PRINCIPAL SYSTEMATIC INVESTMENT PLAN (SIP)



HAVE YOU SAVED ENOUGH FOR A RAINY DAY?



Application Form (For Investments only through SIP)

FOR NEW APPLICANTS ONLY.

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

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

Application No.

In case of Applications received on behalf of Minor - Standing Instructions in the nature of SIP will be registered only till the date of Minor attaining Majority.

Signature, Stamp & Date

DISTRIBUTOR INFORMA	ATION & APPLICATION RECE	EIPT DATE								
Broker ARN Code	Sub-Broker ARN Code	EUIN		Sub-Broker Code		Principal Gr	oup Emplo	yee Cod	е	
I/We hereby confirm that the EU interaction or advice by the emplo appropriateness, if any, provided by advisory fees on this transaction. (Re Upfront commission shall be paid directly service rendered by the distributor.	efer Instruction No. G)	person of the above der/sales person of the d	distributor listributor a	or notwithstanding the and the distributor has not	advice of i charged ar	n- ny	re of Sole/	First App	olicant/	Holder
_	ES FOR APPLICATIONS THRO	ALICH DISTRIBLITA	DS/AGE	NTS ONLY [Defer Inc	truction	No B(14)	for Dotai	lc1		
Investors are advised to confirm if (Note: If this section is left blank, it is n case the total commitment for SIP (i.e. am or ₹ 100/- (for investor other than first time	he/she is a First Time Mutual Fur assumed that the Applicant(s) is no nount per SIP installment x No. of installn	nd Investor by selecting of a First Time Investor to a Find Time Investor to ₹ 10,000	ng [please of for the purper) Of the purper are are are are are are are are are a	one of the options:- pose of deducting Transac nd the Distributor has opted to	First time tion Charge receive Trans	Mutual Fun s) action Charges	d Investor ₹ 150 (for fir	Exist	utual fund	d investo
2 NEW APPLICANT'S DET	AILS (Please fill in Block Letters	with black/blue ink, us	se one box	for one alphabet leaving	one box b	ank betweer	n two word	ls)		
NAME OF FIRST / SOLE APPLICANT	☐ Mr. ☐ Ms. ☐ M/s.	Gender -	Male _	Female Date of Bir	th/Incorpor	ation 📗	DM	M Y	Y	YY
F I R S T	N A M E M	I D D L	E	N A M E	L	A S T	N	A M	E	
FATHER'S NAME										
PAN	Place / City of Birth / Incorporation			Country of Birth / Incorporation			National	ity		
Enclose Proof of DOB (Mandatory fo (Note: • No Joint holding permitted in cas	e of minor applicant - Refer Instruction		andatory for		ler/Contact		atory for Nor			
GUARDIAN / POA HOLDER / CONTAC	T PERSON	(Gender -	Male Female	Date of	Birth D	D M	MY	I Y	YY
F I R S T	N A M E M	D D L	E	N A M E	L A	A S T	N	A M	E	
FATHER'S NAME										
PAN	Place / City of Birth			Country of Birth			National	ity		
NAME OF THE SECOND APPLICANT	Mr. Ms	(Gender -	Male Female	Date of	Birth	D M	MY	Υ	YY
F I R S T	N A M E M	I D D L	E	N A M E	L	A S T	N	A M	E	
FATHER'S NAME										
PAN	Place / City of Birth			Country of Birth			National	ity		
NAME OF THE THIRD APPLICANT	Mr. Ms	(Gender -	Male Female	Date of	Birth D	DM	M Y	Y	YY
F I R S T	N A M E M	D D L	E	N A M E	L	A S T	N	A M	E	
FATHER'S NAME										
PAN	Place / City of Birth			Country of Birth			National	ity		
ADDRESS OF FIRST / SOLE APPLICAN	T [P.O. Box Address is not sufficient]		OVERSE	AS ADDRESS (in case the First	Applicant is NRI	FII/PIO) [P.O. Box A	Address is not su	fficient] {Ref	er Instructi	ion No. B
	Dia Cada					71.	. Cada			
	Pin Code					ZI	o Code			
CONTACT DETAILS OF FIRST / SOLE /	APPLICANT (Please ensure that you f	fill in the contact details fo	or us to serve	e you better) 		1 1 1				
Mobile		I / We wish to receiv	e updates	via SMS on my mobile	(Please ✓)					
e-mail N B L	O C K L E T	T E R S								
Where e-mail ID is provided all commun	nications like Account Statement, News	sletter, Annual Report etc.	. will be don	e electronically. Physical, if re	quired, will l	e mailed to yo	our registered			
		. — — — — —						coi	ntinued —	overle
ACKNOWLEDGEMENT :	SLIP (To be filled in by the Ap	plicant) ARN	No:	Sub-Broker	ARN:		EUIN:			
Received from					An	plication No.				
Cheque / DD / RTGS / NEFT No.			Dated:_ D	D/MM/ YYYY	, φ					
Drawn on Bank & Branch										
Scheme / Plan / Option / Sub-Option			Amount ₹							

