

Attention: No need to attach One Time Mandate again, if already registered / submitted earlier.

[illegible]

☐ I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Sole/First Applicant's Signature Mandatory

Investor Name:				Folio No.:	
Payment Details:	Cheque No.		Drawn on		Date
					Amount
PAN/PEKRAN & KYC					
		Sole / First Applicant / Guardian Name		Second Applicant / Guardian Name	
				Third Applicant / Guardian Name	

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Cycle Date	Frequency	Start Month/Year	End Month/Year	Perpetual
1.			<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<div> <div><input type="text" value="M"/></div> <div><input type="text" value="M"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div> </div>	<div> <div><input type="text" value="M"/></div> <div><input type="text" value="M"/></div> <div><input type="text" value="Y"/></div> <div><input type="text" value="Y"/></div> </div>	<input type="text"/>

Please tick ☒ as applicable:

☐ One Time Mandate is already registered in the folio. [No need to submit again].
☐ One Time Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities.
 The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Declaration: Having read, understood and agreed to the contents of OTM Facility the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Principal Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP/Installments referred above through participation in NACH/ECS/Direct Debit. The ARN holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature [as per Mutual Fund Records/Application]

X First Unit Holder Signature _____ Second Unit Holder Signature _____ Third Unit Holder Signature _____

Don't forget to fill the below mentioned details in the OTM Form above

- Account Number, Bank Name, IFSC/ MICR Code, Branch
- Mention the maximum amount per day
- Mention the amount in words and in figures, just as you would in a cheque
- Folio No. or Application No., Mobile No. and E-mail Id
- Your signature as per your bank account

ONE TIME MANDATE (OTM)

Just register once and thereafter no more cheques/DD for investments or Debit mandate for new SIPs!



Principal <i>Mutual Funds</i>		Mandate Form for NACH/ECS/DIRECT DEBIT <small>[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]</small>																				OTM				
		*UMRN															Date									
		<div style="display: flex; justify-content: space-between;"> *Sponsor Bank Code *Utility Code </div>																								
Tick (✓)		PRINCIPAL MUTUAL FUND															To debit (tick ✓)									
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">CREATE</div> <div style="border: 1px solid black; padding: 2px;">MODIFY</div> <div style="border: 1px solid black; padding: 2px;">CANCEL</div> </div>		I/We, hereby authorize															SB /CA /CC /SB-NRE /SB-NRO /Other									
Bank A/c. Number:																										
With Bank												IFSC					or MICR									
An amount of Rupees		(In Words)															₹ (In Figures)									
Frequency		<input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented										DEBIT TYPE					<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount									
Unique ID												Phone No.														
Reference 2												Email ID														
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.																										
PERIOD																										
From							Signature of 1st Account holder										Signature of 2nd Account holder					Signature of 3rd Account holder				
To							Name as in bank records										Name as in bank records					Name as in bank records				
Or		Until cancelled					1.										2.					3.				

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.

• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of Mandate Facility offered by Principal Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits /Standing Instructions.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Principal Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of **Principal Mutual Fund** carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

The above Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registration, using Physical Forms.

**For official use only. Investors are advised to leave these fields as blank.*

SIP Acknowledgement through OTM facility.		Principal Mutual Fund	ISC Stamp
Investor Name: _____		Folio No./Application No. _____	
Scheme Name: _____		Plan: _____	Option: _____
		Amount: _____	

A cartoon illustration of a black ant sitting at a small white table. On the table is a plate with a slice of pizza, a small bowl, and some other food items. The ant is looking towards the right. The background is a simple grey circle.

Signature, Stamp & Date

3 INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Note: Please refer KIM of the schemes before selecting appropriate 'Option', 'Sub-Option' and 'Frequency' as availability/applicability of these options may differ for various schemes.

Scheme / Plan / Option / Sub-Option / Frequency	Principal -			Scheme Name		
	Plan: <input type="checkbox"/> Direct Plan	Option: <input type="checkbox"/> Dividend <input type="checkbox"/> Growth <input type="checkbox"/> AEP	Sub-Option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep			
	<input type="checkbox"/> Regular Plan	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual				

Dividend Sweep into Scheme Plan Option (In case of Dividend Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

In case the choice of option is not indicated, default option shall be Growth Option. Under Dividend Option, the default sub-option shall be Dividend reinvestment option.

Principal Asset Allocation Fund-of-Funds

- ☐ Conservative Plan ☐ Moderate Plan ☐ Aggressive Plan
☐ Direct Sub-Plan* ☐ Growth ☐ Regular Sub-Plan ☐ Growth

+ Only for investors without broker code. If Direct Sub-plan is opted and Broker code also mentioned, the broker code will be ignored.
 [Refer KIM on Investment Sub-Plans / Options]

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
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI / PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian*	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI / FII / FPI	-	-	-
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Politically Exposed Person (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in ₹)				
Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
above 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Network in ₹ (Mandatory for Non Individual) (Not older than 1 year)	as on <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>

Type of Address given at KRA	Residential	Business	Registered Office
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Address of tax residence would be taken as available in KRA database. In case of any change. Please approach KRA & notify the changes."

