PAGE 1 of 4



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

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PAGE 2 of 4

4 KYC / FATCA	DETAILS FOR	ALL APPLICAN	ITS (Mandatory,	Please 🗸 . The ap	oplication is liable to get rej	ected if details no	t filled)		
Status details for	First Applicant	Second Applicant	Third Applicant	Guardian	Politically Exposed Per	rson (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
Resident Individual					First / Sole Applicant				
NRI / PIO					Second Applicant				
Sole Proprietorship		_	_	_	Third Applicant Guardian				
Minor through Guardian#		_	_	_	Authorised Signatories				
Non Individual	☐ Company/Body				Promoters				
14011 III dividual	Corporate				Partners				
	☐ Partnership				Karta				
	☐ Trust ☐ Society	_	_	_	Whole-time Directors				
	☐ HUF ´				Gross Annual Income	Range (in ₹)			
	☐ Bank ☐ AOP				Occupation details for		Second Applican	t Third Applicant	Guardian
	☐ FI / FII / FPI				Below 1 lac				
Others (Please specify)					1 - 5 lac				
, , ,					5 - 10 lac 10 - 25 lac				
Occupation details for	First Applica	nt Second Applicar	nt Third Applicant	Guardian	25 lac- 1 crore				
Private Sector					above 1 crore				
Public Sector					OR Networth in ₹				
Government Service					(Mandatory for Non Individual)	as on	as on	as on	as on
Business					(Not older than 1 year	45 611	40 011	45 611	45 511
Professional					"Address of tax residence	would be taken as a	vailable in KRA (datahase In case of	any change Please
Agriculturist					approach KRA & notify th		Valiable III NO V	database. In case of	arry criarige. Fiedse
Retired					Type of Address given	at KRA	Residentia	al Business	Registered Office
Housewife					First / Sole Applicant				
					Second Applicant				
Student					Third Applicant				
Others (Please specify)			_		Guardian				
Bank Name (Do not abbreviate) Account No. Branch Address	(Please pro	ovide the full accour	nt number)		Branch / City		Pin (Code	
Account Type (Please ✓)	Savings	Current NR	E NRO F	CNR NRSR					
MICR Code*			This is a 9 digit	number next to you	ur Cheque No. Essential E	nclosures : (For Direct	: Credit): Blan	k cancelled cheque	Copy of cheque
Only for IFSC*			NEF	T*		1 1 1		[* ir	ndicates - Mandatory
RTGS* Code	close Proof of Rank	(norsonalised cance	Coo		ank Account is different from th	a above mentioned F	Rank Account do	•	
Note: it is mandatory to cir	close Froor or Barin	(personalisea carice	ilea crieque ieur) wri	ore the rayment be	and Account is different from the	ic above mentioned b	Janik Account de	tuiis.	
7 PAYMENT DE	TAILS (Manda	atory) The name	e of the First/Sole	Applicant must	be preprinted on the chequ	ue [Refer Instruction	on No. C]		
(i) Investment Amount (₹)			(ii) DD C	harges (₹)		Net Amount (₹) (i)+(ii)		
Mode of Payment (Please ✓) Cheque	□ DD □ RTGS	□ NEFT □	ECS Funds	Fayment from Bank A/c. No.				
*Cheque / DD / RTGS / NEF	T No.	·	[Dated D D	M M Y Y Y	Υ			
Drawn on Bank					Branch & City				
Details of the Payer (In ca	ase, the First Unit	holder is not one o	of the Bank A/c. ho	lder as mentione	d above)			Mandatory Enclosu	ire
Parent/Grand Parent/rela	ated person (Not to	exceed ₹ 50,000): _		Name				KYC Acknowle	edgement Letter &
Employer:	Name			Custodian:	Name			Third Party De	claration Form
Please enclose any one of	f the relevant doc	uments as indicate	d below as per the	Mode of Paymen	t: • RTGS/NEFT/ECS/Bank	Transfer - Instruc	ction to the Bank	from the Unitholder	to Debit the Account.
•			•	•	Copy of Passbook / Bank State				
* Please mention the Appl	ication No., PAN a	nd Name of the First	Unitholder on the	reverse of the Pay	ment Instrument.				
Mutual Funds Exchange	al Mutual Fun e Plaza, 'B' Wing,	Ground Floor, NS	E Building, Bandra	Kurla Complex,	Bandra (East), Mumbai - 400 cipalindia.com • Website: <u>v</u>		<u>com</u>		
CHECK LIST : Please ensu	ure the following:	Application form is	complete in all resp	pects and signed by	y all Applicants • Bank Account	details are filled • Co	opy of PAN card		
Acknowledgement letter is are urged to make the Pay	ssued KYC Registrati ment Instruments fa	ion Agency (KRA) / pr Ivouring "Name of th	intout of KYC compli ne Scheme A/c. First	ance status downloa Investor Name" C	aded from website of KRA, as app IR "Name of the Scheme A/c. Poure that you fill in the contact de	olicable • Appropriate ermanent Account N	options are filled lumber" OR "Na	 To prevent fraudule 	ent practices investor

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PAGE 3 of 4

NSDL	DP Name	DP ID	Beneficiary Account I	No.
CSDL	DP Name	Beneficiary Account No.		
Q N	IOMINATION (Please ✓ and confirm the option selected) Places Pafor Instruction No. 'E'		
	o hereby nominate the undermentioned Nominee to receive the Units		in the event of my/our death. I/We also i	inderstand that all payments and settlements
such N	ominee and Signature of the Nominee acknowledging receipt thereof	f, shall be valid discharge by the AMC/N	lutual Fund/ Trustees.	andorstand that an paymonts and sociomonis
OMINE	E'S NAME Mr. Ms		Data of Dist	n D D M M Y Y Y
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AME O	F PARENT / LEGAL GUARDIAN (in case of nominee being a minor)	Mr. Ms		•
DDRES	S OF NOMINEE / GUARDIAN (in case of nominee being a minor)			
	Constitution of the consti			
City		Pin Code	Sp.	ecimen Signature of Nominee / Guardian
R				
	lo not wish to nominate a nominee in my / our folio.	nature of 1st Unit Holder	Signature of 2nd Unit Holder	Signature of 3rd Unit Holder
Applican	ts can make multiple nomination (to the maximum of three) by filing r	nomination form available at our Investo	r Service Centres / <u>www.principalindia.c</u>	om]
10 P	RIVACY POLICY CONFIRMATION [Refer instruction N	lo. `H']		
	ent to and authorize the AMC to share all information (including with			
	any of its Associates/Group Companies, for offering their services and			
	nsent to and authorize AMC to collect personal information or sensitive			
		ending and offering services and supp	ort requested and to share with and d	isciose the same to Pivif/AiviC s Associates/C
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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.





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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 or Direct reporting NFE ⁷				have a G	IIN but	you	are s	sponso	ored b	by an	other	enti	ty, ple	ease p	provid	e you	ır spo	onsor	's GII] N abo	ove a	nd in	ıdicat	e you	ır		
	(please tick as appropriate)	- 1	e of spons																									ı
PΔR	GIIN not available (please tick as applicable) If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category ¹⁰ Not obtained – Non-participating FI																											
1.	PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)							Yes [(If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange																				
2.	ls the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)						Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange																					
3.	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 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 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 Phb 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) / payme

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.

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

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.





[^] Refer Instruction No. D