

# FORM 1 - LUMP SUM AND/OR SIP INVESTMENTS

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY. PLEASE READ THE INSTRUCTIONS BEFORE FILLING THE APPLICATION FORM

APPLICATION NO.

Broker ARN/RIA Code <sup>^</sup>	Sub-Broker ARN Code	EUIN	Sub-Broker Code
ARN -			

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us 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. (Ref Instruction No. G). Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. <sup>^</sup> By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions.

Sole / First Applicant's Signature (Mandatory)

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

I am a First Time Investor in Mutual Fund Industry  I am an Existing Investor in Mutual Fund Industry

### 1A FIRST APPLICANT'S DETAILS (Ref instruction B. All fields are mandatory)

Existing Unit Holder (Fill & skip to section 4) Folio No.

Name of First Applicant (As in PAN / KYC/ Aadhaar) \_\_\_\_\_

City & Country of Birth \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Date of birth (Proof in case of minor) D D M M Y Y Y Gender  Male  Female

PAN/PEKRN \_\_\_\_\_ KIN^^ \_\_\_\_\_  CKYC / KYC Form / Acknowledgement Copy

Aadhaar No. (Attach copy) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email Id \_\_\_\_\_

Correspondence Address (Please note: Address will be replaced as per KYC records) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_ Are you a tax resident of any country other than India?  Yes  No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

Overseas address (For FII/NRIs/PIOs) (Ref B 5) \_\_\_\_\_

Name of the Guardian (in case of minor) / POA (Contact person for non individuals / POA holder name) \_\_\_\_\_ PAN (Guardian / POA) \_\_\_\_\_

Aadhaar No. (Guardian / POA) \_\_\_\_\_

City & Country of Birth \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Date of Birth (Guardian / POA) D D M M Y Y Y Gender  Male  Female

PAN/PEKRN \_\_\_\_\_ KIN^^ \_\_\_\_\_  CKYC / KYC Form / Acknowledgement Copy

Are you a tax resident of any country other than India?  Yes  No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

For Investments "On behalf of Minor" (Refer B 11)  Birth Certificate  School Certificate  Passport  Other  Specify \_\_\_\_\_ Guardian named above is  Father  Mother  Court Appointed

### 1B JOINT APPLICANT'S DETAILS (All fields are mandatory)

Mode of operation  Single  Joint (Default option)  Either or Survivor(s)

Name of Second Applicant (As in PAN / KYC/ Aadhaar) \_\_\_\_\_

City & Country of Birth \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Date of birth (Proof in case of minor) D D M M Y Y Y Gender  Male  Female

PAN/PEKRN \_\_\_\_\_ KIN^^ \_\_\_\_\_  CKYC / KYC Form / Acknowledgement Copy

Aadhaar No. (Attach copy) \_\_\_\_\_ Are you a tax resident of any country other than India?  Yes  No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

Name of Third Applicant (As in PAN / KYC/ Aadhaar) \_\_\_\_\_

City & Country of Birth \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Date of birth (Proof in case of minor) D D M M Y Y Y Gender  Male  Female

PAN/PEKRN \_\_\_\_\_ KIN^^ \_\_\_\_\_  CKYC / KYC Form / Acknowledgement Copy

Aadhaar No. (Attach copy) \_\_\_\_\_ Are you a tax resident of any country other than India?  Yes  No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

^^ For CKYC provide 14 digit KYC Identification Number (KIN).

### 2 KYC/FATCA DETAILS (All fields are mandatory, Please tick or specify. Ref Instruction D & I)

Details of	Occupation Details										Politically Exposed Person (PEP) Details			
	Private Sector	Public Sector	Gov. Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Proprietorship	Others	Is a PEP	Related to PEP	Not Applicable
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorised Signatories/ Promoters/ Partners/ Karta/ Whole-time Directors / Trustee \_\_\_\_\_

Details of	Gross Annual Income Range (₹)						*Or Networth in ₹	Status Details						
	< 1L	1-5L	5-10L	10-25L	25L-1C	> 1C		Resident Individual	NRI / PIO / NRO	Sole Proprietorship	Minor through Guardian	Non Individual	Others	
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> HUF	Is the entity involved in any of the following: Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partnership <input type="checkbox"/> Society <input type="checkbox"/> Trust		Specify
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI <input type="checkbox"/> NPO		Specify
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOI <input type="checkbox"/> OCI <input type="checkbox"/> LLP		Specify

\*Mandatory for Non Individual. Not older than 1 year

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

Application No.

From \_\_\_\_\_ Date D D M M Y Y

	Scheme	Plan/Option	Amount
1			
2			
3			

Stamp & Signature

### 3 BANK DETAILS FOR PAY-OUT (Mandatory. Refer C and avail of Multiple Bank Registration Facility. Please attach cancelled cheque copy.)

Bank Name

Bank A/c No.  Type  Savings  Current  NRO  NRE  FCNR  NRSR  Others  Specify

Branch Name  City  Pin

IFSC/NEFT Code (11 digit)\*  MICR Code (9 digit)\*  \*Mentioned on your cheque leaf

### 4 INVESTMENT AND PAYMENT DETAILS (In case of discrepancy, Default plan/option will be applied) Ref Instruction A, B & C

i Name  Give a name to investment Target Amount

INVESTMENT TYPE  ONLY LUMPSUM  ONLY SIP\*  LUMPSUM & SIP\* \*Attach FORM 2

Scheme (Invest in upto 3 schemes with single cheque)	Plan		Option		Sub Option			Frequency (if applicable)	Amount in figure (₹)	
	Regular	Direct	Dividend	Growth	Payout	Reinvest	Sweep	Tick any one*	Lumpsum	SIP
1. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A		
2. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A		
3. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A		
<b>Total (Amount in words)</b>										

Dividend Sweep into  Scheme  Plan  Option  \*D-Daily, W-Weekly, M-Monthly, Q-Quarterly, HY-Half Yearly & A-Annual

PAYMENT DETAILS (Applicable for both lumpsum & SIP investment) Payment Account  Non Third Party Payment  Third Party Payment (Please attach declaration form available at www.principalindia.com)

Payment mode	Instrument/ Reference No.	Amount (₹)	Account No.	Account type
<input type="checkbox"/> Cheque/ DD				<input type="checkbox"/> Savings
<input type="checkbox"/> RTGS/ NEFT		DD Charges (if any)	Bank & Branch	<input type="checkbox"/> Current
<input type="checkbox"/> Funds Transfer				<input type="checkbox"/> NRO
				<input type="checkbox"/> NRE

### 5 DEMAT ACCOUNT DETAILS (Optional) (Refer instruction No. 'B(13))

(Please ensure that the sequence of names as mentioned in the application from matches with that of the account held with the Depository Participant. Attach copy of DP statement.)

NSDL  DP NAME  DP ID  Beneficiary Account No.

CSDL  DP NAME  Beneficiary Account No.

### 6 NOMINATION DETAILS (Single or joint applicants are advised to avail Nomination facility. Ref Instruction E).

I/We wish to nominate.  I/We DO NOT wish to nominate and sign here

Sole / First Applicant / Guardian  Second Applicant  Third Applicant

	Nominee Name	Guardian Name (In case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1	<input type="text"/>	<input type="text"/>		<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
Nominee 3	<input type="text"/>	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		<b>Total = 100%</b>	<input type="text"/>

### 7 DECLARATION & SIGNATURES

**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. 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 hereby agree for the AMC to reject the application or 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 the information provided by me turns out to be false 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.

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information as defined in the 'Privacy Policy' hosted on your website www.principalindia.com) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies/Affiliates, as well as 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. 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 hereby agree to keep the information provided to AMC updated and to provide any additional information/ documentation that may be required by AMC in connection with this application. Also, I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given under Instructions and hereby accept the same.

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my consent for sharing/disclosing of my/our Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the folios linked to my/our PAN.

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.

FATCA/ CRS Declaration for Non-individual: 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 given under Instructions and hereby accept the same.

First / Sole Applicant / Guardian  Second Applicant  Third Applicant  Power of Attorney Holder

Date:         Place:

### QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card and Aadhaar copy
- Email id and mobile number provided for regular updates
- Plan / Option / Sub Option name mentioned along with scheme name
- Form 2 is filled & attached for SIP investments.
- Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- Additional documents attached for Third Party payments. Refer instructions.
- FATCA & CRS Declaration for non individual/ Entity is attached (mandatory) .