

Application No. \_\_\_\_\_

Please read the instructions before filling the Application Form

## BROKER INFORMATION & APPLICATION RECEIPT DATE (Not to be filled in by the Applicant)

Broker Name & Code	Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt
ARN - 2233					

## 1 EXISTING UNITHOLDERS DETAILS (Donor to fill in the Unit holder / Beneficiary) (Please note that the applicant details and mode of holding are as per the existing Folio Number)

Common Account No. \_\_\_\_\_

Name of Sole / First Unit Holder \_\_\_\_\_

## 2 DONOR INFORMATION (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF APPLICANT / DONOR  Mr.  Ms  
 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

Date of Birth DDMMYYYY PAN \_\_\_\_\_ Enclosed (please )  
 PAN copy

Applicant cannot be more than 45 years of age where the target period is 7 years & 10 years and 40 years where the target period is 15 years (only for Future Guard Plan)

Please attach copy of KYC acknowledgement letter^

Proof of Age : \_\_\_\_\_

Parent / Guardian Name  Mr.  Ms (if first applicant is a Minor)/ Contact Person (DESIGNATION in case of non-individual Investors - PAN not required for contact person)  
 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

Date of Birth DDMMYYYY PAN \_\_\_\_\_ Enclosed (please )  
 PAN copy

Please attach copy of KYC acknowledgement letter^

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

City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

OVERSEAS ADDRESS (in case the Applicant / Donor is NRI/FII/PIO) [P.O. Box Address is not sufficient]

City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

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

Phone O \_\_\_\_\_ R \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_  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

I/We wish to receive the following documents via e-mail in lieu of physical document(s) [Please ]  Account Statement  Newsletter  Annual Report  Other Statutory Returns / Information

## STATUS OF DONOR / APPLICANT (Please )

Resident Individual  Partnership Firm  AOP  BOI  
 Minor  Bank / FI  Society/Club  Others (Please specify)  
 HUF  Trust  Company

## OCCUPATION OF DONOR / APPLICANT (Please )

Business  Service  Profession  Retired  
 Agriculture  House Wife  Student  
 Others (Please specify)

## IF APPLICANT / DONOR IS A NON-RESIDENT

NRI (Repatriable)  FII (Repatriable)  NRI Minor (Repatriable)  
 PIO  NRI (Non Repatriable)  NRI Minor (Non Repatriable)

## MODE OF HOLDING

Single

## 3 UNITHOLDER / BENEFICIARY INFORMATION (Please fill in BLOCK LETTERS & with black/blue ink use one box for one alphabet leaving one box blank between two words)

NAME OF UNITHOLDER / BENEFICIARY  Mr.  Ms  
 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

Date of Birth DDMMYYYY PAN \_\_\_\_\_ Enclosed (please )  
 PAN copy

^ In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC)

Acknowledgement letter issued by CDSL Ventures Limited alongwith the application form.

ADDRESS OF UNITHOLDER / BENEFICIARY [P.O. Box Address is not sufficient]

City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

OVERSEAS ADDRESS (in case the Unitholder / Beneficiary is NRI/FII/PIO) [P.O. Box Address is not sufficient]

City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

## CONTACT DETAILS OF UNITHOLDER / BENEFICIARY (Please ensure that you fill in the contact details for us to serve you better.)

Phone O \_\_\_\_\_ R \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_  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

I/We wish to receive the following documents via e-mail in lieu of physical document(s) [Please ]  Account Statement  Newsletter  Annual Report  Other Statutory Returns / Information

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

Received from \_\_\_\_\_

Cheque/DD No. \_\_\_\_\_ Dated: DD / MM / YYYY

Drawn on Bank & Branch \_\_\_\_\_

Scheme / Plan / Option \_\_\_\_\_

Amount Rs. \_\_\_\_\_

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

Application No. \_\_\_\_\_

ARN No: \_\_\_\_\_

Signature, Stamp & Date

**STATUS OF UNITHOLDER / BENEFICIARY (Please ✓)**

Resident Individual  Partnership Firm  AOP  BOI  
 Minor  Bank / FI  Society/Club  Others (Please specify)  
 HUF  Trust  Company

**OCCUPATION OF UNITHOLDER / BENEFICIARY (Please ✓)**

Business  Service  Profession  Retired  
 Agriculture  House Wife  Student  
 Others (Please specify)

**IF UNITHOLDER / BENEFICIARY IS A NON-RESIDENT**

NRI (Repatriable)  FII (Repatriable)  NRI Minor (Repatriable)  
 PIO  NRI (Non Repatriable)  NRI Minor (Non Repatriable)

**MODE OF HOLDING**

Single

**NAME OF GUARDIAN (in case Unitholder / Beneficiary is a Minor)**

Mr.  Ms

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

Minor's Relationship

**STATUS (Please ✓)**

Individual  Trust  Others

**STATUS (Please ✓)**

Resident  Non-Resident

**4 PERSONAL IDENTIFICATION NUMBER (To serve you better) - refer instruction page**

Do you want a PIN assigned ?  Yes  No (In case you would want a PIN assigned; please submit a duly filled and signed PIN Form along with this Application. PIN form is part of the application form / available at request / can also be downloaded from our website.)

**5 PAYMENT DETAILS (Mandatory)**

Investment Amount (Rs.) DD Charges (Rs.) Net Amount (Rs.)

Mode of Payment (Please ✓)  Cheque  DD \*Cheque / DD No. Dated D D M M Y Y Y Y

Account No. Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR

Drawn on Bank & Branch City

\* Please mention the Application No. on the reverse of the Cheque/DD. All Cheques/DDs to be drawn in favour of "the Specific Scheme Name".

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

Principal Child Benefit Fund  Career Builder Plan  Future Guard Plan Target Period  7 Years  10 Years  15 Years

**7 BANK ACCOUNT DETAILS (Mandatory)**

Bank Name (Do not abbreviate)

Account No. (Please provide the full account number) Branch / City

Branch Address Pin Code

Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Repatriable  Non-Repatriable  Others

MICR Code This is a 9 digit number next to your Cheque No.

Only for IFSC RTGS Code NEFT Code

Essential Enclosures : (For Direct Credit)

Blank cancelled cheque  Copy of cheque

Direct Credit Facility is currently available with : BNP Paribas, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, Axis Bank & Indusind Bank. For an update in this list please contact any of our ISC at the contact details provided overleaf.

• Please verify and ensure the accuracy of the bank details provided above and as shall appear in your account statement which shall be issued to you should your application be accepted. Principal Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

**8 ALTERNATE BENEFICIARY INFORMATION**

Name of Alternate Beneficiary Mr/Ms/Mrs (ALL CAPITAL LETTERS) Date of Birth D D / M M / Y Y Y Y

Name of Guardian (in case Alternate Beneficiary is a Minor) Minor's Relationship

**9 APPLICATION ENCLOSED (Please ✓) (Only for the Career Builder Plan / Option**

Systematic Investment Plan  Post dated Cheques  SIP Auto Debit Form  HDFC Standing Instruction (HDFC Bank Account Holders only)  ICICI Standing Instruction (ICICI Bank Account Holders only)  Systematic Withdrawal Plan  Systematic Transfer Plan

**10 DECLARATION AND SIGNATURES**

It is understood that the Applicant has the express authority from the relevant constitution to invest in the units of the Principal Child Benefit Fund (the Fund) and the Principal Pnb Asset Management Company Pvt. Ltd. [AMC], its Trustee and Principal (Mutual Fund) would not be responsible if the investment is ultra vires the relevant constitution.

We further confirm having read and understood the contents of the offer document/s to the Scheme including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the Principal Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme as applicable to my / our investment including any further transaction under the Scheme. 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 the Applicant 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 authorize AMC to reject the application, reverse the unit 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 details given above, where AMC has such arrangement with my / our Bank.

**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 Applicant's Non - Residents External / Ordinary Account / FCNR Account.

^ In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Limited alongwith the application form.

<b>SIGNATURES</b>	Signature / Thumb Impression of Donor / Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter^)	
<b>SIGNATURES</b>	Signature / Thumb Impression of Unitholder / Guardian / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter^)	



**Principal Mutual Fund**

Exchange Plaza, 'B' wing, 11th Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051, India.

For investment related enquiries, please contact:

**Principal Mutual Fund**

Ph : 1800-22-5600 (Toll Free Number) or 022-22021111 (If calling from a Non MTNL / Non BSNL lines)  
 Email : 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 KYC Acknowledgement Letter issued by CDSL Ventures Ltd. for any application of Rs. 50,000 and above • Appropriate options are filled • Cheques/DD should be drawn in favour of "the Specific Scheme Name" • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.