

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

EXISTING UNITHOLDERS DETAILS (Please fill in your Common Account No. & First Unitholder's Name)

Common Account No.	First Unitholder's Name

NEW APPLICANT INFORMATION (Please fill-up entire form in CAPITAL LETTERS & black/blue ink)

Status of First Applicant				Occupation of 1st Applicant / Guardian
<input type="radio"/> - Resident Individual	<input type="radio"/> - Partnership Firm	<input type="radio"/> - AOP	<input type="radio"/> - BOI	<input type="radio"/> - Business
<input type="radio"/> - Minor	<input type="radio"/> - Body Corporate	<input type="radio"/> - Society/Club	<input type="radio"/> - Others	<input type="radio"/> - Service
<input type="radio"/> - HUF	<input type="radio"/> - Trust	<input type="radio"/> - Company	Please specify.....	<input type="radio"/> - Profession
If Applicant is a Non-Resident				<input type="radio"/> - Retired
<input type="radio"/> - NRI (Repatriable)	<input type="radio"/> - FII (Repatriable)	<input type="radio"/> - NRI Minor (Repatriable)		<input type="radio"/> - Agriculture
<input type="radio"/> - NRI (Non Repatriable)		<input type="radio"/> - NRI Minor (Non Repatriable)		<input type="radio"/> - House wife
Mode of Holding				<input type="radio"/> - Student
<input type="radio"/> - Single	<input type="radio"/> - Jointly	<input type="radio"/> - Either / Anyone or Survivor		<input type="radio"/> - Others
Name of Sole/First Applicant/Minor/Karta of HUF/Non Individual/Donor				Date of Birth (dd/mm/yyyy)
MIN No.*				
Name of Guardian (In case of minor)				MIN No.*
Name of Alternate Guardian (In case of minor)				MIN No.*
Name of Contact Person (In case of Body Corporate/Company/Society/FII/Trust/AOP/BOI etc)				MIN No.*

Contact Details of Sole/First Applicant (Local Indian address only) (Mandatory)

City: _____ Pin: _____ Dist: _____ State: _____ Send me a pin for Internet services
 - Yes / - No
Telephone: STD Code: _____ Off.: _____ Res.: _____ Fax: _____
Mobile: _____ Email Address: _____

Name of Second Applicant / Joint Holder (Only for Resident Individual & NRI)

Name of Second Applicant / Joint Holder (Only for Resident Individual & NRI)	Date of Birth (dd/mm/yyyy)

Name of Third Applicant / Joint Holder (Only for Resident Individual & NRI)

Name of Third Applicant / Joint Holder (Only for Resident Individual & NRI)	Date of Birth (dd/mm/yyyy)

PAN No/s. (Mandatory for investments fo Rs. 50,000/- and above)

	Pan No.	Circle/Ward/District	PAN Card enclosed	Form 60/61 enclosed
Sole / First Applicant			<input type="radio"/> - Yes / <input type="radio"/> - No	<input type="radio"/> - Yes / <input type="radio"/> - No
Second Applicant			<input type="radio"/> - Yes / <input type="radio"/> - No	<input type="radio"/> - Yes / <input type="radio"/> - No
Third Applicant			<input type="radio"/> - Yes / <input type="radio"/> - No	<input type="radio"/> - Yes / <input type="radio"/> - No

BANK ACCOUNT DETAILS (It is mandatory to furnish these otherwise your application may be rejected)

Account No.	Bank Account Type
	<input type="radio"/> - Savings <input type="radio"/> - Current
Bank Name	<input type="radio"/> - NRO <input type="radio"/> - NRE
Branch Name	<input type="radio"/> - FCNR <input type="radio"/> - NRSR
City Name	
Pin	
9 digit MICR code of Bank Branch	as appearing next to the MICR No. issued by the bank

E-MAIL COMMUNICATION (To serve you better) (refer instruction page)

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 Information

ELECTRONIC CLEARING SERVICE (ECS) (refer instruction page)

You may choose to receive dividend, if declared, in your bank account through the Electronic Clearing Service.
 I/We authorise Principal Mutual Fund to credit my / our dividend through ECS. [Please ✓]

PERSONAL IDENTIFICATION NUMBER (PIN) (refer instruction page)

Do you want a PIN assigned? Yes No

* Presently mandatory to quote MIN for all applications for subscription of value of Rs. 50,000 and above.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Principal Pnb Asset Management Company Private Ltd.
Investment Managers for Principal Mutual Fund
Apeejay House, 5th Floor, 3 Dinshaw Vaccha Road, Churchgate,
Mumbai 400 020. Tel: (91-22) 2202 1111.
Fax: (91-22) 2204 4990. Website: www.principalindia.com E-mail: customer@principalindia.com

Application Form for Debt Schemes

APPLICATION FORM

No.