Scheme / Plan /	Princi	pal -								
Option / Sub-Option /	Plan:	Direct F	Plan	Option:	Dividend Gr	owth AEP	Sub-Option:	☐ Payout ☐	Reinvest Sw	eep
Frequency		Regula	r Plan	Frequency:	☐ Daily ☐ V	Veekly Monthly	Quarterly	Annual		
ividend Sweep into	Scheme Plan				Option		, , , , , , , , , , , , , , , , , , ,	F	In case of Dividend S blease ensure to fulfil nvestment criteria in	I the minimum
case the choice of o	ption is not	ndicated, de	fault option shall b	e Growth Option.	Under Dividend Op	tion, the default sub-option	shall be Dividend r	einvestment op	tion.	
Principal Ass Conservativ Direct Sub-Pla	e Plan	Modera	und-of-Func ate Plan	ggressive Pla	n	Broker code also	tors without broke mentioned, the b vestment Sub-Plan	oroker code wil	t Sub-plan is opted a I be ignored.	and
4 KYC / FATO	CA DETAI	LS FOR A	LL APPLICANT	S (Mandatory, F	Please 🗸 . The app	olication is liable to get re	jected if details r	not filled)		
Status details for	First A	pplicant Se	econd Applicant 1	Third Applicant	Guardian	Politically Exposed Pe	rson (PEP) Detail	s: Is a PEP	Related to PEP	Not Applicable
Resident Individual						First / Sole Applicant				
NRI / PIO						Second Applicant				
Sole Proprietorship			-	-	_	Third Applicant Guardian				
Minor through Guardi	ian#		_	_	_	Authorised Signatories				
Non Individual	_	pany/Body				Promoters				
vor marrada.	☐ Corp	orate				Partners				
	☐ Partr ☐ Trust					Karta				
	Socie		-	-	-	Whole-time Directors				
	HUF					Gross Annual Income	Range (in ₹)			
	☐ Bank					Occupation details for	First Applicant	Second Applic	ant Third Applicant	Guardian
	☐ FI / F	I / FPI				Below 1 lac				
Others (Please speci	ify)					1 - 5 lac				
` '	3/					5 - 10 lac 10 - 25 lac				
Occupation details for	r Fir	st Applicant	Second Applicant	Third Applicant	Guardian	25 lac- 1 crore				
Private Sector						above 1 crore				
Public Sector						OR Networth in ₹				
Government Service	e					(Mandatory for Non Individual)	as on	as on		as on
Business						(Not older than 1 year	45 511	do on	45 511	45 011
Professional						" Address of tax residence	would be taken as	available in KRA	A database In case of	any change Pleas
Agriculturist						approach KRA & notify th	ne changes."	available ii i kiv	t database. In case of	arry criarige. Freas
Retired						Type of Address given	at KRA	Residen	tial Business	Registered Office
Housewife						First / Sole Applicant				
						Second Applicant				
Student						Third Applicant				
Others (Please speci	ify)					Guardian				
5 MODE OF	HOLDING	G (Please V	') Single	Jointly Eith	er / Anyone or Sur	vivor (If no choice mode, defa	ault option : Jointly	<i>'</i>)		
			landatory) [Re	for Instruction N	o C1	·				
ank Name	CONT DI	- IAIL3 (IV	iaridatory) [Re	iei iristruction iv	0. Cj					
o not abbreviate)										
ccount No.						Branch / City				
1		(Please provi	de the full account	number)			1 1 1	1 1 1		
anch Address									n Codo	
								Pii	n Code	
ccount Type (Please 🗸) <u>S</u>	avings	Current NRE	□ NRO □ F	CNR NRSR					
ICR Code*				This is a 9 digit r	number next to your	Cheque No. Essential E	Enclosures : (For Dire	ect Credit): 🗌 Bl	ank cancelled cheque	Copy of chequ
nly for IFSC*				NEF Cod					[* in	dicates - Mandato
FGS* Code └── ote: It is mandatory to	o enclose Pro	of of Bank (n	ersonalised cancelle		-	nk Account is different from the	ne above mentioner	d Bank Account	details.	
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		•	OPTIONAL) [R			an apparent hald will the S	andton Devil	\		
ease ensure that the case Unit holders do						ne account held with the Dep	pository Participant).		
111 1111 1111 1111 1111	· ·	Somut	aotano, O	So anotto				1	1 1 1	1 1 1
NSDL DP Name				DP IC			Beneficiary Acc	NI-		



DP Name

CSDL

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

Beneficiary Account No.

