

Nomination Form for Distributors (For Individuals / Sole Proprietors only)

To
Principal Asset Management Pvt. Ltd.
 (CIN : U25000MH1991PTC064092)
 Regd. Off.: Exchange Plaza, 'B' Wing, Ground Floor,
 NSE Building, Bandra Kurla Complex,
 Bandra (East), Mumbai - 400 051.

From

Distributor Name ARN Code

Address

Dear Sir / Ma'am,

I, do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death.

NOMINEE DETAILS

*Full Name

*Relationship with Nominee

*Complete Address

Pin Code

*Date of birth Tel. No. Mobile No.

E-mail id

The above nominee is a minor whose guardian's name, address and signature are as under:

Guardian Name

Complete Address

Pin Code

Signature of Nominee / Guardian

This nomination is in substitution of the nomination dated and registered in your books which nomination shall stand cancelled on registration of this nomination.

Place

Date

Signature of Distributor

** Mandatory*
Delete / Strike off if not applicable

ACKNOWLEDGEMENT Nomination Form for Distributors (For Individuals / Sole Proprietors only)

Received, subject to verification, request for nomination from distributor

Name

ARN Code

Stamp & Signature