

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

## DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker ARN Code	Sub-Broker ARN Code	EUIN	Sub-Broker Code	Principal Group Employee Code

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as 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. (Refer Instruction No. G)

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Signature of Sole/ First Applicant/ Holder

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

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please  one of the options:-  First time Mutual Fund Investor  Existing Investor]

### 1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. B(1)]

Please fill your Folio No. and Name and then proceed to Section (3) Common Account / Folio No. \_\_\_\_\_

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

### 2 NEW APPLICANT'S DETAILS (Please fill in Block Letters with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT  Mr.  Ms.  M/s. Date of Birth/Incorporation 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

PAN / PEKRN (PAN Exempt KYC Ref. No.) \_\_\_\_\_ Place / City of Birth / Incorporation \_\_\_\_\_ Country of Birth / Incorporation \_\_\_\_\_

Nationality:  Indian  U.S.  Others (Please specify) \_\_\_\_\_

Enclose Proof of DOB (Mandatory for minor) -  Birth Certificate  Passport  Other \_\_\_\_\_ Relationship with Minor Applicant -  Father  Mother  Legal Guardian

[Note: • No Joint holding permitted in case of minor applicant - Refer Instruction no. B(11). • Guardian: Mandatory for Minor Applicant. • POA Holder/Contact Person: Mandatory for Non-Individual Investors]

**GUARDIAN / POA HOLDER / CONTACT PERSON** Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

PAN / PEKRN (PAN Exempt KYC Ref. No.) \_\_\_\_\_ Place / City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Nationality:  Indian  U.S.  Others (Please specify) \_\_\_\_\_

NAME OF THE SECOND APPLICANT  Mr.  Ms. Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

PAN / PEKRN (PAN Exempt KYC Ref. No.) \_\_\_\_\_ Place / City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Nationality:  Indian  U.S.  Others (Please specify) \_\_\_\_\_

NAME OF THE THIRD APPLICANT  Mr.  Ms. Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

PAN / PEKRN (PAN Exempt KYC Ref. No.) \_\_\_\_\_ Place / City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Nationality:  Indian  U.S.  Others (Please specify) \_\_\_\_\_

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient] **OVERSEAS ADDRESS** (in case the First Applicant is NRI/PIO) [P.O. Box Address is not sufficient] (Refer Instruction No. B(5))

\_\_\_\_\_

\_\_\_\_\_

Pin Code \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONTACT DETAILS OF FIRST / SOLE APPLICANT** (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
---	---	---	---	---	---	---	---	---	---	---	---	---	---

Where e-mail ID is provided all communications like Account Statement, Newsletter, Annual Report etc. will be done electronically. Physical, if required, will be mailed to your registered address on request.

### 3 INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Note: Please refer KIM of the schemes before selecting appropriate 'Option', 'Sub-Option' and 'Frequency' as availability/applicability of these options may differ for various schemes.

Scheme / Plan / Option / Sub-Option / Frequency	Principal - <span style="float: right;">Scheme Name</span>		
	Plan: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan	Option: <input type="checkbox"/> Dividend <input type="checkbox"/> Growth <input type="checkbox"/> AEP	Sub-Option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep
	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual		

### Principal Asset Allocation Fund-of-Funds

Conservative Plan  Moderate Plan  Aggressive Plan

Direct Sub-Plan\* -  Growth  Regular Sub-Plan -  Growth

\* Only for investors without broker code. If Direct Sub-plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer KIM on Investment Sub-Plans / Options]

... continued overleaf

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

Received from \_\_\_\_\_ Application No. \_\_\_\_\_

Cheque / DD / RTGS / NEFT No. \_\_\_\_\_ Dated: 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

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

Scheme / Plan / Option / Sub-Option \_\_\_\_\_ Amount ₹ \_\_\_\_\_

Please Note : All purchases are subject to realisation of payment instrument Signature, Stamp & Date \_\_\_\_\_

Dividend Sweep into Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

(In case of Dividend Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

In case the choice of option is not indicated, default option shall be Growth Option. Under Dividend Option, the default sub-option shall be Dividend reinvestment option.

#### 4 KYC / FATCA DETAILS FOR ALL APPLICANTS (Mandatory, Please ✓. The application is liable to get rejected if details not filled)

Status details for	First Applicant	Second Applicant	Third Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI / PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian <sup>†</sup>	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI / FII / FPI	-	-	-
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in ₹)				
Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
above 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in ₹ (Mandatory for Non Individual) (Not older than 1 year)	as on _____	as on _____	as on _____	as on _____

" Address of tax residence would be taken as available in KRA database. In case of any change. Please approach KRA & notify the changes."

Type of Address given at KRA	Residential	Business	Registered Office
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5 MODE OF HOLDING (Please ✓) Single Jointly Either / Anyone or Survivor (If no choice mode, default option : Jointly)

#### 6 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]

Bank Name (Do not abbreviate) \_\_\_\_\_

Account No. \_\_\_\_\_ Branch / City \_\_\_\_\_

(Please provide the full account number)

Branch Address \_\_\_\_\_ Pin Code \_\_\_\_\_

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR

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

Essential Enclosures : (For Direct Credit):  Blank cancelled cheque  Copy of cheque

Only for RTGS\* IFSC\* \_\_\_\_\_ NEFT\* Code \_\_\_\_\_ [\* indicates - Mandatory]

**Note:** It is mandatory to enclose Proof of Bank (personalised cancelled cheque leaf) where the Payment Bank Account is different from the above mentioned Bank Account details.

#### 7 PAYMENT DETAILS (Mandatory) The name of the First/Sole Applicant must be preprinted on the cheque [Refer Instruction No. C]

(i) Investment Amount (₹) \_\_\_\_\_ (ii) DD Charges (₹) \_\_\_\_\_ Net Amount (₹) (i)+(ii) \_\_\_\_\_

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer

Payment from Bank A/c. No. \_\_\_\_\_

\*Cheque / DD / RTGS / NEFT No. \_\_\_\_\_ Dated

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

#### Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)

Parent/Grand Parent/related person (Not to exceed ₹ 50,000): \_\_\_\_\_ Name \_\_\_\_\_

Employer: \_\_\_\_\_ Name \_\_\_\_\_  Custodian: \_\_\_\_\_ Name \_\_\_\_\_

Mandatory Enclosure  KYC Acknowledgement Letter &  Third Party Declaration Form

Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer -  Instruction to the Bank from the Unitholder to Debit the Account. • DD / Pay order / Banker's Cheque and the like -  Declaration / Acknowledgement from Bank  Copy of Passbook / Bank Statement  Bank confirmation of Non-Resident Account Type / FIRC

\* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument.

For investment related enquiries, Investor Grievance please contact:

#### Principal Mutual Fund

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 • E-mail: [customer@principalindia.com](mailto:customer@principalindia.com) • Website: [www.principalindia.com](http://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 Know Your Customer (KYC) Acknowledgement letter issued by KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • To prevent fraudulent practices investor are urged to make the Payment Instruments 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" and the same should be crossed "Account Payee Only". • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.

**8 DEMAT ACCOUNT DETAILS (OPTIONAL)** [Refer instruction No. 'B (13)']

(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).  
In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form.

NSDL	DP Name _____	DP ID _____	Beneficiary Account No. _____
CSDL	DP Name _____	Beneficiary Account No. _____	

**9 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'**

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.

**NOMINEE'S NAME**  Mr.  Ms

\_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
(in case of nominee being a minor)

**NAME OF PARENT / LEGAL GUARDIAN** (in case of nominee being a minor)  Mr.  Ms

\_\_\_\_\_

**ADDRESS OF NOMINEE / GUARDIAN** (in case of nominee being a minor)

\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

Specimen Signature of Nominee / Guardian

**OR**

I/We do not wish to nominate a nominee in my / our folio.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / [www.principalindia.com](http://www.principalindia.com)]

**10 PRIVACY POLICY CONFIRMATION** [Refer instruction No. 'H']

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on [www.principalindia.com](http://www.principalindia.com) and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information /sensitive personal data or information provided by me/us 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.

**11 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)\***

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 understand that Principal Pnb Asset Management Company Pvt. Ltd., believing this statement to be true, will rely on it and act on it. In the event this statement is false, Principal Pnb Asset Management Company Pvt. Ltd. reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Principal Pnb Asset Management Company Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

I am a US Person  I am not a US Person

**12 FATCA INFORMATION / FOREIGN TAX LAWS** [Refer instruction No. 'I']

The below information is required for all applicant(s)/Guardian:

Category	First Applicant	Second Applicant/Guardian	Third Applicant
Are you / is the entity a tax resident (i.e., are you assessed for tax) in any other country outside India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'YES', Please fill for ALL countries (other than India) in which you are a resident for tax purposes i.e. when you are Citizen/Resident/Green Card Holder / Tax Resident in the respective countries and the associated Tax ID No. below.			
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please (✓) the reason A, B or C (as defined below)	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

> Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

> Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

> Reason C → Others: please state the reason thereof \_\_\_\_\_.

**Non individuals:** Please fill FATCA & CRS Declaration also. In case TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIN, etc.

In case the entity's country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here: \_\_\_\_\_

(Please refer to para 3 (VII) Exemption code for U.S. persons under Part D a FATCA Instruction & Definitions

**Non Individual Investors involved / providing any of the mentioned services**

i. Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration]  YES  NO

ii. Foreign Exchange / Money Changer Services -  YES  NO iii. Gaming / Gambling / Lottery / Casino Services -  YES  NO iv. Money Lending / Pawning -  YES  NO

**Ultimate Beneficiary Owner (UBO) Details** (Refer Instruction No. F) (For Non-individual Only: UBO Declaration attached)

Applicant is the UBO(s) of this investment (Default)  Applicant is NOT the UBO(s) of this investment

**FATCA & CRS - TERMS & CONDITIONS**

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 be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is a mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN yet available or has not yet been issued, please provide an explanation and attach this to be form.

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.

**13 FATCA & CRS DECLARATION AND CERTIFICATION** (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)**I. FOR NON-INDIVIDUAL / ENTITY:**

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)	
1. We are a, Financial institution <sup>3</sup> <input type="checkbox"/> or Direct reporting NFE <sup>4</sup> <input type="checkbox"/> (please tick as appropriate)	<b>Global Intermediary Identification Number (GIIN)</b> <input type="text"/> <b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity <input type="text"/> <input type="text"/>
<b>GIIN not available</b> (please tick as applicable) <input type="checkbox"/> <b>Applied for</b> <input type="checkbox"/> If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> _____ <input type="checkbox"/> Not obtained – Non-participating FI	
PART B (Please fill any one as appropriate * to be filled by NFEs other than Direct Reporting NFEs*)	
1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Nature of Stock Exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (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: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active <sup>1</sup> Non-Financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive <sup>2</sup> NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____
<sup>1</sup> Refer 2 of Part D   <sup>2</sup> Refer 3(ii) of Part D   <sup>3</sup> Refer 1(i) of Part D   <sup>4</sup> Refer 3(vii) of Part D	

# If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name and PAN / Any other Identification Number (PAN, Aadhar, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - (Service, Business, Others) Nationality Father's Name - (Mandatory if PAN is not available)	DOB - (Date of Birth) Gender (✓) - (Male, Female, Others)
1. Name & PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	DOB: ___ / ___ / ___ Gender: Male <input type="checkbox"/> , Female <input type="checkbox"/> Others <input type="checkbox"/>
2. Name & PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	DOB: ___ / ___ / ___ Gender: Male <input type="checkbox"/> , Female <input type="checkbox"/> Others <input type="checkbox"/>
3. Name & PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	DOB: ___ / ___ / ___ Gender: Male <input type="checkbox"/> , Female <input type="checkbox"/> Others <input type="checkbox"/>
# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: • To include US, where controlling person is a US citizen or green card holder. • In case Tax Identification Number is not available, kindly provide functional equivalent.		

**II. 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 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 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) / 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 account, where AMC has such arrangement with my / our Bank. I/We hereby agree for the AMC/Trustees to 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 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.

**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.

**III. CERTIFICATION - INDIVIDUAL:**

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 below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities.

**IV. CERTIFICATION - 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 below and hereby accept the same.

**V. SIGNATURE:**

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT / POA HOLDER SIGNATURE	POA Name _____ PAN <input type="text"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC <input type="checkbox"/> Enclosed Notarised Power of Attorney
Signature of 2nd Applicant / POA Holder	APPLICANT / POA HOLDER SIGNATURE	POA Name _____ PAN <input type="text"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC <input type="checkbox"/> Enclosed Notarised Power of Attorney
Signature of 3rd Applicant / POA Holder	APPLICANT / POA HOLDER SIGNATURE	POA Name _____ PAN <input type="text"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC <input type="checkbox"/> Enclosed Notarised Power of Attorney