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 PAYMENT DETAILS & REGISTRATION THROUGH POST D	ATED CHEQUES (Mandatory) The	name of the First/Sole Applicant must be prepr	nted 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 Paymen	t from	
*First SIP Cheque No. Dated	I = I = I at I at I at I at I at	Y	
Drawn on Bank	Branch & 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): ☐ Fmplover: Name	Name N	ame	KYC Acknowledgement Letter & Third Party Declaration Form
_ inpoje	- Custodian.		Third Party Declaration Form
2nd and subsequent Installments: No. of Cheques \[\left\{ Atlea \\ \left \text{ Incl. f} \\ \end{array}	st 6** irst installment } Amount Per Cheque ₹	Total Amount ₹	
Frequency Monthly Quarterly 2nd and subsequent installmen	t Cheque Nos. From From	To	
Second and subsequent installment month	SIP Date 1st 5th		vhich you want to invest)
*Please mention the Application No., PAN and Name of the First Unitholder on the re	verse of the cheque. ** Cheques to be	dated as per the SIP date selected	
Please enclose any one of the relevant documents as indicated below as per ti • DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledge	ement from Bank 🗌 Copy of Passbook / Ba		
* Please mention the Application No., PAN and Name of the First Unitholder on the	ne reverse of the Payment Instrument.		
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 all to such Nominee and Signature of the Nominee acknowledging receipt thereof, s		Fund/ Trustees.	nd that all payments and settlements made
		Date of Birth (in case of nominee b	
NAME OF PARENT / LEGAL GUARDIAN (in case of nominee being a minor)	Mr. Ms	(6466 61 11611111166 2	omg a milot,
ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor)			
City	Pin Code	Specimen	Signature of Nominee / Guardian
OR			
☐ I/We do not wish to nominate a nominee in my / our folio. Signat Signat Applicants can make multiple nomination (to the maximum of three) by filing nor		gnature of 2nd Unit Holder ice Centres / www.principalindia.com	Signature of 3rd Unit Holder
10 PRIVACY POLICY CONFIRMATION [Refer instruction No	. 'H']		
I/We consent to and authorize the AMC to share all information (including without Fund with any of its Associates/Group Companies, for offering their services and phereby consent to and authorize AMC to collect personal information or sensitive pinformation /sensitive personal data or information provided by me/us for extent Companies (Affiliates), for offering their services and products. I/We also consent to by me/us to non-affiliated third parties such as, but not limited to, attorneys, according to the content of the cont	roducts. I/We confirm that I/we have read a ersonal data or information as defined in th ding and offering services and support re o disclose all such information including wi	and understood "Privacy Policy" of PMF/AN e "Privacy Policy" and to use all such inform quested and to share with and disclose t thout limitation personal information /sens	C hosted on www.principalindia.com and lation including without limitation personal he same to PMF/AMC's Associates/Group litive personal data or information provided
11 US / NON-US PERSON DECLARATION FOR INDIVIDUA	L (FATCA)#		
I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federa Management Company Pvt. Ltd., believing this statement to be true, will rely on it be entitled to reject the application or terminate the folio. I/We agree to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30 Pnb Asset Management Company Pvt. Ltd. in respect of any false, misleading, ina I am a US Person I am not a US Person	I income tax purposes and that I am/we are and act on it. In the event this statement is days of any change in my/our status as a U.S	false, Principal Pnb Asset Management Co 6. person for the purposes of U.S. federal in	mpany Pvt. Ltd. reserves the right and shall come tax. I/We agree to indemnify Principal
42 FATCA INICODA ATION / FOREIGN TAVI AVAIC ID-6-1-1-			
12 FATCA INFORMATION / FOREIGN TAX LAWS [Refer instance of the below information is required for all applicant(s)/Guardian:	STRUCTION NO. 1]		
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 belo	OW:	
Country#			
Tax Identification Number##			
Identification Type (TIN or Other, please specify)			
# To also include USA, where the individual is a citizen / green card holder of The ## In case Tax Identification Number is not available, kindly provide its functional e In case TIN or its functional equivalent is not available, please provide Company lo	quivalent.\$	fication Number or GIN, etc.	
Non individuals: Please fill FATCA & CRS Declaration also In case the entities country of Incorporation / Tax residence is U.S. but Entity is not	a Specified U.S. Person, mention Entity's e	exemption code here:	
Non Individual Investors involved / providing any of the mentioned	services		
i. Is the company a Listed Company or Subsidiary of Listed Company or cont	rolled by a Listed Company: [If No, please	attach mandatory UBO declaration]	☐ YES ☐ NO
ii. Foreign Exchange / Money Changer Services			☐ YES ☐ NO
iii. Gaming / Gambling / Lottery / Casino Services			YES NO
iv. Money Lending / Pawning			YES NO
Ultimate Beneficiary Owner (UBO) Details (Refer Instruction No. F) (For N	lon-individual Only: UBO Declaration at	tached)	
☐ Applicant is the UBO(s) of this investment (Default) ☐ Applicant is N	OT the UBO(s) of this investment		

