

ARN-4464 E032737  
VIKRAM S. BAGADTHEY

# THIRD PARTY DECLARATION FORM

## Certification of Bank

Date: DD/MM/YYYY

(in case of Demand Draft / Pay Order / Any other Prefunded instrument issued against Cash – less than Rs.50,000/- only)

To,  
Principal Mutual Fund

We hereby confirm the following details regarding the instrument issued by us:

Instrument Details :

Instrument Type (Please ✓)	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order <input type="checkbox"/> Other like Instrument (Please specify) _____		
Instrument No.		Dated	DD / MM / YYYY
Instrument Amount (Rs.)			
In Favour of			
Payable At:			

Request received from:

Name of the Requestor	
Address of the Requestor	
PAN	

**Branch Manager/Declarant(s)**

Signature: .....

Name: \_\_\_\_\_

Employee Code : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Bank & Branch Seal

Postal code: \_\_\_\_\_ Country: \_\_\_\_\_ (mandatory)

Contact Number: