

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

Application No.

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

DISTRIBUT	TOR INFORMATION & APPLICAT	ION RECEIPT DATE		
Broker AR	N Code Sub-Broker ARN	Code EUIN	Sub-Broker Code	Principal Group Employee Code
South Gujarat	t ARN: 54854			
any interaction or of in-appropriaten not charged any a Upfront commission	advice by the employee/relationship less, if any, provided by the employed dvisory fees on this transaction. (Refe	manager/sales person of the a e/relationship manager/sales per er Instruction No. G)	s this is an "execution-only" transactic above distributor or notwithstanding person of the distributor and the distributor and the distributor and the distributor are the control of the	the advice ibutor has
TRANSAC	TION CHARGES FOR APPLICATION	ONS THROUGH DISTRIBU	TORS/AGENTS ONLY [Refer Inst	ruction No. B(14) for Details]
Investors are advise	d to confirm if he/she is a First Time Mu	tual Fund Investor by selecting [please ✓ one of the options:- First time	ne Mutual Fund Investor Existing Investor
1 EXISTING	UNITHOLDERS DETAILS (Please	note that the applicant details an	d mode of holding will be as per the exist	ing Folio Number) [Refer Instruction No. B(1)]
Please fill your Foli	o No. and Name and then proceed to S	ection (3)	Common Account / Folio	No.
Name of Sole / Firs	st Unit Holder			
2 NEW APPI	LICANT'S DETAILS (Please fill in BI	ock Letters with black/blue ink,	use one box for one alphabet leaving o	ne box blank between two words)
NAME OF FIRST / SO	OLE APPLICANT Mr. Ms. Ms.	M/s. Gender -	Male Female Date of Birth	/Incorporation D D M M Y Y Y Y
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 / Cit Incorpora	y of Birth / tion	Country of Birth / Incorporation	Nationality
Enclose Proof of DC	OB (Mandatory for minor) - Birth Ce	tificate Passport Other_	Relationship v	vith Minor Applicant - 🗌 Father 🔲 Mother 🔲 Legal Guardian
=	ling permitted in case of minor applicant - Ref IOLDER / CONTACT PERSON	er Instruction no. B(11). • Guardian:	Mandatory for Minor Applicant. • POA Holde Gender • Male Female	r/Contact Person: Mandatory for Non-Individual Investors] Date of Birth D D M M Y Y Y Y Y
FIR	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	Dlace / Cit	u of Dirth	Country of Dirth	Mationality
NAME OF THE SECO	DND APPLICANT Mr. Ms	y OI BIRTH	Gender - Male Female	Nationality Date of Birth D D M M Y Y Y Y
F I R	S T N A M E	M D D L	E NAAME	L A S T N A M E
FATHER'S NAME				
PAN	Place / Cit	y of Birth	Country of Birth	Nationality
NAME OF THE THIR	D APPLICANT Mr. Ms		Gender - Male Female	Date of Birth D D M M Y Y Y Y
FIR	S T N A M E	MIDDL	E N A M E	L A S T N A M E
FATHER'S NAME				
PAN	Place / Cit		Country of Birth	Nationality
ADDRESS OF FIRST	/ SOLE APPLICANT [P.O. Box Address is no	t sufficient]	OVERSEAS ADDRESS (in case the First Ap	plicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] (Refer Instruction No. B(5))
	Pin C	ode		Zip Code
CONTACT DETAILS	OF FIRST / SOLE APPLICANT (Please ensi	ure that you fill in the contact details	for us to serve you better)	
Phone O		R		
Mobile			eive updates via SMS on my mobile (F	lease ✓)
e-mail N	rovided all communications like Account Sta	E T T E R S	to will be done electronically Physical if requ	lired, will be mailed to your registered address on request.
				ined, will be mailed to your registered address of request.
	ENT DETAILS (Cheque/DD shou KIM of the schemes before selecting ap		-	ability of these options may differ for various schemes.
Scheme / Plan /	Principal -			
Option / Sub-Option /	Plan: Direct Plan	Option: Dividend	Growth AEP Sub-Opti	on: ☐ Payout ☐ Reinvest ☐ Sweep
Frequency	Regular Plan	Frequency: Daily	Weekly Monthly Quarterly	/ 🗆 Annual
Conservativ	set Allocation Fund-of-Fun ve Plan Moderate Plan Anterior Sub-Pl anterior Growth Regular Sub-Pl	aggressive Plan		broker code. If Direct Sub-plan is opted and the broker code will be ignored. b-Plans / Options]
				continued overleaf
ACKNOW	LEDGEMENT CLID /T- b- fill Li	hutha Annliac 1	M No.	
	LEDGEMENT SLIP (To be filled in	by the Applicant) AR	N No: Sub-Broker A	
Received from Cheque / DD / RTGS /	NEET NO		Dated: _ D	Application No.
Drawn on Bank & Bra				
Scheme / Plan / Optio			_Amount ₹	
Please Note : All po	urchases are subject to realisation of	payment instrument		Signature, Stamp & Date

