## THIRD PARTY DECLARATION FORM Date: DD/MM/YYYY

## **Bank Certification**

(in case of Demand Draft / Pay Order / Any other Prefunded instrument – issued from the Account of the Investor)

To,

| Principal Mutual Fund  |                               |                      |                                  |
|--|-------------------------------|----------------------|----------------------------------|
| We hereby confirm the  | following details regarding t | he instrument issue  | d by us:                         |
| Instrument Type  | □ Demand Draf                 |                      | ,                                |
| (Please ✓)   | □ Pay Order                   |                      |                                  |
| ,  | □ Banker's Che                | que                  |                                  |
|  |                               | trument (Please s    | oecify)                          |
| Instrument No.   |                               | Dated                | DD / MM / YYYY                   |
| Instrument Amount (R   | s.)                           | <u>.</u>             |                                  |
| In Favour of   |                               |                      |                                  |
| Payable At:  |                               |                      |                                  |
|  |                               |                      |                                  |
| This instrument has been   | issued out of funds received  | d from the below me  | entioned Bank Account:           |
| Bank Account   |                               | Account Type         | □ Savings                        |
| No.  |                               | (Please ✓)           | □ Current                        |
| ·  |                               |                      | □ NRE                            |
|  |                               |                      | □ NRO                            |
|  |                               |                      | □ FCNR                           |
|  |                               |                      | □ Others (Please specify)        |
| Account Details  | Account Holder Na             | ame(s)               | PAN                              |
| 1.   |                               |                      |                                  |
| 2.   |                               |                      |                                  |
| 3.   |                               |                      |                                  |
| Other teachers have been   | and the second of the dec     |                      |                                  |
| If the issuing bank branch is outside India:   |                               |                      |                                  |
| I/We further declare that  | we are registered as a Bank   | / branch mentioned   | d helow:                         |
| Under the Regulator  |                               | ,                    | 2 33.3 11,                       |
| In the Country   |                               |                      |                                  |
| Registration No.   |                               |                      |                                  |
|  | <u> </u>                      |                      |                                  |
| I / We confirm having ca   | rried out necessary Custom    | ner due diligence wi | th regard to the Beneficiary and |
| the source of the fund received, as per the standards of Anti Money Laundering Laws in our Country |                               |                      |                                  |
|  | , ·                           | •                    | ,                                |
| Branch Manager/Declar  | ant(s)                        |                      |                                  |
|  |                               |                      |                                  |
| Signature:   |                               |                      |                                  |
| Name   |                               |                      | Franksias Cada                   |
| Name:  |                               | _                    | Employee Code:                   |
| Address & Contact No.:   |                               |                      |                                  |
| City:  | State:                        |                      | Bank & Branch Seal               |
| Postal code:   | Country:                      |                      | (mandatory)                      |