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:

PAI	RT A (to be filled by Financial Institutions or	Direct	Repor	ting NFE	s)																							
1.	We are a, Financial institution ⁶	GIIN																		7								
	or	Note	ـــــا If vc ع	ou do no	nt have	a GIIN I	out vo	ou are	sponsor	ed h	v ano	ther er	ntity n	lease	nrovi	de voi	ır sn	onsor'	s GII	⊐ IN ah	ove a	nd in	ndicati	2 VOI	ır			
	Direct reporting NFE ⁷			name bel		u Omi	out je	ou ui o	3p011301	ou b	, uno	1101 01	itity, p	iouso	provi	ac yo	ui sp	011301	3 011	ii v u.b.	5 V C G	ii iu ii	idiodi	,,,,				
	(please tick as appropriate)	Nam	e of sr	onsorin	a entity								Т	Τ									Π					7
	(Lease new early appropriate)	<u> </u>				-	+	+		\pm	+	+	+	+						<u> </u>								╡
	GIIN not available (please tick as applica	ble)		Appli	ed for																							
	If the entity is a financial institution,	N	lot req	uired to	apply fo	or - plea	se spe	ecify 2	digits su	b-cat	egory	10																
		N	lot obt	tained -	Non-pai	ticipatir	ng Fl																					
PAF	RTB (Please fill any one as appropriate " to I							na NFF	s")																			
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1.	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regula	ırlv trad	led on	an estah	lished se	curities	marke	² †)	Yes	L		f yes, p		,	,										,			
	(that is, a company whose shares are regale	ing trad	ica on	uri estub	nonea se	cuittios	manke	,,,	Nam	e of s	stock	exchan	ge															
2.	Is the Entity a related entity ² of a publicly	traded	comp	any					Yes] (1	f yes, ple	ease spe	cify na	ne of t	he liste	d com	pany an	nd one	e stock	exchar	nge on	which	the st	ock is re	gularly	y trad	ed)
	(a company whose shares are regularly trad	ea on a	an esta	ibiisnea s	ecurities	market			Nam	e of	listed	compa	ny															
									Natu	re of	relat	ion:	Sub	sidiary	of th	e Liste	ed Co	mpany	or or		Contr	rolled	by a l	isted	Comp	any		
												exchan																
_	1 1 5 11 2 115								+																			_
3.	Is the Entity an active ³ NFE								Yes		(f yes, p	lease fi	II UBO	declar	ation i	n the	next se	ection	1.)								
									Natu	re of	Busin	iess																
									Pleas	e spe	cify th	ne sub-d	catego	ry of A	Active	NFE		(Me	ntion	n code	- ref	er 2c	of Par	t D)				
4.	Is the Entity a passive ⁴ NFE								Yes		(1	f yes, p	lease ?l	I UBO	declar	ation i	n the	next se	ection	n.)								
									Natu	re of	Busin	iess																
1 R4	│ efer 2a of Part D │	3	Refer	2c of Pa	art D	4 Ref	er 3(i	ii) of F														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 I/we have the express authority from the relevant constitution to invest in the 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. I/We further confirm that the ARN holder (Broker/Sub-Broker) has disclosed to me/us all the commissions (in 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 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 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

Applicable to NRIs only: I / We confirm that I am / we are Non- Residents of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External / Ordinary Account /FCNR Account.

IV. SIGNATURE:

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

[^] Refer Instruction No. D

Principal [®]																	ECT											OTN
Mutual Funds		*UMRN			[Ap	oplica	able fo	or L	umps	um A	Additi	ional	Purcl	hases	as we	ll as	SIP Re	gist	ratio	ns]	Date	D	D	M	М	Υ	Ч <u> </u>	Y
Tick (✓)	*Sponsor	Bank Co	ode					<u> </u>					$\dot{\Box}$	*Uti	ity C	ode												
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To D D L	il cancelled		ſ			Na	ame as	in l	oank r	ecord	ds				ı	Name	as in b	bank	reco	rds				Name	e as in	bank r	ecord	S
nis is to confirm that			areful	1 lly read	, und	erston	od & ma	ide h	y me/ı	us. l ai	m auth	horizin	. 2. ng the i	user en	tity/co	rpora	te to de	bit m	ny acc	ount	based or	3. _ n the i	instruct	ion as	agreed	d and sig	gned by	me.
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