



# Application Form for ELSS Schemes

Application No. \_\_\_\_\_

Please read the instructions before filling the Application Form

## DISTRIBUTOR 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
Bhavi Udeshi 13406					

## 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  
 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  
 Date of Birth DD MM YYYY PAN \_\_\_\_\_ Enclosed (please ✓)  
 Please attach copy of KYC acknowledgement letter^  PAN copy

**NAME OF THE SECOND APPLICANT**  Mr.  Ms  
 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  
 Date of Birth DD MM YYYY PAN \_\_\_\_\_ Enclosed (please ✓)  
 Please attach copy of KYC acknowledgement letter^  PAN copy

**NAME OF THE THIRD APPLICANT**  Mr.  Ms  
 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  
 Date of Birth DD MM YYYY PAN \_\_\_\_\_ Enclosed (please ✓)  
 Please attach copy of KYC acknowledgement letter^  PAN copy

**Parent / Guardian Name**  Mr.  Ms (if first applicant is a Minor)  
 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  
 Date of Birth DD MM YYYY 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 alongwith the application form.

**ADDRESS OF FIRST / SOLE APPLICANT** [P.O. Box Address is not sufficient]  
 L A N D M A R K  
 City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

**OVERSEAS ADDRESS** (in case the First Applicant is NRI/FI/PIO) [P.O. Box Address is not sufficient]  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_

## 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 \_\_\_\_\_

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 / FI  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)  FI (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) - refer instruction page

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 (In case of multiple nominees - more than 1 and upto 3 - fill a separate form attached herewith)

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) DD MM YYYY  
**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)

Application No. \_\_\_\_\_

ARN No: \_\_\_\_\_

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

Signature, Stamp & Date

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

## 5 PAYMENT DETAILS (Mandatory)

Investment Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)
Mode of Payment (Please ✓)	*Cheque / DD No.	Dated
Account No.	Account Type (Please ✓)	
Drawn on Bank & Branch City		

\* Please mention the Application No. on the reverse of the Cheque/DD. All Cheques/DDs to be drawn in favour of "the Specific Scheme Name".

## 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	For Non-Resident
MICR Code	This is a 9 digit number next to your Cheque No.
Only for IFSC RTGS Code	NEFT Code
Essential Enclosures : (For Direct Credit)	
<input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque	

Direct Credit Facility is currently available with : BNP Paribas, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, Axis Bank & Indusind Bank. 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 / /  
 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 Offer 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

## 9 APPLICATION ENCLOSED (Please ✓)

- Systematic Investment Plan  Post dated Cheques  SIP Auto Debit Form  HDFC Standing Instruction (HDFC Bank Account Holders only)  
 ICICI Standing Instruction (ICICI Bank Account Holders only)  
 Systematic Withdrawal Plan  Systematic Transfer Plan

## 10 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the offer documents to the Schemes including the sections on "Prevention of Money Laundering and Know Your Customers". I/ We hereby apply to the Trustees of the Principal Mutual Fund for units of the Scheme as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Schemes and such other schemes into which my/our investment may be moved pursuant to any instalment received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme. 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 Schemes 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 authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Schemes 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 details given herein, 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.

SIGNATURES	Signature / Thumb Impression of Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	Signature / Thumb Impression of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	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 <sup>A</sup> )		

<sup>A</sup> 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.



### Principal Mutual Fund

Exchange Plaza, 'B' wing, 11th Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051, India.

For investment related enquiries, please contact:

#### Principal Mutual Fund

Ph : 1800-22-5600 (Toll Free Number) or 022-22021111 (If calling from a Non MTNL / Non BSNL lines)  
 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 PAN card • 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 • Cheques /DD should be drawn in favour of "the Specific Scheme Name" • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.