D

14 CHECKLIST

Please ensure that:

- □ All relevant particulars are filled in / ticked in the form
- PAN details are furnished [Refer Instruction No. D]
- KYC acknowledgement letter is enclosed [Refer Instruction No. D].
- □ Your investment is not less than the minimum investment amount.
- Your application is completed and signed by all applicants.
- To prevent fraudulent practices, Investors are urged to make the payment instruments (cheque / Demand draft / Pay Order etc.) favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number".
- On the reverse of the payment instrument submitted please mention the Application Number, PAN and Name of the First Applicant.