

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

SIP Registration Form

FOR EXISTING UNIT HOLDERS ONLY

Attention: No	need to	attach One Time A	Nandate again, if alrea	ady regist	tered / submit	tted earli	er.					
Broker ARM		Sub-Broker Code	Sub-Broker ARN Code	EL	JIN No.	Principal	Group Emp	oloyee Co	de Micro S	SIP	For Office use on	ly
South Gu	jarat AR	N: 54854										
advice by the provided by the	e employee/ he employee hission shall b	relationship manager/ /relationship manager/ e paid directly by the inv	intentionally left blank by r ales person of the above sales person of the distribut estor to the AMFI registered [distributor or and the d	or notwithstandi istributor has not	ng the advi charged any	ce of in-app advisoryfee	propriatene es on this tra	ss, if any, ansaction.	Sole/F	irst Applicant's Signature M	andatory
nvestor Name:								Foli	o No.:			
	Cheque No.		Drawn on				Date			Amo	unt	
PAN/PEKRAN &	күс											
c		Sole / First App	olicant / Guardian Name		Second	Applicant /	Guardian I	Name		Third A	Applicant / Guardian Nam	e
Sr. No. Schem	ie/Plan/Op	tion/Sub-option	SIP Install Amount		SIP Cycle D	Date	Freque	-	Start Month	/Year	End Month/Year	Perpetual
1.					15 th	25 th	Month Quart		MM	ΥY	M M Y Y	
∣ Please tick ⊠ a	as applicabl	e:				-						
to time of the resp through participat Autual Funds from	poective Schem ion in NACH/I n amongst whi er Mutual Fun Holder	e(s) of Principal Mutual F CS/Direct Debit. The AR ch the Scheme is being re d Records/Application]	Seco Signa	by declare the s disclosed to the second s	nat the particulars g o me/us all the con	given above a	ire correct an	d express m	y willingness to m	ake paymer to him for	nts towards SIPinstalments ref	erred above
 Accor Ment Ment Folio 	forget 1 unt Numb ion the m ion the ar No. or Ap	er, Bank Name, IF aximum amount p nount in words an	w mentioned deta SC/ MICR Code, Branc er day d in figures, just as yo bile No. and E-mail Id	:h ou would		rm abov	/e		Just reg thereaf	gister on ter no m estments	AANDATE (OTM) ce and lore cheques/DD or Debit mandate	
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Tick (🗸) *Spo	nsor Bank Code				*Utility	Code					
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Reference 2												=
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PERIOD	DM	M Y Y Y Y	Signature of	1st Accour	it holder	Sigr	nature of 2n	d Account	holder	Signa	ture of 3rd Account holde	r
To D Or	D M I		Name as ir	n bank reco	rds		Name as	in bank rec	cords		Name as in bank records	_
This is to confin	m that the de	claration has been caref	1ully read, understood & made									
			end this mandate by appropri								bank where I have authorize	d the debit.
nake payments re	ferred above	through participation in	NACH/ECS/Direct Debit/Sta s amended form time to time	nding Instru	ctions. I/We hereb	y confirm ad	herence to th	e terms of	Customer Info	ormation		
uthorisation to hat my/our payn	Bank: This is nent towards	to inform that I/We hav my/our investment in	e registered for ECS / NACH (Principal Mutual Fund shall I	Debit Clear be made fro	ing) / Direct Debit m my/our above r	/ Standing i mentioned b	nstructions fank account	acility and with your	Mobile: E-mail Id:			
			Mutual Fund carrying this m late verification, registration					horize the		cancelled c	original personalized cheque	
		be submitted only on ing Physical Forms.	ce for registration with or	without SIP	form. Once the	mandate is	registered,	investor ne	ed not submit r	nandate ag	gain and can do lump sum	investments,
For official	use only.	Investors are ad	vised to leave these	fields a:	s blank.							
		ment through									 ISC Stamp	
		ment till ough	GTM facility.		incipal Mu		inu					
Investor Name					io No./Applicati	ion No	Orti			A		
Scheme Name	:			Plan:			Option:			Amou	nu:	

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.

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

Application No.

Please read the instructions be	efore filli	ng the	Applica	ition	Form	n									d	ate of	Mir	or a	ttain	ing	Major	ity.							
DISTRIBUTOR INFORM	ATION &	APPLIC	CATION	N REC	CEIPT	T DA	ΓE																						
Broker ARN Code	Sub	-Broker	ARN Coo	de			E	EUIN					Sub-	Brok	er Co	ode			Pi	rinci	pal Gi	rou	ıp Em	ploy	yee (Code			
South Gujarat ARN: 548	854																												
I/We hereby confirm that the EU interaction or advice by the emple appropriateness, if any, provided by advisory fees on this transaction. (R Upfront commission shall be paid direct service rendered by the distributor.	oyee/relati the emplo tefer Instruct	ionship r yee/relat tion No. (manager. tionship G)	/sales mana	s perso ager/sa	son of ales pe	the erso	e abo n of t	ove c the d	listril listrik	butor outor	r or and	notw the d	ithsta istrib	ndin utor	g the has no	adv ot cha	ice o argeo	of in- d any	S	ignatu	Jre	of So	le/ F	First	Appli	cant	/ Hol	der
TRANSACTION CHARG	ES FOR A	APPLIC	ATIONS	S THI	ROU	GH D	IST	RIB	UTC	DRS	/AG	ENT	IS OI	NLY	[Ref	er In	stru	ictio	on N	o. E	8(14)	fo	r De	tail	s]				
Investors are advised to confirm if (Note: If this section is left blank, it is In case the total commitment for SIP (i.e. ar 100/- (for investor other than first time	he/she is s assumed mount per SI	a First T i that the . P installme	ime Mut Applican ent x No. o	tual F nt(s) is of insta	und Ir not a	nvesto First T s) amou	or b y Time unts t	y sel e Inve to ₹ 1	ectir stor 0,000	ng [p for th)/- or i	lease ne pu more a	e√c rpose and th	one of e of d ne Dist	f the leduct ributo	optic ting 1 r has c	ons:- [Transad	Fin Fin Ction	rst ti Cha eive Tr	me N rges) ansact	lutu tion (al Fur	nd Iı s, ₹ 1	Invest	t or [E:	ie mutu	Jal fur	nd inve	-
2 NEW APPLICANT'S DET	rails (Pie	ease fill i	n Block L	Letter	rs with	h blac	k/bl	ue in	ık, us	se on	e bo	x for	onea	alpha	bet I	eaving	g on	e box	k blar	nk be	etwee	n tv	wo w	ords	s)				
NAME OF FIRST / SOLE APPLICANT	Mr.	Ms.	M/s.				Gei	nder	-	Mal	e] Fen	nale		Date	e of Bi	rth/li	ncor	porat	ion	D	[DN	4	М	Y	Y	Y	Y
F I R S T	NA	ME			M			D	L	E		N	A	M	E			L	A	S	T				A	M	E		
FATHER'S NAME															/														
PAN			/ City of I poration	Birth /	′ ∟								untry orpor										Natio	nali	ty				
Enclose Proof of DOB (Mandatory fo	or minor) -	🗌 Birth	n Certifica	ate 🗌	Pass	sport		Other				_		1	Relati	ionshij	o wit	h Mi	nor A	pplic	ant -		Father		Moth	ner 🗌	Lega	l Gua	ırdian
[Note: • No Joint holding permitted in ca	se of minor a	applicant ·	- Refer Ins	tructio	on no. E	В(11). •	Gu	ardia	n: M	andat	ory fo	r Mir	ior Ap	plicant	• PC	DA Hol	der/	Conta	act Pe	erson	: Mano	dato	ory for	Non-	Indiv	idual Ir	nvesto	ors]	
GUARDIAN / POA HOLDER / CONTA	CT PERSON	1							(Gend	er -	N	1ale [Fe	male			Date	e of B	irth	D		DN	/	M	Y	Y	Y	Y
F I R S T	N A	ME		1	M	ID		D	L	E		Ν	А	Μ	Ε			L	А	S	Т		Ν		A	М	Е		
FATHER'S NAME																													
PAN		Place	/ City of I	Birth								Со	untry	of Bi	rth								Natio	nali	ty				
NAME OF THE SECOND APPLICANT	Mr.	Ms	5						(Gend	er - 🛛	N	1ale [Fe	male			Date	e of B	irth	D	[DIN	4	M	Y	Y	Y	Y
F I R S T	NA	ME		1	M			D	L	Е		Ν	Α	Μ	Ε			L	Α	S	Т		N	1	A	M	E		
FATHER'S NAME																													
PAN		Place	/ City of I	Birth								Со	untry	of Bi	rth								Natio	nali	ty				
NAME OF THE THIRD APPLICANT	Mr.	Ms	5						(Gend	er -	N	1ale [Fe	male			Date	of Bi	rth	D	[D N	1	M	Υ	Y	Υ	Y
		ME			M	I D		D	L	E		N	A	M	E			L	A	S	T	1			A	M	E		
FATHER'S NAME									1												1		1	1					
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ADDRESS OF FIRST / SOLE APPLICAN	VI [P.U. DUX	Audress	IS HUL SUI	ncientj	J						VERS	EAS	ADDr	(E33 (III Case	UIE FIISI	. Арріі	lant is	INKI/FII/	r10) (r	P.O. Box .	Auur	.622.12.11	JL SUI	ncient] {Relei	II ISU UC	LIOTTING	J. D(J)
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CONTACT DETAILS OF FIRST / SOLE				hat vo	u fill in	a the er	ntac	at dat	aile f	oruc	to cor		u hott	orl										_			_		
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ACKNOWLEDGEMENT	SLIP (To	be filler	d in by t	the A	Applic	cant)		A	ARN	No:				Su	ub-B	roker	ARI	N:				E	UIN:						
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Cheque / DD / RTGS / NEFT No.										Dat	ed:		/ M	M./					, shhi	odti	UITINO	·							

Amount₹

Drawn on Bank & Branch

Scheme / Plan / Option / Sub-Option

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

Signature, Stamp & Date

3 INVESTME		•	•							•	' as avail	ability/ap	plicability	v of thes	e option	ıs mav diff	er for v	/arious s	schemes.
Scheme / Plan / Option /	Princ					p.		Scheme					·····.	,		,			
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Dividend Sweep into	Scheme Plan	•						Op	otion						plea	ase of Divi	to fulfill	the mini	imum
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4 KYC / FATC	A DETA	ILS FOF	R ALL A	PPLICA	ANTS (M	andatory	, Pleas	e 🗸 . The	appli	cation is liab	le to get	rejected i	f details r	not filled)				
Status details for			_		nt Third A			uardian		Politically I	-	•				Related t	o PEP	Not Ap	oplicable
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NRI / PIO										Second App Third Appli								[
Sole Proprietorship				-		-		-		Guardian								[
Minor through Guardia	an#			-		-		-		Authorised	Signatori	ies						[
Non Individual	Con	npany/Body	у							Promoters Partners									
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	Trus									Whole-time	Directors	s						[
	Soci			-		-		-		Gross Ann	ual Incon	ne Range	(in ?)						
	Ban									Occupation			Applicant	Second	Applicant	Third Ap	plicant	Gu	ardian
										Below 1 lac				[
Others (Please speci	fy)		.		_				_	1 - 5 lac 5 - 10 lac]		
										10 - 25 lac				[]	-	
Occupation details for	Fi	rst Applica	ant Seco	ond Appli	cant Third	d Applican	it (Guardian		25 lac- 1 cr				[
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Business Professional									_									<u> </u>	
Agriculturist									_	" Address of approach KF				s available	IN KRA O	atabase. In	case of a	iny chang	je. Please
Retired									_	Type of Ad	dress give	en at KRA		Re	sidentia	I Busir	ness	Register	ed Office
Housewife										First / Sole A	pplicant]		
Student										Second App									
Others (Please speci	fv)									Third Applic Guardian	ani						1	L	
	57						_			Guarulari							1		
5 MODE OF	HOLDIN	G (Pleas	se√)	Sing	gle 📃 Joir	ntly 🗌 E	ither / A	Anyone o	r Surviv	vor (If no choic	e mode, d	default opti	on : Jointly	()					
6 BANK ACC	OUNT D	ETAILS	(Mand	latory)	[Refer Ins	struction	No. C]											
Bank Name							1					I I							
(Do not abbreviate)							-			Branch / (`ity								
		(Please p	rovide the	e full acco	unt numbe	er)				Didnorry	, , , , , , , , , , , , , , , , , , ,								
Branch Address																			
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Account Type (Please 🗸)	Savings	Curre	nt 🗌	NRE 🗌 M	NRO	FCNR	NRS	SR										
MICR Code*					This	0		er next to	your C	heque No.	Essentia	al Enclosure	s : (For Dire	ect Credit)	: 🗌 Blank	cancelled o	heque	🗌 Сору с	of cheque
Only for IFSC*						N	EFT*										[* ind	licates - N	Vandatory
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7 DEMAT AC			•											۸					
(Please ensure that the n case Unit holders do										account neid	with the L	Depository	Participarti	.).					
NSDL DP Name						_ DP						Benet	ficiary Acc	count No					
CSDL DP Name						Be	neficia	ry Accou	nt No										
Principal [®] For ir Mutual Funds Excha	nvestment cipal Mu	related er tual Fu	nquiries, nd g, Groun	d Floor, I	NSE Buildir	e please c	ontact: ra Kurla	a Comple	ex, Bar	ndra (East), N									
CHECK LIST : Please Acknowledgement let are urged to make the and the same should	ensure the ter issued K ^v Payment Ins	following /C Registra struments f	: • Applic ation Agen favouring	ation forn icy (KRA) / "Name of	n is comple printout of f the Schen	ete in all r KYC com ne A/c. Fir	espects a pliance s rst Inves	and signe tatus dow	d by al nloade e" OR "	I Applicants • d from website Name of the S	Bank Acco of KRA, as cheme A/ 6	unt details applicable c. Permane	are filled • Appropria nt Account	Copy of te options t Number	are filled [.] " OR "Na i	• To prevent	fraudule	nt practice	es investor