A SYC FATCA DETAILS FOR ALL APPLICANTS (Storage), pressed, The applications is liable to get rejected if details not filled. Source details for fill Applicated Second Applicated Nova Applicated Second Applicat	•	Scheme Plan			Option	n [ple	case of Dividend S ase ensure to fulfi estment criteria in	II the minimum
Senior delictor Post Applicate Post			·	·				· .	n.	
Secretary Application (%) Secretary Countries Secretary Secretary Countries Secretary Secretary Countries Secretary Secretary Countries Secretary Secretary Secretary Countries Secretary Secretary Secretary Countries Secretary Secretary Secretary Secretary Countries Secretary Sec				, ,,			•	·	Polated to DED	Not Applicab
Second Applicant Thirtip Appli		FIrst Applicant		Inira Applicant			erson (PEP) Details	5. IS d PEP	Related to PEP	NOT Applicab
Scale Populational Congregations of the Congregation of the Congre						- ''				
More through Counters None behavious Company for the Company for the Counters Company for the Counters				Ш	Ш	Third Applicant				
Non Individual Corporate Profession Corporate Corp	· · · · · · · · · · · · · · · · · · ·		_	-	-					
Corporation Partners Partne	9		_	_	-		5			
Petretroth Total South South South ACF But	Non individual									
Society Help		☐ Partnership				Karta				
Comparison details for First Applicant Second Applicant Guardian			-	-	-	Whole-time Directors				
Chess (Please specify) Chess (Please specify) Chesse (Please 2) Single Sing						Gross Annual Income	e Range (in ₹)			
Others (Please specify) 1 1.5 to							First Applicant	Second Applican	t Third Applicant	Guardian
Occupation details for First Applicant Second Applicant Guardian Phylidis Sector		☐ FI / FII / FPI								
10 - 25 list 10 -	Others (Please specify)									
Private Sector										
Public Sector Covernment Service Covernment	•		nt Second Applicar	nt Third Applicant	Guardian					
Covernment Service				Ц						
Professional						(Mandatory for				.
Professional								as on	as on	as on
Agriculturist gaptosh KRA & notify the charges: Type of Address gewen at KRA Residential Business Registered Offi First / Sole Applicant Gastrain Ga										
Retired						"Address of tax residenc approach KRA & notify t	e would be taken as the changes."	available in KRA c	latabase. In case of	any change. Pleas
First / Spe Applicant								Residentia	al Business	Registered Office
Second Applicant						First / Sole Applicant				
Others (Please specify) Guardian Guardia										
Single lointly Either / Anyone or Survivor (if no choice mode, default option: Jointly) 6 BANK ACCOUNT DETAILS (Mandatory) Refer Instruction No. C 8ank Klame Do not abbrevable Do not abbrevable										
Bank Karne Don ot above the Pull account number) Branch Address Account No. (Please provide the full account number) Branch Address Account Type (Please V) Savings Current NRE NRO FCNR NRSR MICR Code* This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of cheque No. Please This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of cheque No. Please This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of cheque No. Please This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of cheque No. Please This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of cheque No. Please This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of Copy of Copy of Copy Copy of Copy of Copy Copy of Copy of Copy of Copy of Copy Copy of Passbook Copy of Passbook	Others (Flease specify)			_		Guardian				
Account Type (Please V) Savings Current NRE NRO FCNR NRSR MICR Code* This is a 9 digit number next to your Cheque No. Essential Enclosures: (For Direct Credit): Blank cancelled cheque Copy of cheque NEFT* Code NEFT* Start 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/Sole Applicant must be preprinted on the cheque [Refer Instruction No. C] (ii) Investment Amount (\$\frac{1}{2}\$) Net Amount (\$\frac{1}{2}\$) (ii) + (ii) (iii) Do Charges (\$\frac{1}{2}\$) Net Amount (\$\frac{1}{2}\$) (iii) + (iii) (iv) Cheque DD RTGS NEFT ECS Funds Transfer Payment from Bank A/C. No. (iv) 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 KYC Acknowledgement Letter 8 Please mention the Application You pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank Copy of Passbook / Bank Statement Bank confirmation of Non-Resident Account Type / FIRC Perincipal For investment related enquiries, Investor Grievance please contact:	Do not abbreviate)	(Please pro	vide the full accour	l		Branch / City				
MICR Code*	Branch Address							Pin C	Code	
Only for IFSC* Code	Account Type (Please ✓)	Savings	Current NR	E NRO F	CNR NRSR					
Cheque DD RTGS NEFT ECS Funds Transfer Payment from Bank A/c. No.	MICR Code*			This is a 9 digit	number next to you	r Cheque No. Fesential	Enclosures : (For Direc	rt Credit): Rlan	k cancelled cheque	Conv of cheau
Payment Payment (Please V) Cheque DD RTGS NEFT ECS Funds Transfer Bank A/C. No. Payment from Bank A/C. No. Dated D	Only for IFSC*			NEF	FT*	Essential	Literosures . (For Direct	st credity blain	· ·	
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Mode of Payment (Please ✓)	7 PAYMENT DE	ETAILS (Manda	itory) The name	e of the First/Sole	Applicant must	be preprinted on the chec	que [Refer Instruct	ion No. C]		
And the payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above) Parent/Grand Parent/related person (Not to exceed ₹ 50,000): Employer: Name Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: Principal For investment related enquiries, Investor Grievance please contact:	(i) Investment Amount (₹)			(ii) DD C	harges (₹)	D 15	Net Amount	(₹) (i)+(ii)		
Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above) Parent/Grand Parent/related person (Not to exceed ₹ 50,000): Name KYC Acknowledgement Letter & Name Third Party Declaration Form	, ,	,	□ DD □ RTGS			ransfer Bank A/c. No.				
Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above) Parent/Grand Parent/related person (Not to exceed ₹ 50,000): Name KYC Acknowledgement Letter & Third Party Declaration Form	'	FT No.			Dated D D		Υ			
Parent/Grand Parent/related person (Not to exceed ₹ 50,000):	Orawn on Bank					Branch & City				
Employer: Name Custodian: Name Third Party Declaration Form 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 Accordance DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank Copy of Passbook / Bank Statement Bank 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. Principal For investment related enquiries, Investor Grievance please contact:	•			of the Bank A/c. ho		d above)			,	
Employer: Custodian: Cust		•	exceed ₹ 50,000): _			News				-
DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank Copy of Passbook / Bank Statement Bank 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:	Employer:	Name			Custodian:	Name				
Principal For investment related enquiries, Investor Grievance please contact:	•			•	•					
Principal	* Please mention the App	olication No., PAN ar	d Name of the First	Unitholder on the	reverse of the Payn	ment Instrument.				
	Principal			ievance please co	ntact:					

