



Maker Bhavan - II, 1st Floor, 18, Sir Vithaldas Thackersey Marg,
New Marine Lines, Mumbai- 400 020.
Toll Free - 1800 22 5600 • Fax: 022-2204 4990.
Website: www.principalindia.com E-mail: customer@principalindia.com

Application Form for ELSS

Application No. _____

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker Name & Code	Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt
ARN-25682					

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.

1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding are as per the existing Folio Number)

Common Account 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

 Date of Birth _____ PAN _____ Enclosed (please ✓)
 Please attach copy of KYC acknowledgement letter^ PAN copy

NAME OF THE SECOND APPLICANT Mr. Ms

 Date of Birth _____ PAN _____ Enclosed (please ✓)
 Please attach copy of KYC acknowledgement letter^ PAN copy

NAME OF THE THIRD APPLICANT Mr. Ms

 Date of Birth _____ PAN _____ Enclosed (please ✓)
 Please attach copy of KYC acknowledgement letter^ PAN copy

Parent / Guardian Name Mr. Ms (if first applicant is a Minor)

 Date of Birth _____ PAN _____ Enclosed (please ✓)
 Please attach copy of KYC acknowledgement letter^ PAN copy

(to be filled compulsorily for insurance cover)
 ^ In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Limited / printout of KYC compliance status downloaded from CVL website along with the application form.

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]

City _____ State _____ Country _____ Pin Code _____

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient]

City _____ State _____ Country _____ 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/We wish to receive the following documents via e-mail in lieu of physical document(s) [Please ✓] Account Statement Newsletter Annual Report All Statutory Returns / Information

STATUS OF FIRST APPLICANT (Please ✓)

Resident Individual Partnership Firm AOP BOI
 Minor Bank / FII Society/Club Others (Please specify)
 HUF Trust Company

OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please ✓)

Business Service Profession Retired
 Agriculture House Wife Student
 Others (Please specify)

IF APPLICANT IS A NON-RESIDENT

NRI (Repatriable) FII (Repatriable) NRI Minor (Repatriable)
 PIO NRI (Non Repatriable) NRI Minor (Non Repatriable)

MODE OF HOLDING (Please ✓)

Single Jointly Either / Anyone or Survivor (Default Option : Jointly)

3 PERSONAL IDENTIFICATION NUMBER (To serve you better)

Do you want a PIN assigned ? Yes No (In case you would want a PIN assigned; please submit a duly filled and signed PIN Form along with this Application. PIN form is part of the application form / available at request / can also be downloaded from our website.)

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

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 _____
 (in case of minor) _____
NAME OF PARENT / LEGAL GUARDIAN (in case of minor) Mr. Ms _____
ADDRESS OF NOMINEE / GUARDIAN _____
 City _____ Pin Code _____

Specimen Signature of Nominee / Guardian

... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Please Note : All purchases are subject to realisation of payment instrument
 Eligible for deduction under section 80(C) of the Income Tax Act, 1961.

ARN No: _____

Signature, Stamp & Date

5 PAYMENT DETAILS (Mandatory)

Investment Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD	*Cheque / DD No.	Dated D D M M Y Y Y Y
Account No.	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR	
Drawn on Bank & Branch	City	

* Please mention the Application No. on the reverse of the Cheque/DD. All cheques/drafts should be made out in favour of the "Name of the Scheme of Principal Mutual Fund" and crossed "Account Payee Only".

6 INVESTMENT DETAILS (Please ✓ Choice of Scheme) - Please ensure there is only one cheque/DD per application form

- Principal Tax Savings Fund
 Principal Personal Tax Saver Fund

7 BANK ACCOUNT DETAILS (Mandatory)

Bank Name (Do not abbreviate)	Branch / City
Account No. (Please provide the full account number)	Pin Code
Branch Address	
Account Type (Please ✓) For Residents <input type="checkbox"/> Savings <input type="checkbox"/> Current For Non-Resident <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Repatriable <input type="checkbox"/> Non-Repatriable <input type="checkbox"/> Others	
MICR Code This is a 9 digit number next to your Cheque No.	Essential Enclosures : (For Direct Credit) <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque
Only for IFSC RTGS Code	NEFT Code

Direct Credit Facility is currently available with : BNP Paribas Bank, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, Axis Bank, Indusind Bank and Development Credit Bank (only for dividend). For an update in this list please contact any of our ISC at the contact details provided overleaf.

• Please verify and ensure the accuracy of the bank details provided above and as shall appear in your account statement which shall be issued to you should your application be accepted. Principal Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

8 ASSIGNMENT CLAUSE (Relevant for resident applicant of the Principal Tax Savings Fund and Principal Personal Tax Saver Fund)

I* hereby assign all the benefits that may be payable in the event of my accidental death by the United India Insurance Co. Ltd. ["Insurer"] under the Insurance Policy arranged by the Company for the investors in Principal Tax Saving Fund / Principal Personal Tax Saver Fund; in favour of :

Name of Assignee Mr/Ms/Mrs Date of Birth D D / M M / Y Y Y Y
 having his/her address at City Pin State

Name of Guardian (where the Assignee is a Minor)

I further declare that receipt of the benefits, if any, by the above named Assignee shall be sufficient discharge thereof to the Insurer/ Company.

I also confirm having noted the key terms and conditions of the referred accidental death insurance cover as provided in the Scheme Information Document. The decision of the Insurer on any matter related to admissibility of a claim shall be final and binding. Date Place Witness Name

Witness Address Witness Signature

* Name of the - Sole/First Applicant only in case of an individual applicant, Karta in case of HUF and First Applicant in case of Association of Persons (AOP)/Body of Individuals.

Minor's Relationship

It is compulsory for the applicants to furnish details of the assignee for this insurance cover in the space provided for in the application form. Investor may not get covered under insurance if the assignee is not appointed.

9 DOCUMENTS ENCLOSED (Please ✓)

- Memorandum & Article of Association Trust Deed Bye-Laws Partnership Deed
 Resolution / Authorisation to invest List of Authorised Signatories with Specimen Signature(s)
 Power Of Attorney

10 DECLARATION AND SIGNATURES

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.

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.

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.

^A In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Limited / printout of KYC compliance status downloaded from CVL website along with the application form.

SIGNATURES	Signature / Thumb Impression of Sole / 1st Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
	PAN		
	Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter ^A)		
	Signature / Thumb Impression of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
PAN			
Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter ^A)			
Signature / Thumb Impression of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	
POA Details - Name			
PAN			
Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter ^A)			



Principal Mutual Fund

Exchange Plaza, 'B' Wing, 2nd Floor, NSE Building,
 Bandra Kurla Complex, Bandra (E),
 Mumbai - 400 051.
 (Not an Official Point of Acceptance)

For investment related enquiries, Investor Grievance please contact:

Principal Mutual Fund

Maker Bhavan - II, 1st Floor, 18, Sir Vithaldas Thackersey Marg,
 New Marine Lines, Mumbai- 400 020.

TOLL FREE: 1800 22 5600. Fax: 022-2204 4990.

Email : customer@principalindia.com Website : 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 Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Ltd / printout of KYC compliance status downloaded from CVL website for investment of Rs. 50,000 & above • Appropriate options are filled • All cheques/drafts should be made out in favour of the "Name of the Scheme of Principal Mutual Fund" and 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.