8 PAYMENT DETAILS & REGISTRATION THROUGH POST D	ATED CHEQUES (Mandatory) The	name of the First/Sole Applicant must be pre	printed on the cheque [Refer Instruction No. C]
(i) Investment Amount (₹) (ii) DE	Charges (₹)	Net Amount (₹) (i)+(ii)	
Mode of Payment (Please ✔) □ Cheque □ DD □ RTGS □ NEFT □	ECS Funds Transfer Bank A/		
*First SIP Cheque No. Dated		Υ	
Drawn on Bank	Branch & City		
Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. Parent/Grand Parent/related person (Not to exceed ₹ 50,000):	holder as mentioned above) Name		Mandatory Enclosure
Employer: Name	Custodian: Na	ame	Third Party Declaration Form
2nd and subsequent Installments: No. of Cheques	st 6** Amount Per irst installment Cheque ₹	Total Amount	₹
Frequency Monthly Quarterly 2nd and subsequent installmen	t Cheque Nos. From	То	
Second and subsequent installment month	SIP Date 1st 5th	15th 25th (the date or	n which 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 the DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledg	5		
* 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			tand that all payments and settlements made
NOMINEE'S NAME Mr. Ms		Data of Dirth	
		Date of Birth (in case of nominee	
NAME OF PARENT / LEGAL GUARDIAN (in case of nominee being a minor)	_ Mr Ms		
ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor)			
City	Pin Code	Specime	n Signature of Nominee / Guardian
OR			
☐ I/We do not wish to nominate a nominee in my / our folio.	ture of 1st Unit Holder Sig	gnature of 2nd Unit Holder	Signature of 3rd Unit Holder
[Applicants can make multiple nomination (to the maximum of three) by filing nor	mination form available at our Investor Servi	ice Centres / <u>www.principalindia.com</u>]	
10 PRIVACY POLICY CONFIRMATION [Refer instruction No	. 'H']		
/We consent to and authorize the AMC to share all information (including withou Fund with any of its Associates/Group Companies, for offering their services and p hereby consent to and authorize AMC to collect personal information or sensitive p information /sensitive personal data or information provided by me/us for exten 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 and the services and products.	roducts. I/We confirm that I/we have read a ersonal data or information as defined in the ding and offering services and support re o disclose all such information including wit	nd understood "Privacy Policy" of PMF// e "Privacy Policy" and to use all such info quested and to share with and disclose hout limitation personal information /se	AMC hosted on www.principalindia.com and rmation including without limitation persona e the same to PMF/AMC's Associates/Group nsitive 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			
12 FATCA INFORMATION / FOREIGN TAX LAWS [Refer ins	truction No. (I')		
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 belo)W:	
Country [#]			
Tax Identification Number##			
Identification Type (TIN or Other, please specify)			

 $^{\scriptscriptstyle\#}$ 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

In 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:

Non Individual Investors involved / providing any of the mentioned services Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration] YES NO i. Foreign Exchange / Money Changer Services YES NO ii. VES NO iii. Gaming / Gambling / Lottery / Casino Services iv. Money Lending / Pawning YES NO 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:

PA	RTA (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	Del 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
PAF	RT B (Please fill any one as appropriate " to I	e 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	Ity 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	ad 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	efer 2a of Part D ² Refer 2b of Part D	³ Refer 2c of Part D ⁴ Refer 3(ii) of Part D ⁶ Refer 1 of Part D Refer 3(vii) of Part D ¹⁰ 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 melua 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 Phb Asset Management Company Pvt. Itd. [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. 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 agree that AMC can directly credital the dividend payouts and redemption amount to my / our bank account, wh

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	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 ✓)
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	poa holder signature	POA Details - Enclosed Notarised Power of Attorney Name	Enclosed (please ✓)

^ Refer Instruction No. D

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