TOLL FREE: 1800 425 5600. • Fax: 022-6772 0512 • E-mail: customer@principalindia.com • Website: www.principalindia.com

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 DI	P ID							Ве	enefic	ciary Account No.		
CSDL	DP Name Be	eneficiary	y Accour	nt No.					L				
9 N	IOMINATION (Please ✓ and confirm the option selected) -	Please I	Refer In	struct	ion No	'F'							
	o hereby nominate the undermentioned Nominee to receive the Units all						the e	vent of	f mv/	our d	eath. I/We also understa	and that all paym	ents and settlements made
	ominee and Signature of the Nominee acknowledging receipt thereof, s												
NOMINE	E'S NAME Mr. Ms										D	D D M	MIVIVIVIVI
											Date of Birth (in case of nominee I		IVI T T T
NAME O	F PARENT / LEGAL GUARDIAN (in case of nominee being a minor)	Mr.	☐ Ms			ı			ı		(11 0450 01 11011111100 1		
ADDRESS	S OF NOMINEE / GUARDIAN (in case of nominee being a minor)												
City			Pin	Code							Specimen	Signature of No	minee / Guardian
OR											1.1		1
	lo not wish to nominate a nominee in my / our folio.	ture of 1s	st Unit H	lolder			Sign	ature	of 2	2nd U	Jnit Holder	Signature	of 3rd Unit Holder
[Applican	ts can make multiple nomination (to the maximum of three) by filing nor	mination f	form avai	lable a	t our Inv	estor S	Servic	e Cent	res /	WWW	v.principalindia.com]		
10 P	RIVACY POLICY CONFIRMATION [Refer instruction No	. 'H']											
I/We cons	ent to and authorize the AMC to share all information (including withou	ıt limitatic	n persor	al info	rmation	or sen	sitive	persor	nal d	ata or	information) provided I	by me/us for tran	sacting in Principal Mutual
	any of its Associates/Group Companies, for offering their services and p												
	nsent to and authorize AMC to collect personal information or sensitive p												
informatio	on /sensitive personal data or information provided by me/us for exten	iding and	offering	service	es and s	suppor	t requ	iested	and	to sh	nare with and disclose t	the same to PM	F/AMC's Associates/Group
	es (Affiliates), for offering their services and products. I/We also consent to to non-affiliated third parties such as, but not limited to, attorneys, acco												ita or information provided
_	, , , , , , , , , , , , , , , , , , ,			and po		OTTER	00 1110	. u.o u		g o	a. compilation minimum	aon's otaliaan aon	
	IS / NON-US PERSON DECLARATION FOR INDIVIDUA	•	•										
	by declare and agree that I am/we are not a "U.S. person" for U.S. federa nent Company Pvt. Ltd., believing this statement to be true, will rely on it												
be entitle	d to reject the application or terminate the folio.												
0	e to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30	,	, ,	,							•		
	t Management Company Pvt. Ltd. in respect of any false, misleading, ina	iccurate a	na incom	іріете і	niorma	lion reç	gardır	ig my/	our .	U.S.	person" status for U.S.	rederal income t	ax purposes.
ı am a	a US Person												
12 F.	ATCA INFORMATION / FOREIGN TAX LAWS [Refer ins	struction	n No. 'I	′]									
	v information is required for all applicant(s)/Guardian:	oti dotioi	11110. 1	1									
Catego			First	Appli	cant			Se	econ	d Apı	plicant/Guardian	Th	hird Applicant
	a tax resident of any country other than India?			es [+				es No		Yes No
		the const				mh o ro	holos				C3		
	ease indicate all countries in which you are resident for tax purpose and	The assoc	Jateu iax	Kerere	ence ivu	mbers	belov	V:				T	
Country												-	
	ntification Number#												
	cation Type (TIN or Other, please specify)												
44.00	nclude USA, where the individual is a citizen / green card holder of The Tax Identification Number is not available, kindly provide its functional e		:.\$										