Received from : _____
Cheque/DD No. _____ Dated: DD / MM / YYYY
Drawn on Bank & Branch : _____

Signature, Stamp & Date

FOREIGN ADDRESS DETAILS (In case the 1st Applicant is NRI / Fil)

City: _____ Zipcode: _____ State: _____ Country: _____
 Telephone: STD Code: _____ Off.: _____ Res.: _____ Fax: _____
 Mobile: _____ Email Address: _____

NOMINATION **SIP / SWP / SSTP**

Nomination form is enclosed: Yes No
 (Please fill up the form on Page No. 25)

SIP / SWP / SSTP form is enclosed: Yes No
 (Please fill up the form on Page No. 26)

INVESTMENT & PAYMENT DETAILS

INVESTMENT DETAILS				
Scheme / Plans	Plan / Option (Please ✓)	Dividend Frequency (Please ✓)	Dividend Distribution Option (Please ✓)	Amount (Rs.)
Principal Income Fund ○ Regular Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Income Fund - Short Term Plan ○ Regular Plan ○ Institutional Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Floating Rate Fund - Short Maturity Plan ○ Regular Plan ○ Institutional Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	
Flexible Maturity Plan ○ Regular Plan ○ Institutional Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	
Principal Monthly Income Plan ○ MIP ○ MIP Plus	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Cash Management Fund - Liquid Option ○ Regular Plan ○ Institutional Plan ○ Institutional Premium Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Government Securities Fund - Savings Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout		<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Government Securities Fund - Investment Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Government Securities Fund - Provident Fund Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth - Accumulation <input type="checkbox"/> Growth - Auto Earnings Payout <input type="checkbox"/> Annual NAV Rebalancing Option	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Gross Amount Invested (Rs. In Figures)				
Less: Bank Charges (Rs. In Figures)				
Net Amount (Rs. In Figures)				

PAYMENT DETAILS (Mandatory)

○ - Cheque ○ - D.D. ○ - NRE ○ - NRO ○ - FCNR ○ - NRSR

Drawn on Bank Name	Cheque / DD No. & Date
Branch Name	Cheque Amount (in figures)
City name	Cheque Amount (in words)
All Cheques / DDs to be drawn in favour of "Principal Mutual Fund"	

DECLARATION AND SIGNATURES

I/We have read and understood the contents of the above mentioned scheme/s, for which units are been subscribed or exchanged into. I/We agree to abide by the terms, conditions, regulations of the Schemes under the above mentioned scheme/s. The Mutual Fund scheme(s) in which I/We are investing offers varied sales/exit load. I/We have reviewed the Offer Document explaining the difference between loads including the reduction of sales load for units based upon the amount invested. I/We understand that switch between schemes including under asset allocation are taxable transactions. I/we understand that A/c Statements and all investor communication will be emailed to the email id specified by me.

I/We confirm that I am/We are Non-Residents of Indian Nationality/Origin and that I/We hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our Non-Resident External Account/FCNR/NRO/NRSR Account. (Applicable to NRI/FILs only)

I/We understand that the Fund reserves the right to refuse/reject the allotment of units in case of incomplete/incorrect information provided by me/us. I/We have understood the details of the scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

Signature / Thumb Impression of Sole / 1st Applicant / Holder /	
Signature / Thumb Impression of Sole / 2nd Applicant / Holder /	
Signature / Thumb Impression of Sole / 3rd Applicant / Holder /	

Power of Attorney Registration No. [] [] [] [] [] [] [] [] [] [] [] (if registered with the Registrar of the scheme concerned). MIN No.* [] [] [] [] [] [] [] [] [] [] []

WITNESS DETAILS (To be filled in if Application is signed by Thumb Impression)

Name of 1st Witness	Name of 2nd Witness
Address of 1st Witness	Address of 2nd Witness
Signature of 1st Witness	Signature of 2nd Witness

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Scheme Name/Plan/Option	Gross Investment Amount Rs.
_____	_____
_____	_____
TOTAL GROSS AMOUNT	_____
LESS BANK CHARGES	_____
TOTAL NET AMOUNT	_____

Note: All future communications in connection with this application should be addressed to Investor Services Mumbai, quoting full name of the first applicant, the application serial number, the name of the scheme/plan/option, the amount invested under individual schemes or asset allocation, optional feature details, date and place of the Investor Service Centre where application was lodged.