

**FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM**

Distributor information				For Office Use Only
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received
ARN-0906			E031087	

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Transaction Charges** (Refer Instruction No. 10 and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted).  I am an existing mutual funds investor (Rs.100 will be deducted).

**Existing Unitholders** (Please provide the following details in full; Please refer Instruction 2)

First Applicant Name \_\_\_\_\_  
Customer Folio No. \_\_\_\_\_ Account No. \_\_\_\_\_

**Unit Holder Information**

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant \_\_\_\_\_

Country of birth \_\_\_\_\_ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender:  Male  Female

PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^  Proof of KYC\*

Status:  Resident Individual  NRI/PIO  Company/Body Corporate  Partnership  Trust  Society  HUF  Bank  AOP

Sole Proprietorship  Minor through Guardian#  FI  FII  Others (Please specify) \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction) \_\_\_\_\_

Foreign Tax ID Number \_\_\_\_\_

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

Professional  Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_

Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr

1 cr- 5 cr  5cr- 10cr  > 10 cr or Net-worth as on (date) |D|D|M|M|Y|Y|Y|Y| Rs. \_\_\_\_\_ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Name of Second Applicant \_\_\_\_\_

Country of birth \_\_\_\_\_ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender:  Male  Female

PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^  Proof of KYC\*

Status:  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction) \_\_\_\_\_

Foreign Tax ID Number \_\_\_\_\_

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

Professional  Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_

Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr

1 cr- 5 cr  5cr- 10cr  > 10 cr or Net-worth as on (date) |D|D|M|M|Y|Y|Y|Y| Rs. \_\_\_\_\_ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Name of Third Applicant \_\_\_\_\_

Country of birth \_\_\_\_\_ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender:  Male  Female

PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^  Proof of KYC\*

Status:  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction) \_\_\_\_\_

Foreign Tax ID Number \_\_\_\_\_

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

Professional  Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_

Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr  
 1 cr- 5 cr  5cr- 10cr  > 10 cr or Net-worth as on (date)               Rs. \_\_\_\_\_ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Name of Guardian

Country of birth  Date of Birth<sup>#</sup>               Gender:  Male  Female

PAN No. (Mandatory)<sup>\$</sup>  Enclosed:  PAN Card Copy  Proof of Identity & Address <sup>^</sup>  Proof of KYC\*

Status:  Resident Individual  NRI/PIO  Others (Please specify)

Nationality  Country of Residence

Country of Tax Residence (Refer instruction)

Foreign Tax ID Number

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

Professional  Agriculturist  Retired  Housewife  Student  Others

Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr

1 cr- 5 cr  5cr- 10cr  > 10 cr or Net-worth as on (date)               Rs. \_\_\_\_\_ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Relationship with Minor  Father  Mother  Legal Guardian

(Please specify relationship)

#### Mode of Operation

Single  Joint  Either or Survivor(s)

#### Power of Attorney (POA) Details

Name of POA Holder  Date of Birth

Enclosed  Proof of KYC\*  Proof of Identity & Address <sup>^</sup>  PAN Card Copy PAN<sup>\$</sup>(Mandatory)

Status:  Resident Individual  NRI/PIO  Others (Please specify)  Gender:  Male  Female

<sup>^</sup> Allowed only for investments through Micro investment route in lieu of KYC and PAN. \*Please provide copy of the KYC acknowledgement issued by KRA (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment). For investments through Micro investment route, address proof and identity proof is required to be submitted #Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest). \*\*Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account.

#### Address (Mandatory if you have not completed your KYC process via CVL, else the address of the 1st Holder as registered with CVL will be automatically updated in our records)

City  State  Country  Pincode

Overseas Address for NRIs/PIOs

City  State  Country  Pin/Zip

#### Contact Details (Please provide your contact details even if you have already submitted your KYC acknowledgement)

If the Applicant is Sole Proprietorship Firm, please provide the name of Sole Proprietor. If HUF, please provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.