In case TII	N or its functional equivalent is not available, please provide Company Id	dentification	on Numb	er or G	Global Er	ntity Id	entifi	ation	Num	ber o	r GIN, etc.		
Non indi	viduals: Please fill FATCA & CRS Declaration also												
In case th	e entities country of Incorporation / Tax residence is U.S. but Entity is not	t a Specifi	ied U.S. F	erson,	mentio	n Entity	y's ex	emptic	on co	de he	ere:		
Non In	dividual Investors involved / providing any of the mentioned	services	6										
i. Is t	the company a Listed Company or Subsidiary of Listed Company or cont	trolled by	a Listed (Compa	ny: [If N	lo, ple	ease a	ttach	mar	ndato	ory UBO declaration]	YES	S NO
ii. Fo	reign Exchange / Money Changer Services											☐ YES	S NO
iii. Ga	aming / Gambling / Lottery / Casino Services											☐ YES	S 🗆 NO
iv. Mo	oney Lending / Pawning											☐ YES	S NO
Illtima	te Beneficiary Owner (UBO) Details (Refer Instruction No. F) (For N	Non-indi	/idual O	nlv: I I	30 Decl	aratio	n att	rhed)	١				
	licant is the UBO(s) of this investment (Default) Applicant is N			•				.sr.icu)					
I - whh	weart is the opolo) of this investment (begann) — wholegut is in	OT THE UE	DO(3) OI L	וווו נווו	COLLIE								

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:

PAR	PART A (to be filled by Financial Institutions or Direct Reporting NFEs)							
1.	We are a, Financial institution ⁶	GIIN						
	or	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your						
	Direct reporting NFE ⁷	sponsor's name below:						
	(please tick as appropriate)	Name of sponsoring entity						
	GIIN not available (please tick as applica	ble) 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						
PAR	TB (Please fill any one as appropriate " to I	be filled by NFEs other than Direct Reporting NFEs")						
1.	Is the Entity a publicly traded company ¹	Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)						
	(that is, a company whose shares are regula	rly traded on an established securities market) Name of stock exchange						
2.	Is the Entity a related entity ² of a publicly							
	(a company whose shares are regularly trad	ed on an established securities market) Name of listed company						
		Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company						
Name of stock exchange								
3.	Is the Entity an active ³ NFE	Yes (If yes, please fill UBO declaration in the next section.)						
		Nature of Business						
		Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)						
4.	Is the Entity a passive ⁴ NFE	Yes (If yes, please ?II UBO declaration in the next section.)						
		Nature of Business						
¹ Re	Refer 2a of Part D Refer 2b of Part D Refer 2c of Part D Refer 3(ii) of Part D Refer 1 of Part D Refer 3(vii) of Part D Refer 1A of Part 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 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 of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is /are returned unpaid by my/our bank for any reason whatsoever. I/We hereby further and interest and interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is /are returned unpai

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 ☐ KYC Attach copy of PAN & KYC^)
Signature of 2nd Applicant / POA Holder			POA Details - Enclosed Notarised Power of Attorney Name PAN	Enclosed (please ✓) ☐ PAN ☐ KYC Attach copy of PAN & KYC^)
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details -	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".
- u On the reverse of the payment instrument submitted please mention the Application Number, PAN and Name of the First Applicant.