5 MODE OF HOLDING (Please ✓) ☐ Single ☐ Jointly ☐ Either / Anyone or Survivor (If no choice mode, default option : Jointly)**6 BANK ACCOUNT DETAILS (Mandatory)** [Refer Instruction No. C]

Bank Name (Do not abbreviate)

Account No. Branch / City

(Please provide the full account number)

Branch Address Pin Code

Account Type (Please ✓) ☐ 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

Only for RTGS* IFSC* NEFT* Code [* indicates - Mandatory]

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 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 <input type="text"/>	DP ID <input type="text"/>	Beneficiary Account No. <input type="text"/>
CSDL	DP Name <input type="text"/>	Beneficiary Account No. <input type="text"/>	



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

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.

☐ Applicant is the UBO(s) of this investment (Default) ☐ Applicant is NOT 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 be 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:

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)	
<p>1. We are a, Financial institution⁶ <input type="checkbox"/></p> <p>or</p> <p>Direct reporting NFE⁷ <input type="checkbox"/></p> <p>(please tick as appropriate)</p>	<p>GIIN <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p> <p>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 sponsor's name below:</p> <p>Name of sponsoring entity <table border="1" style="display: inline-table; width: 250px; height: 20px;"></table></p> <p><table border="1" style="display: inline-table; width: 250px; height: 20px;"></table></p>
<p>GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for <input type="checkbox"/></p> <p>If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category¹⁰</p> <p><input type="checkbox"/> Not obtained – Non-participating FI</p>	
PART B (Please fill any one as appropriate * to be filled by NFEs other than Direct Reporting NFEs*)	
<p>1. Is the Entity a publicly traded company¹ (that is, a company whose shares are regularly traded on an established securities market)</p>	<p>Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded)</p> <p>Name of stock exchange _____</p>
<p>2. Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market)</p>	<p>Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</p> <p>Name of listed company _____</p> <p>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company</p> <p>Name of stock exchange _____</p>
<p>3. Is the Entity an active³ NFE</p>	<p>Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.)</p> <p>Nature of Business _____</p> <p>Please specify the sub-category of Active NFE <input type="checkbox"/><input type="checkbox"/> (Mention code - refer 2c of Part D)</p>
<p>4. Is the Entity a passive⁴ NFE</p>	<p>Yes <input type="checkbox"/> (If yes, please ?II UBO declaration in the next section.)</p> <p>Nature of Business _____</p>

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 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 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 redeem any Units held directly or beneficially by me/us if I/we fail to provide the information called for by the AMC / Principal Mutual Fund or if the units are found to be held in contravention of any regulatory requirements / prohibitions issued from time to time. Where, I / we have been advised this fund / scheme for investment and the investments are made in Direct Plan, I / we authorise the Mutual Fund to share my / our investment and transaction details with my / our advisor / distributor.

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 - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name _____ PAN _ _ _ _ _ _ _ _ _ _	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC*)
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name _____ PAN _ _ _ _ _ _ _ _ _ _	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC*)
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name _____ PAN _ _ _ _ _ _ _ _ _ _	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC*)

^a Refer Instruction No. D



Mandate Form for NACH/ECS/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]



*UMRN

Date

D D

M M

Y Y

Y Y

Tick (✓)

CREATE
MODIFY
CANCEL

*Sponsor Bank Code

*Utility Code

I/We, hereby authorize

PRINCIPAL MUTUAL FUND

To debit (tick ✓)

SB /CA /CC /SB-NRE /SB-NRO /Other

Bank A/c. Number:

With Bank

IFSC

or MICR

An amount of Rupees

(In Words)

₹

(In Figures)

Frequency

☐ Mthly

☐ Qtly

☐ H-Yrly

☐ Yrly

☐ As & when presented

DEBIT TYPE

☐ Fixed Amount

☐ Maximum Amount

Unique ID

Phone No.

Reference 2

Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From	D D	M M	Y Y	Y Y
To	D D	M M	Y Y	Y Y
Or	<input type="checkbox"/> Until cancelled			

Signature of 1st Account holder

Signature of 2nd Account holder

Signature of 3rd Account holder

Name as in bank records

Name as in bank records

Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
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***For official use only. Investors are advised to leave these fields as blank.**

Customer Information

Mobile:

E-mail Id:

Please attach a cancelled original personalized cheque

Don't forget to fill the below mentioned details in the OTM Form above

- Account Number, Bank Name, IFSC/ MICR Code, Branch
- Mention the maximum amount per day
- Mention the amount in words and in figures, just as you would in a cheque
- Folio No. or Application No., Mobile No. and E-mail Id
- Your signature as per your bank account

ONE TIME MANDATE (OTM)

Just register once and thereafter no more cheques/DD for investments or Debit mandate for new SIPs!



SIP Registration Form

Attention: No need to attach One Time Mandate again, if already registered / submitted earlier.

Broker ARN Code ARN: 54854	Sub-Broker Code	Sub-Broker ARN Code	EUIN No.	Principal Group Employee Code	Micro SIP	For Office use only
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☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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Payment Details:

Cheque No.

Drawn on

Date

Amount

PAN/PEKRAN & KYC

Sole / First Applicant / Guardian Name

Second Applicant / Guardian Name

Third Applicant / Guardian Name

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Cycle Date	Frequency	Start Month/Year	End Month/Year	Perpetual
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Please tick ☒ as applicable:

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Signature [as per Mutual Fund Records/Application]

X First Unit Holder Signature

Second Unit Holder Signature

Third Unit Holder Signature

SIP Acknowledgement through OTM facility.

Principal Mutual Fund

ISC Stamp

Investor Name:

Folio No./Application No.

Scheme Name:

Plan:

Option:

Amount: