

FORM 1 - APPLICATION FORM FOR 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

Broker ARN/RIA Code [^]	Sub-Broker ARN Code	EUIN	Sub-Broker Code	APPLICATION NO.
ARN - 118251				

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. * 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 5) 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 Gender Male Female

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

Mobile No.

Email ID

On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. In case email id is not provided, abridged summary of scheme wise annual report shall be sent to only those unit holders who specifically request to receive the same in the physical form. (Refer instruction no B15)

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 FIIs/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)

City & Country of Birth City Country Date of Birth (Guardian / POA) D D M M 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 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)

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 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 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"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2nd Applicant	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3rd Applicant	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Guardian	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Authorised Signatories/ Promoters/ Partners/ Karta/ Whole-time Directors / Trustee												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

From Date D D M M Y Y

1	Scheme	Plan/Option	Amount
2	Scheme	Plan/Option	Amount
3	Scheme	Plan/Option	Amount

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

i-Name Give a name to your goal Goal Value (₹)

Track the progress of your goals through account statements easily

5A - INVESTMENT TYPE ONLY LUMPSUM (Fill 5A) ONLY SIP* LUMPSUM & SIP* *Fill 5A, B and attach SIP Auto Debit/ NACH form

3-in-1 Invest in upto 3 schemes with a single cheque.

Scheme Names	Plan		Option		Sub Option			Dividend Frequency (if applicable)	Amount in figure (₹)
	Regular	Direct	Dividend	Growth	Payout	Reinvest	Sweep	Tick any one*	
1. Principal	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A	Lumpsum							
2. Principal	<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"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A								
Total (Amount in words)									
Dividend Sweep into	Scheme	Plan						Option	*D-Daily, W-Weekly, M-Monthly, Q-Quarterly, HY-Half Yearly & A-Annual
	Scheme	Plan						Option	
	Scheme	Plan						Option	

5B - SIP REGISTRATION DETAILS

My Date* Choose your favourite day

SIP DETAILS (Applicable to scheme number mentioned in 5A table. Refer SIP instructions point A)

Scheme No.	SIP Amount (₹) (Minimum amount ₹ 500/ 2,000. Refer KIM)	SIP Date(s)* (*Default date 10th)	SIP Frequency	Start Date	End Date	Perpetual
1.			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MM / YY	MM / YY	<input type="checkbox"/>
2.			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MM / YY	MM / YY	<input type="checkbox"/>
3.			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MM / YY	MM / YY	<input type="checkbox"/>
Total (Amount in words)						

Perpetual No hassle to Renew your SIPs

BOOSTER Meet your life goals faster

PAUSE Why Stop when you can Pause?



TOP-UP DETAILS (Applicable to scheme number mentioned in table 5A. Refer SIP instructions point B)

Scheme No.	Top up Amount (Min. ₹ 500 & Multiple of ₹1/-)	Frequency (HY-Half Yearly Y-Yearly (Default))	Top Up Start Month/Year	Cap Month/Year	Cap Amount
1.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY	
2.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY	
3.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY	

PAUSE DETAILS (Applicable to scheme number mentioned in 5A table. Refer SIP instructions point C)

SIP Cycle Date	SIP Pause Period Start from	SIP Pause Period End on
D D	MM / YY	MM / YY
D D	MM / YY	MM / YY
D D	MM / YY	MM / YY

QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card
- Email ID and mobile number provided for regular updates
- Plan/ Option/ Sub Option name mentioned along with scheme name
- SIP Auto Debit/ NACH form 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)

