

Mandate Form for NACH/ECS/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]



*UMRN

Date

Tick (✓)

*Sponsor Bank Code

*Utility Code

CREATE	<input type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We, hereby authorize **PRINCIPAL MUTUAL FUND** To debit (tick ✓) SB /CA /CC /SB-NRE /SB-NRO /Other

Bank A/c. Number:

With Bank IFSC or MICR

An amount of Rupees (In Words) ₹ (In Figures)

Frequency Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Unique ID Phone No.

Reference 2 Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD
From
To
Or Until cancelled

Signature of 1st Account holder _____
Signature of 2nd Account holder _____
Signature of 3rd Account holder _____

1. _____ Name as in bank records
2. _____ Name as in bank records
3. _____ Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of Mandate Facility offered by Principal Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits /Standing Instructions.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Principal Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of Principal Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

Customer Information
Mobile: <input type="text"/>
E-mail Id: <input type="text"/>

Please attach a cancelled original personalized cheque

The above Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registration, using Physical Forms.

***For official use only. Investors are advised to leave these fields as blank.**

Don't forget to fill the below mentioned details in the OTM Form above

- Account Number, Bank Name, IFSC/ MICR Code, Branch
- Mention the maximum amount per day
- Mention the amount in words and in figures, just as you would in a cheque
- Folio No. or Application No., Mobile No. and E-mail Id
- Your signature as per your bank account

ONE TIME MANDATE (OTM)

Just register once and thereafter no more cheques/DD for investments or Debit mandate for new SIPs!



SIP Registration Form

Attention: No need to attach One Time Mandate again, if already registered / submitted earlier.

Broker ARN Code	Sub-Broker Code	Sub-Broker ARN Code	EUIN No.	Principal Group Employee Code	Micro SIP	For Office use only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as 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. 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.

Sole/First Applicant's Signature Mandatory

Investor Name: Folio No.:

Payment Details: Cheque No. Drawn on Date Amount

PAN/PEKRAN & KYC
Sole / First Applicant / Guardian Name Second Applicant / Guardian Name Third Applicant / Guardian Name

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Cycle Date	Frequency	Start Month/Year	End Month/Year	Perpetual
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

Please tick as applicable:

- One Time Mandate is already registered in the folio. [No need to submit again].
- One Time Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities. The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Principal Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/ECS/Direct Debit. The ARN holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature [as per Mutual Fund Records/Application]

First Unit Holder Signature _____ Second Unit Holder Signature _____ Third Unit Holder Signature _____

SIP Acknowledgement through OTM facility.	Principal Mutual Fund	ISC Stamp
Investor Name: <input type="text"/>	Folio No./Application No. <input type="text"/>	
Scheme Name: <input type="text"/>	Plan: <input type="text"/> Option: <input type="text"/>	Amount: <input type="text"/>