



# Principal Pnb Asset Management Company Private Limited

Investment Manager for Principal Mutual Fund

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## COMMON TRANSACTION FORM

Sole/First Holder : \_\_\_\_\_  
 Second Holder : \_\_\_\_\_  
 Third Holder : \_\_\_\_\_  
 Common A/c No. : \_\_\_\_\_ Date : \_\_\_\_\_

Registrar's Stamp & Date : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Broker Code : **ARN-3852**  
 Broker Name : \_\_\_\_\_

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option\* \_\_\_\_\_

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| <b>1. Additional Purchase</b><br>I/We want to make additional purchases<br><i>Please Refer Instruction No. 2 overleaf</i><br>Cheque/DD No _____ for Rs _____<br>dated _____ drawn on _____<br>DD Charges Rs _____ Gross Amount# Rs (in figures) _____<br>Gross Amount* Rs (in words) _____<br><small>#Cheque/DD + DD Charges</small> | <b>2. Systematic Investment Plan (SIP)</b><br>I/We would like to enrol for SIP<br>Bank Code _____ Bank A/c No. _____<br>Bank Name & Branch _____<br>No. of Cheques (at least 6) _____ Amount Per Cheque Rs _____ Total Amount Rs _____<br>Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Cheque Nos. _____<br>Start Month _____ SIP Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> (the date on which you want to invest) |
|--|--|

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| <b>3. Redemption</b><br>I/We want to redeem _____ units or Rs (in figures) _____<br>Rs (in words) _____<br><i>Please Refer Instruction No. 3 overleaf</i> | <b>4. Systematic Withdrawal Plan (SWP)</b><br>I/We would like to enrol for SWP<br>Start Month _____ End Month (optional) _____<br>Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual SWP Amount _____<br>SWP date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> (the date of the month on which you want to withdraw) |
|---|--|

**5. Switch / Systematic Transfer Plan (SSTP)**  
 I/We would like to switch \_\_\_\_\_ units or Rs (in figures) \_\_\_\_\_ Rs (in words) \_\_\_\_\_  
 To : Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 Start Month \_\_\_\_\_ End Month (optional)\* \_\_\_\_\_  
 For Systematic Transfer Plan Only (Atleast 6 Transfers):  
 Frequency  Monthly  Quarterly  Semi-annual  Annual | SSTP Amount \_\_\_\_\_ SSTP date  1<sup>st</sup>  11<sup>th</sup>  21<sup>st</sup> (the date of the month on which you want to withdraw)

|                                    |                                |                               |  |
|------------------------------------|--------------------------------|-------------------------------|--|
| Signature of Sole/First Unitholder | Signature of Second Unitholder | Signature of Third Unitholder |  |
|------------------------------------|--------------------------------|-------------------------------|--|

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| <b>6. Change of Address/Telephone Number/Fax Number/E-mail Address</b><br>New Details:<br>New Address : _____<br>_____ City _____<br>Pin _____ State _____<br>Tel No. : Office _____ Residence _____<br>Fax : _____<br>E-mail : _____ | <b>7. Change of Bank Mandate</b><br>Old Bank Account No. : _____<br>New Details:<br>Bank Name : _____<br>Branch Name/Address : _____<br>_____ Pin _____ Branch Code _____<br>Bank Account No. : _____ Bank Code _____<br>Account Type (✓) : <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR |
|---|---|

\* Applicable for Dividend Plans only. Information & Instructions for all the schemes of Principal Mutual Funds is given overleaf. \$ If not specified, it will continue till availability of funds in the said account.

|                                    |                                |                               |  |
|------------------------------------|--------------------------------|-------------------------------|--|
| Signature of Sole/First Unitholder | Signature of Second Unitholder | Signature of Third Unitholder |  |
|------------------------------------|--------------------------------|-------------------------------|--|

