

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			
		MIN No.*			
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
Telephone: STD Code: _____		Off.: _____	Res.: _____	Fax: _____	<input type="radio"/> - Yes / <input type="radio"/> - No
Mobile: _____		Email Address: _____			
Name of Second Applicant / Joint Holder (Only for Resident Individual & NRI)				Date of Birth (dd/mm/yyyy)	
				/ /	
MIN No.*					
Name of Third Applicant / Joint Holder (Only for Resident Individual & NRI)				Date of Birth (dd/mm/yyyy)	
				/ /	
MIN No.*					
PAN No/s. (Mandatory for investments for Rs. 50,000/- and above)					
Sole / First Applicant		Pan No.	Circle/Ward/District	PAN Card enclosed	Form 60/61 enclosed
				<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
NOMINATION			SIP / SWP / SSTP		
Nomination form is enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please fill up the form on Page No. 25)			SIP / SWP / SSTP form is enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please fill up the form on Page No. 26)		
BANK ACCOUNT DETAILS (It is mandatory to furnish these otherwise your application may be rejected) (refer instruction page)					
Account No.				Bank Account Type	
Bank Name				<input type="radio"/> - Savings <input type="radio"/> - Current	
Branch Name				<input type="radio"/> - NRO <input type="radio"/> - NRE	
City Name				<input type="radio"/> - FCNR <input type="radio"/> - NRSR	
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 ✓] <input type="checkbox"/> Account Statement <input type="checkbox"/> Newsletter <input type="checkbox"/> Annual Report <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

FOREIGN ADDRESS DETAILS (In case the 1st Applicant is NRI / FIL)			
City: _____ Zipcode: _____ State: _____ Country: _____ Telephone: STD Code: _____ Off.: _____ Res.: _____ Fax: _____ Mobile: _____ Email Address: _____			
INVESTMENT & PAYMENT DETAILS			
INVESTMENT DETAILS			
Scheme / Plans	Plan / Option (Please ✓)	Dividend Distribution Option (Please ✓)	Amount (Rs.)
Principal Tax Savings Fund	N.A.	N.A.	
Principal Personal Tax Saver Fund	N.A.	N.A.	
Scheme	Plan / Option (Please ✓)	Target Period (Please ✓)	Amount (Rs.)
Principal Child Benefit Fund ○ Super Saver Option	<input type="checkbox"/> Career Builder Plan <input type="checkbox"/> Future Guard Plan	<input type="checkbox"/> 7 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 15 Years	
GROSS AMOUNT (Rs. in figures)			
LESS BANK CHARGES (Rs. in figures)			
NET AMOUNT (Rs. in figures)			
PAYMENT DETAILS (Mandatory)			
<input type="radio"/> - Cheque <input type="radio"/> - D.D. <input type="radio"/> - NRE <input type="radio"/> - NRO <input type="radio"/> - FCNR <input type="radio"/> - 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"			
ASSIGNMENT CLAUSE (To be filled up compulsorily for Insurance Cover only for Principal Tax Savings Fund)			
I _____ do hereby assign the money payable in the event of my death by The New India Assurance Co. Ltd. to:			
Name of Assignee Mr/Ms/Mrs _____		Date of Birth _____/_____/_____	
Address of Assignee _____		City _____ Pin _____ State _____	
Name of Guardian (If Assignee is Minor) _____			
I further declare that his/her receipt shall be sufficient discharge to the company			
Date _____ Place _____		Witness Name _____	
Witness Address _____		Witness Signature _____	
DONOR INFORMATION (To be compulsorily filled only for Principal Child Benefit Fund)			
Name of Donor Mr/Ms/Mrs _____		Date of Birth DD / MM / YYYY	
(First Name) (Middle Name) (Last Name)			
Address of Donor _____		City: _____ Pin: _____	
Telephone: STD Code: _____ Off.: _____ Res.: _____ Fax: _____			
Mobile: _____ Email Address: _____			
Status (Please 4) <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Others		NRI - <input type="checkbox"/> Repatriable <input type="checkbox"/> Non Repatriable	
ALTERNATE BENEFICIARY INFORMATION (To be filled only for Principal Child Benefit Fund)			
Name of Alternate Beneficiary Mr/Ms/Mrs _____		Date of Birth DD / MM / YYYY	
(First Name) (Middle Name) (Last Name)			
Name of Guardian (in case Alternate Beneficiary is a Minor) _____		Minor's Relationship _____	
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.