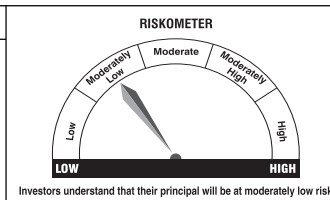


NFO OPENS ON : MARCH 28, 2016  
NFO CLOSING ON : APRIL 11, 2016  
SCHEME REOPENS ON : APRIL 25, 2016

This product is suitable for investors who are seeking -

- Income over short-term.
- Income through arbitrage opportunities between cash and derivative market and arbitrage opportunities within the derivative segment.

~ Investors should consult their financial advisors if in doubt about whether the product is suitable for them.



All details are mandatory. The application is liable to get rejected if details not filled.

Please read the instructions before filling the Application Form

## DISTRIBUTOR INFORMATION &amp; APPLICATION RECEIPT DATE

Broker ARN Code	Sub-Broker ARN Code	EUIIN	Sub-Broker Code	Principal Group Employee Code
<b>ARN- 48012</b>		<b>E053085</b>		

I/We hereby confirm that the EUIIN 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. (Refer Instruction No. G)  
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.

Signature of Sole/ First Applicant/ Holder

## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(14) for Details]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓ one of the options:- ☐ First time Mutual Fund Investor ☐ Existing Investor]

## 1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. B(1)]

Please fill your Folio No. and Name and then proceed to Section (3)

Common Account / Folio No.

Name of Sole / First Unit Holder

## 2 NEW APPLICANT'S DETAILS (Please fill in Block Letters with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms. ☐ M/s. Gender - ☐ Male ☐ Female Date of Birth/Incorporation

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 Nationality

Enclose Proof of DOB (Mandatory for minor) - ☐ Birth Certificate ☐ Passport ☐ Other Relationship with Minor Applicant - ☐ Father ☐ Mother ☐ Legal Guardian

[Note: • No Joint holding permitted in case of minor applicant - Refer Instruction no. B(11). • Guardian: Mandatory for Minor Applicant. • POA Holder/Contact Person: Mandatory for Non-Individual Investors]

GUARDIAN / POA HOLDER / CONTACT PERSON

Gender - ☐ Male ☐ Female

Date of Birth

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 Nationality

NAME OF THE SECOND APPLICANT ☐ Mr. ☐ Ms Gender - ☐ Male ☐ Female Date of Birth

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 Nationality

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms Gender - ☐ Male ☐ Female Date of Birth

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 Nationality

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] (Refer Instruction No. B(5))

Pin Code Zip Code

## CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Phone ☐ O ☐ R ☐ FaxMobile ☐ I / We wish to receive updates via SMS on my mobile (Please ✓)

e-mail I N B L O C K L E T T E R S

Where e-mail ID is provided all communications like Account Statement, Newsletter, Annual Report etc. will be done electronically. Physical, if required, will be mailed to your registered address on request.

## 3 INVESTMENT DETAILS (Please 3 Choice of Scheme / Plan / Option) - Please ensure there is only one cheque/DD per application form

Principal Arbitrage Fund -

☒ Regular Plan☐ Growth ☐ Dividend ☐ Payout ☐ Reinvestment ☐ Sweep

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No:

Sub-Broker ARN:

EUIIN:

Received from

Cheque / DD / RTGS / NEFT No.

Dated: DD / MM / YYYY

Drawn on Bank &amp; Branch

Scheme / Plan / Option

Amount ₹

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

Application No.

Signature, Stamp &amp; Date

#### 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 <sup>†</sup>	<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)				

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 Networth in ₹ (Mandatory for Non Individual) (Not older than 1 year)	as on _____	as on _____	as on _____	as on _____

<sup>†</sup> Address of tax residence would be taken as available in KRA database. In case of any change. Please approach KRA & notify the changes.

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"/>

#### 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. \_\_\_\_\_

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 PAYMENT DETAILS (Mandatory) The name of the First/Sole Applicant must be preprinted on the cheque [Refer Instruction No. C]

(i) Investment Amount (₹) \_\_\_\_\_ (ii) DD Charges (₹) \_\_\_\_\_ Net Amount (₹) (i)+(ii) \_\_\_\_\_

Mode of Payment (Please ✓) ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ ECS ☐ Funds Transfer

Payment from Bank A/c. No. \_\_\_\_\_

\*Cheque / DD / RTGS / NEFT No. \_\_\_\_\_ Dated

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)**

☐ Parent/Grand Parent/related person (Not to exceed ₹ 50,000): \_\_\_\_\_ Name \_\_\_\_\_

☐ Employer: \_\_\_\_\_ Name \_\_\_\_\_ ☐ Custodian: \_\_\_\_\_ Name \_\_\_\_\_

**Mandatory Enclosure**

☐ KYC Acknowledgement Letter &

☐ Third Party Declaration Form

**Please enclose any one of the relevant documents as indicated below as per the Mode of Payment:**

- RTGS / NEFT / ECS / Bank Transfer - ☐ Instruction to the Bank from the Unitholder to Debit the Account.
- DD / Pay order / Banker's Cheque and the like - ☐ Declaration / Acknowledgement from Bank ☐ 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:

**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](mailto:customer@principalindia.com) • Website: [www.principalindia.com](http://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 _____	DP ID	Beneficiary Account No.
CSDL	DP Name _____	Beneficiary Account No.	

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

☐ I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.

**NOMINEE'S NAME** ☐ Mr. ☐ Ms

| | | | | | | | | | | | | | | | | |

Date of Birth | D | D | M | M | Y | Y | Y | Y |  
(in case of nominee being a minor)

**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 | | | | | | | |

Specimen Signature of Nominee / Guardian

**OR**

☐ I/We do not wish to nominate a nominee in my / our folio.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

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

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

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on [www.principalindia.com](http://www.principalindia.com) and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information /sensitive personal data or information provided by me/us to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards.

**11 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)<sup>#</sup>**

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

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

☐ I am a US Person ☐ I am not a US Person

**12 FATCA INFORMATION / FOREIGN TAX LAWS** [Refer instruction No. '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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below:			
Country <sup>#</sup>			
Tax Identification Number <sup>##</sup>			
Identification Type (TIN or Other, please specify)			

<sup>#</sup> To also include USA, where the individual is a citizen / green card holder of The USA

<sup>##</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent.<sup>\$</sup>

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	
i. Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration]	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii. Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iv. Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> 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) ☐ 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)	
1. We are a, Financial institution <sup>6</sup> <input type="checkbox"/> or Direct reporting NFE <sup>7</sup> <input type="checkbox"/> (please tick as appropriate)	<b>GIIN</b> <input type="text"/> <b>Note:</b> 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: Name of sponsoring entity <input type="text"/> <input type="text"/>  <b>GIIN not available</b> (please tick as applicable) <input type="checkbox"/> <b>Applied for</b> If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="checkbox"/> Not obtained - Non-participating FI
PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")	
1. Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2. Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3. Is the Entity an active <sup>3</sup> NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive <sup>4</sup> NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>
<sup>1</sup> Refer 2a of Part D   <sup>2</sup> Refer 2b of Part D   <sup>3</sup> Refer 2c of Part D   <sup>4</sup> Refer 3(ii) of Part D   <sup>6</sup> Refer 1 of Part D   Refer 3(vii) of Part D   <sup>10</sup> 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 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.

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

<sup>^</sup> Refer Instruction No. D

**14 CHECKLIST****Please ensure that:**

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

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

☐ 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

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 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/Instalments 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!



• 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.

**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.*

Customer Information
Mobile:
E-mail Id:

Please attach a cancelled original personalized cheque

## SIP Instructions: Terms & Conditions

- With the introduction of One Time Mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions or additional purchase transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered.
- If anytime during the SIP period, the onetime mandate is modified to reduce the validity period, future installments of all SIPs registered under the mandate will be deemed to have the end period coinciding with the mandate.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with Principal Mutual Fund which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.
- If end date is not specified, SIP will be continued till the perpetuity or until cancelled.

## OTM Instructions: Terms & Conditions

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Registration process for OTM forms submitted during the NFO period will commence after the closure and allotment of NFO applications.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through 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.
- If end date/frequency is not mentioned in the OTM Form, the same will be considered as per the SIP Registration Form and vice versa.

### MANDATORY FIELDS

**Date:** Date is mandatory • **CREATE/MODIFY/CANCEL:** tick is mandatory for create/modify & cancel if not ticked mandate will be rejected • **To Debit (tick):** account type is mandatory • **Bank A/c Number:** Investor debit bank a/c number mandatory • **With Bank:** Investor bank name is mandatory • **IFSC / MICR:** Correct IFSC code or MICR code is mandatory • **An amount of Rupees:** SIP fixed instalment amount in words in word column is mandatory, maximum amount in words in word column is mandatory • **₹ :** SIP fixed instalment amount in figures in figure column is mandatory, Maximum instalment amount in figures in figure column is mandatory • **Frequency:** SIP monthly/ quarterly mandatory, Lump sum : as & when presented is mandatory • **Debit Type:** For SIP fixed Amount & for Lump sum Maximum Amount is mandatory • **Folio No.:** For Existing Investor only • **Phone No./ Email ID:** Phone No. or Email ID is Mandatory • **PAN Number:** Mandatory • **Period:** SIP start date is Mandatory, Lump sum : indicate till what date the mandate should be valid • **Signature of Account Holder:** Signature is mandatory as per bank record • **Name of the Bank A/c Holder:** Name of the Bank A/c Holder is mandatory

**Declaration for Ultimate Beneficial Ownership [UBO]**  
(Mandatory for Non-individual Applicant/Investor)

This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

**A: APPLICANT DETAILS:**Applicant Name:   
PAN:  Folio No.:  Application No.: **B: CATEGORY [ ✓ applicable category]:**☐ Unlisted Company ☐ Partnership Firm ☐ LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust / Trust created by a Will  
☐ Others \_\_\_\_\_ (please specify)**C: DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms) All fields are Mandatory**

Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.

Sr. No.	Name of UBO	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type (Refer Instruction 4)	% of beneficial interest	Controlling person type Code (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd-mm-yy]	Address & Contact details [include City, Pincode, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
1.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
2.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
3.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
4.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
5.													<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.

I/We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]