



Application Form for Equity Schemes

APPLICATION FORM

Principal Pnb Asset Management Company Private Limited
Investment Manager for Principal Mutual Fund

No. _____

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

Broker Name & Code	Sub-Broker Code	Registrar Serial No.	Bank Serial No.	Date & Time Receipt
ARN-25741				

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)
				/ /

Name of Guardian (In case of minor) _____

Name of Alternate Guardian (In case of minor) _____

Name of Contact Person (In case of Body Corporate/Company/Society/FII/Trust/AOP/BOI etc) _____

Address of Sole/First Applicant (Local Indian address only)

City: _____ Pin: _____ Dist: _____ State: _____
 Telephone: STD Code: _____ Off.: _____ Res.: _____ Fax: _____
 Mobile: _____ Email Address: _____

Send me a pin for Internet services
 - Yes / - No

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)	Date of Birth (dd/mm/yyyy)
	/ /

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

	Pan No.	Circle/Ward/District	PAN Card enclosed	Form 60/61 enclosed	MAPIN / UIN No.
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	

NOMINATION

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

SIP / SWP / SSTP

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

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

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

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

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

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 Equity Schemes

APPLICATION FORM

No. _____

Received from: _____

Cheque/DD No. _____ Dated: DD / MM / YYYY

Drawn on Bank & Branch: _____

Signature, Stamp & Date

INVESTMENT & PAYMENT DETAILS

INVESTMENT DETAILS			
Scheme / Plans	Plan / Option (Please ✓)	Dividend Distribution Option (Please ✓)	Amount (Rs.)
Principal Growth Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Dividend Yield Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	
Principal Global Opportunities Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Junior Cap Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	
Principal Large Cap Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Infrastructure & Services Industries Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Focussed Advantage Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	
Principal Index Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Resurgent India Equity Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	
Principal Equity Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
Principal Balanced Fund	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	
GROSS AMOUNT (Rs. in figures)			
LESS BANK CHARGES (Rs. in figures)			
NET AMOUNT (Rs. in figures)			

PAYMENT DETAILS					
<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"					

PRIMARY BENEFICIARY(S) / NOMINEE(S)	
Name of Sole/First Primary Beneficiary: Mr/Ms/Mrs _____	Relation _____
Name of Guardian (in case of Minor): Mr/Ms/Mrs _____	Relation of Guardian _____
Address of Sole/First Primary Beneficiary: _____	Percentage of Investment Allocation (integer) _____ %
City _____ Pin _____ State _____	
Name of Second Primary Beneficiary: Mr/Ms/Mrs _____	Relation _____
Name of Guardian (in case of Minor): Mr/Ms/Mrs _____	Relation of Guardian _____
Address of Second Primary Beneficiary: _____	Percentage of Investment Allocation (integer) _____ %
City _____ Pin _____ State _____	
Name of Third Primary Beneficiary: Mr/Ms/Mrs _____	Relation _____
Name of Guardian (in case of Minor): Mr/Ms/Mrs _____	Relation of Guardian _____
Address of Third Primary Beneficiary: _____	Percentage of Investment Allocation (integer) _____ %
City _____ Pin _____ State _____	

DECLARATION AND SIGNATURES

Name of the 1st Authorised Signatory	Signature / Thumb impression of 1st Applicant / Parent / Guardian / P.A Holder / Authorised Signatory
Name of the 2nd Authorised Signatory	Signature / Thumb impression of 2nd Applicant / Parent / Guardian / P.A Holder / Authorised Signatory
Name of the 3rd Authorised Signatory	Signature / Thumb impression of 3rd Applicant / Parent / Guardian / P.A Holder / Authorised Signatory
Power of Attorney Registration No.	(if registered with the Registrar of the scheme concerned)

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.