

FORM 1 - APPLICATION FORM FOR LUMP SUM AND/OR SIP INVESTMENTS

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY. PLEASE READ THE INSTRUCTIONS BEFORE FILLING THE APPLICATION FORM

Broker ARN/RIA Code^	Sub-Broker ARN Code	EUIN	Sub-Broker Code	APPLICATION NO.
ARN -				

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us 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. (Ref Instruction No. G). Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. \* By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions.

Sole / First Applicant's Signature (Mandatory)

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. B 14)

☐ I am a First Time Investor in Mutual Fund Industry ☐ I am an Existing Investor in Mutual Fund Industry

<b>1A FIRST APPLICANT'S DETAILS</b> (Ref instruction B. All fields are mandatory)	<b>Existing Unit Holder</b> (Fill & skip to section 5) Folio No.
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Name of First Applicant (As in PAN / KYC/ Aadhaar)	
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City & Country of Birth	City	Country	Date of birth (Proof in case of minor)	D	D	M	M	Y	Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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PAN/PEKRN		KIN^^		<input type="checkbox"/> CKYC / KYC Form / Acknowledgement Copy
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Mobile No.	
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Email ID	
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On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. In case email id is not provided, abridged summary of scheme wise annual report shall be sent to only those unit holders who specifically request to receive the same in the physical form. (Refer instruction no B15)

Correspondence Address (Please note: Address will be replaced as per KYC records)	
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	City
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State	Country	Pin Code	Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)
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Overseas address (For FIs/NRIs/PIOs) (Ref B 5)	
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Name of the Guardian (in case of minor) / POA (Contact person for non individuals / POA holder name)	PAN (Guardian / POA)
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City & Country of Birth	City	Country	Date of Birth (Guardian / POA)	D	D	M	M	Y	Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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PAN/PEKRN		KIN^^		<input type="checkbox"/> CKYC / KYC Form / Acknowledgement Copy
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Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

For Investments "On behalf of Minor" (Refer B 11)	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> School Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Other	Specify	Guardian named above is	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Court Appointed
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<b>1B JOINT APPLICANT'S DETAILS</b> (All fields are mandatory)	<b>Mode of operation</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Joint (Default option)	<input type="checkbox"/> Either or Survivor(s)
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Name of Second Applicant (As in PAN / KYC/ Aadhaar)	
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City & Country of Birth	City	Country	Date of birth (Proof in case of minor)	D	D	M	M	Y	Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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PAN/PEKRN		KIN^^		<input type="checkbox"/> CKYC / KYC Form / Acknowledgement Copy
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Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

Name of Third Applicant (As in PAN / KYC/ Aadhaar)	
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City & Country of Birth	City	Country	Date of birth (Proof in case of minor)	D	D	M	M	Y	Y	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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PAN/PEKRN		KIN^^		<input type="checkbox"/> CKYC / KYC Form / Acknowledgement Copy
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Are you a tax resident of any country other than India? ☐ Yes ☐ No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

^^ For CKYC provide 14 digit KYC Identification Number (KIN).

2 KYC/ FATCA DETAILS (All fields are mandatory. Please tick or specify. Ref Instruction D & I)

Details of	Occupation Details										Politically Exposed Person (PEP) Details			
	Private Sector	Public Sector	Gov. Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Proprietorship	Others	Is a PEP	Related to PEP	Not Applicable
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories/ Promoters/ Partners/ Karta/ Whole-time Directors / Trustee												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of	Gross Annual Income Range (₹)						Status Details									
	< 1L	1-5L	5-10L	10-25L	25L-1C	> 1C	*Or Networth in ₹	Resident Individual	NRI / PIO / NRO	Sole Proprietorship	Minor through Guardian	Non Individual			Others	
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Company/Body	<input type="checkbox"/> Corporate	<input type="checkbox"/> HUF	Is the entity involved in any of the following: Foreign Exchange/ Money Changer Gaming/ Gambling/ Lottery (casinos, betting syndicates) Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partnership	<input type="checkbox"/> Society	<input type="checkbox"/> Trust		Specify
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bank	<input type="checkbox"/> AOP	<input type="checkbox"/> FI/FII/FPI		Specify
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOI	<input type="checkbox"/> OCI	<input type="checkbox"/> LLP		Specify

\*Mandatory for Non Individual. Not older than 1 year

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

From		Date	D	D	M	M	Y	Y
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1	Scheme	Plan/Option	Amount
2	Scheme	Plan/Option	Amount
3	Scheme	Plan/Option	Amount

Stamp & Signature

### 3 BANK DETAILS FOR PAY-OUT (Mandatory. Refer C and avail of Multiple Bank Registration Facility. Please attach cancelled cheque copy.)

Bank Name

Bank A/c No.  Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ NRSR ☐ Others  Specify

Branch Name  City  Pin

IFSC / NEFT Code (11 digit)\*  MICR Code (9 digit)\*  \*Mentioned on your cheque leaf


### 4 PAYMENT DETAILS (Applicable for both lumpsum & SIP investment)

Payment Account ☐ Non Third Party Payment ☐ Third Party Payment (Please attach declaration form available at [www.principalindia.com](http://www.principalindia.com))


Payment mode	Instrument/ Reference No.	Amount (₹)	Account No.	Account type
<input type="checkbox"/> Cheque/ DD				<input type="checkbox"/> Savings
<input type="checkbox"/> RTGS/ NEFT		DD Charges (if any)	Bank & Branch	<input type="checkbox"/> Current
<input type="checkbox"/> Funds Transfer				<input type="checkbox"/> NRO
				<input type="checkbox"/> NRE

### 5 INVESTMENT DETAILS (In case of discrepancy, Default plan/option will be applied) Ref Instruction A, B & C

i-Name  Give a name to your goal  Goal Value (₹)

 Track the progress of your goals through account statements easily


#### 5A - INVESTMENT TYPE ☐ ONLY LUMPSUM (Fill 5A) ☐ ONLY SIP\* ☐ LUMPSUM & SIP\* \*Fill 5A, B and attach SIP Auto Debit/ NACH form

 3-in-1 Invest in upto 3 schemes with a single cheque.

Scheme Names	Plan		Option		Sub Option			Dividend Frequency (if applicable)	Amount in figure (₹)
	Regular	Direct	Dividend	Growth	Payout	Reinvest	Sweep	Tick any one*	Lumpsum
1. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A	
2. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A	
3. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A	
Total (Amount in words)									
Dividend Sweep into	Scheme <input type="text"/>						Plan <input type="text"/>	Option <input type="text"/>	
	Scheme <input type="text"/>						Plan <input type="text"/>	Option <input type="text"/>	
	Scheme <input type="text"/>						Plan <input type="text"/>	Option <input type="text"/>	


\*D-Daily, W-Weekly, M-Monthly, Q-Quarterly, HY-Half Yearly & A-Annual


#### 5B - SIP REGISTRATION DETAILS

My Date  Choose your favourite day

**SIP DETAILS** (Applicable to scheme number mentioned in 5A table. Refer SIP instructions point A)

Scheme No.	SIP Amount (₹) (Minimum amount ₹ 500/ 2,000. Refer KIM)	SIP Date(s)* (*Default date 10th)	SIP Frequency	Start Date	End Date	Perpetual
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total (Amount in words) <input type="text"/>						

Perpetual  No hassle to Renew your SIPs

 A better way to plan for your dreams

Booster\*



Meet your life goals faster

Pause



Why Stop when you can Pause?

#### TOP-UP DETAILS (Applicable to scheme number mentioned in table 5A. Refer SIP instructions point B)

Scheme No.	Top up Amount (Min. ₹ 500 & Multiple of ₹1/-)	Frequency (HY-Half Yearly Y-Yearly (Default))	Top Up Start Month/Year	Cap Month/Year	Cap Amount
1.	<input type="text"/>	<input type="checkbox"/> HY <input type="checkbox"/> Y	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="checkbox"/> HY <input type="checkbox"/> Y	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="checkbox"/> HY <input type="checkbox"/> Y	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### PAUSE DETAILS (Applicable to scheme number mentioned in 5A table. Refer SIP instructions point C)

SIP Cycle Date	SIP Pause Period Start from	SIP Pause Period End on
<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="text"/>

#### QUICK CHECKLIST

- ☐ KYC acknowledgement letter (Compulsory for MICRO Investments)
- ☐ Self attested PAN card
- ☐ Email ID and mobile number provided for regular updates
- ☐ Plan/ Option/ Sub Option name mentioned along with scheme name
- ☐ SIP Auto Debit/ NACH form is filled & attached for SIP investments
- ☐ Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- ☐ Additional documents attached for Third Party payments. Refer instructions
- ☐ FATCA & CRS Declaration for non individual/ Entity is attached (mandatory)

## 6 DEMAT ACCOUNT DETAILS (Optional) (Refer instruction No. B(13))

(Please ensure that the sequence of names as mentioned in the application from matches with that of the account held with the Depository Participant. Attach copy of DP statement.)

NSDL	DP NAME	DP ID							Beneficiary Account No.								
CSDL	DP NAME	Beneficiary Account No.															

## 7 NOMINATION DETAILS (Single or joint applicants are advised to avail Nomination facility. Ref Instruction E).

<input type="checkbox"/> I/We wish to nominate. <input type="checkbox"/> I/We DO NOT wish to nominate and sign here		Sole / First Applicant / Guardian		Second Applicant		Third Applicant	
	Nominee Name	Guardian Name (In case of Minor)		Allocation %		Nominee/ Guardian Signature	
Nominee 1							
Nominee 2							
Nominee 3							
Address				Total = 100%			

## 8 DECLARATION & SIGNATURES

**INDIVIDUAL / NON-INDIVIDUAL DECLARATION:** I/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 agree 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. 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 Asset Management Pvt. Ltd. (AMC), its Trustee and the Mutual Fund would not be considering this 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 commissions, any other mode), payable to him/ her, in order to differentiate between amongst various Mutual funds from amongst which the Scheme/s has been recommended to me/us. I/We hereby agree for the AMC to hold the units of the Scheme/s and the authority recommended by me/us to hold the units of the Scheme/s 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. Where, I/ We have been advised this fund / scheme for investment and the investments are made in Direct Plan, I/ We authorise the Mutual Fund to share my / our investment and transaction details with my / our advisor / distributor.

I/we consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information as defined in the "Privacy Policy" hosted on your website [www.principalindia.com](http://www.principalindia.com)) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies/ Affiliates, as well as to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. I/we hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person.

I/We hereby agree to keep the information provided to AMC updated and to provide any additional information/ documentation that may be required by AMC in connection with this application. Also, I hereby confirm that the information provided in this Application Form 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 herewith. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given under Instructions and hereby accept the same.

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

**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.

**Declaration for SIP registration:** 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 in the form 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.

**FATCA/ CRS Declaration for Non-individual:** I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions given under Instructions and hereby accept the same.

Mutual Fund 



## SIP AUTO DEBIT/ NACH FORM

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

<b>Principal</b> <sup>®</sup>		UMRN										Bank use										Date																													
<b>Tick (✓)</b> CREATE <input checked="" type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL <input type="checkbox"/>		Sponsor Bank Code										<b>CITI000PIGW</b>										Utility Code										<b>CITI00002000000037</b>																			
		I/We hereby authorize										<b>Principal Mutual Fund</b>										to debit (tick ✓)										<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other																			
		Bank A/c number																																																	
		with Bank										Name of customers bank										IFSC										or MICR																			
		an amount of Rupees																				in words										₹										in figures									
		FREQUENCY										<input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> H Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented										DEBIT TYPE										<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																			
		Reference 1																				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.

<b>PERIOD</b>		_____			_____			_____										
<b>From</b>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature of 1st Account holder			Signature of 2nd Account holder			Signature of 3rd Account holder		
D	D	M	M	Y	Y	Y	Y											
<b>To</b>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>3</td><td>1</td><td>1</td><td>2</td><td>2</td><td>0</td><td>9</td><td>9</td> </tr> </table>	3	1	1	2	2	0	9	9	1. _____ Name as in bank records			2. _____ Name as in bank records			3. _____ Name as in bank records		
3	1	1	2	2	0	9	9											
<b>Or</b>	<input checked="" type="checkbox"/> Until Cancelled																	

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 instructions 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.

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.