

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

Application ☐ New

Type*

☐ Update

KYC Number*

KYC Type*

☐ Normal

(PAN is mandatory)

☐ PAN Exempt Investors

(Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)			
Maiden Name (If any*)			
Father / S pouse Name*			
Mother Name*			
Date of Birth*	DD - MM - YYYY		
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Trans gender
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others	Country <input type="text"/> Country Code <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin	
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised	

Photo

Signature/
Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address			
Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*			
<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	DD - MM - YYYY
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill Annexure A1, Submit relevant documentary proof)

Line 1*			
Line 2			
Line 3			
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

 Country of Birth*

 Country Code

 as per ISO 3166

Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988
State/UT*

 Country*

 Country Code

 as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Name* Prefix

 First Name

 Middle Name

 Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number

 Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

 Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

 Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Know Your Client (KYC) Application Form

For Individuals Only

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

KYC Type: ☐ Normal (PAN is mandatory)☐ PAN Exempt Investors

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Mother Name*				

Residential Status* ☐ Resident Individual ☐ Non Resident Indian
☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector
☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student
☐ B-Business ☐ X-Not Categorised

2. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)* Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Line 1*	City / Town / Village*
<input type="text"/>	<input type="text"/>
Line 2	
Line 3	
District*	Zip / Post Code*
State/UT*	Country*

3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill Annexure B1)

<input type="checkbox"/> Related Person	<input type="checkbox"/> Deletion of Related Person	KYC Number of Related Person (if available*)
Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative	
Name*	Prefix First Name Middle Name Last Name	

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card		
<input type="checkbox"/> C- PAN Card		
<input type="checkbox"/> D- Driving Licence	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- Aadhaar Card		
<input type="checkbox"/> F- NREGA Job Card		
<input type="checkbox"/> Z- Others (any document notified by the central government)	Identification Number	<input type="text"/>

4. Remarks (If any)

<input type="text"/>
<input type="text"/>

5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

FATCA-CRS Declaration & Supplementary Information

Declaration Form for Individuals

(Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance)

Systematix ARN: 64917 EUIN: E-029678

All details are mandatory. (Please ✓ wherever applicable)

	First/Sole Applicant (In case Minor – Parent/Legal Guardian)	Second Applicant	Third Applicant
Name			
Date of Birth			
PAN/PEKRN (PAN Exempt KYC Ref. No.)			
Place of Birth			
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify) _____
Type of Address given at KRA (Address of tax residence would be taken as available in KRA database. In case of any change, Please approach KRA & notify the changes.)	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

Status	First/Sole Applicant	Second Applicant	Third Applicant
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
Others (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occupation	First/Sole Applicant	Second Applicant	Third Applicant
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Slab	First/Sole Applicant	Second Applicant	Third Applicant
Below 1 Lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Lac - 5 Lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Lac - 10 Lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Lac - 25 Lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Lac - 1 Crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above 1 Crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Net worth in ₹ (Not older than 1 year)	as on _____	as on _____	as on _____

FATCA-CRS Declaration & Supplementary Information/Foreign Tax Laws

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

Category	First/Sole Applicant	Second Applicant/Guardian	Third Applicant
Are you 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 'NO' please proceed for the signature of declaration			
If 'YES, Please fill, for ALL countries (other than India) in which are you a Resident for tax purposes i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in respective countries			
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick <input checked="" type="checkbox"/> the reason, A, B or C [as defined below)	→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
➤ Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents. ➤ Reason B → No TIN required (Select the 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 : _____			

Declaration :

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 30days 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.

Signatures

Signature of Sole/1 st Applicant/Guardian		
Date	/	/

Signature of Second Applicant	
Place	

Signature of Third Applicant	

Principal Pnb Asset Management Company Pvt. Ltd.

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex,
Bandra (East), Mumbai-400 051.

Toll Free - 1800 425 5600 | Fax: 91-22-6772 0512 | Website: www.principalindia.com



Systematix ARN: 64917 EUIN: E-029678

AADHAAR LINKING FORM - INFORMATION TO INVESTORS

Ministry of Finance (Dept. of Revenue) in consultation with Reserve Bank of India (RBI) has issued a Notification No 439 dated June1, 2017, carrying out certain amendments to Prevention of Money Laundering (Maintenance of Records) Rules, 2005.

As per the new rules, linking of Aadhaar number with Mutual Fund investments is mandatory, for all the holders., failing which, the folios shall cease to be operational post December 31, 2017. Investor will only be able to transact upon successfully seeding the folios with Aadhaar.

This requirement being mandatory the purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws / rules / regulations. Post obtaining the Aadhaar number, the same shall be authenticated in accordance with the Aadhaar Act, 2016. Your demographic information shall be used only to comply with applicable laws / rules / regulations.

Please fill in your details below :

Account/Folio No. Please (✓) any one ☐ Residential Individual ☐ Guardian ☐ POA

	1st/Primary Holder	Joint Holder 1	Joint Holder 2
Name			
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
PEKRN/CKIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhaar No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note : In order to update/change PAN/E-mail ID/Mobile number under the above Account/Folio No., kindly submit the separate "Change In Account Information Form" duly filled and signed as per mode of holding at nearest Investor Service Center. You can download the said form from http://www.principalindia.com/Uploads/Downloads/Change_in_Account_Information_Name_Contact_Details_Mode_of_Holding_PAN_KYC_etc_20160223.pdf.

Consent

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

	1st/Primary Holder	Joint Holder 1	Joint Holder 2
Signature			

Place

Date

For your convenience, Karvy Computershare Pvt Ltd (Registrar & Transfer Agent for Principal Mutual Fund) is collecting this mandatory information for authentication and seeding the Aadhaar Number.

Please submit the form duly filled, signed, for all the holders and submit at your nearest Karvy Computershare Pvt Ltd branch or you can dispatch the hard copy to:

Karvy Computershare Pvt. Ltd.,

Karvy Selenium Tower B, Principal Mutual Fund/Unit - CPZ - Aadhaar Updation,
Plot Nos. 31 & 32 | Financial District | Nanakramguda Serilingampally Mandal | Hyderabad - 500032 | India.

ACKNOWLEDGMENT



Date

From Mr./Mrs./Ms

PAN

Signature of Karvy Branch Official

Received subject to verification with UIDAI and seeding the Aadhaar for your Mutual Fund Investments.