Name

Tel

STD Code

Office

Residence

Fax

Email  Mobile

#### Bank Details (Mandatory - For new investors) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.

Bank Name

(Do not abbreviate)

Account No.  Branch/City

Please provide the full account number

Branch

Address  Pin

Account type For Residents  Savings  Current | For Non-Residents  NRO  NRE |  Others

Repatriable  Non-Repatriable

\*RTGS code  \*NEFT code  \*MICR code

\*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions on page no. 13.

Please provide a cancelled, signed cheque of the bank account you wish to register. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) . Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.  Multiple Bank Registration Form provided.

I/We would like to invest in

Please read Product labeling details available on cover page and instructions before filling this Form.

Investment Details					
Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details	
				Cheque/DD No.	Bank, Bank A/c No. and Branch
		Less DD Charges:			

Separate cheque/demand draft required for each investment, drawn in favour of scheme name (see point 4 on page 5). Please fill up the scheme name(s) and the plan/option you may refer to the KIM for more details. Investors in Franklin India Pension Plan are requested to also fill in the option exercise form available at the ISC.

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here

**Mandatory for Non-Individual Applicants**

**Ultimate Beneficiary Owner Details (Refer instruction)**

- Applicant is the Ultimate Beneficial Owner(s) of this investment
  - Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form)
- ^ Where no box is ticked, the first statement will be taken as the default meaning that the applicant/investor is the Ultimate beneficial owner

**FATCA**

Please tick the relevant box below, even if Country of Tax Residency is India

- Form W8 BEN-E / Specified declaration enclosed
- Unable to Provide [Franklin Templeton will contact you in due course to confirm your FATCA Status]

^ Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.

**Third Party Payment Documents**

**KYC Proof enclosed** (tick below as appropriate)

- Person making payment  Payment by Guardian  Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift  Custodian on behalf of an FII or a Client  Payment by Employer on behalf of Employee - under Payroll deductions Declaration - Attached  Declaration from Beneficiary  Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift).
- DD against Cash (Please attach):  Banker Certificate
- DD against Debit Bank (Please attach):  Banker Certificate or  A copy of the passbook/bank statement evidencing the debit for issuance of a DD or  Challan

**Franklin Templeton 'Easy' Services**

1. **Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email \*  
 Email Address: \_\_\_\_\_  
 I / We wish to receive the above by email  
 I / We do not wish to receive the above by email
2. **Franklin Templeton Easy Web:** Access your account and transact online.  
 Register online for Easy web by visiting our website  
[www.franklintempletonindia.com](http://www.franklintempletonindia.com)
3. **Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN \_\_\_\_\_  Yes, I would like to receive my TPIN
4. **Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions \*  
 Mobile Number \_\_\_\_\_  
 I/We wish to register for SMS updates on my/our mobile phone.  Yes  No

\* Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates on mobile.

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**Depository Account Details**

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' below. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account.

Depository Name	<input type="checkbox"/> National Securities Depository Limited (Please tick)	<input type="checkbox"/> Central Depository Services (India) Limited (Please tick)
Depository Participant Name		
DP ID	I N	(16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below)
Beneficiary Account Number		

**Note:** Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of demat account statement should be within 90 days of the application

Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in demat form for the current purchase, may get their existing unit holding converted into demat form as well. The existing holding will be credited to the same demat account as that of the current purchase.

- I / We wish to convert my/our existing unit holding into demat form.  
 I / We do not wish to convert my/our existing unit holding into demat form.

**Note:** Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., NOT to convert the existing holding in demat form.

**Nomination Details**

(To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website). Refer instruction on page no.13

Nominee Name & Address \_\_\_\_\_  
 Guardian name & address (if nominee is a minor) \_\_\_\_\_  
 Signature of Nominee / Guardian (optional) \_\_\_\_\_ Nominee Date of Birth (mandatory for minor) \_\_\_\_\_  
 Proof of minor DOB submitted. Witness Name and Address \_\_\_\_\_ Signature of Witness \_\_\_\_\_  
 I/We do not wish to nominate any person for my investments. Signature of Investor(s) \_\_\_\_\_

**Declaration**

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I / we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of FTMF as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment. I / We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and I / we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

\* I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and I / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I / We further agree not to hold Franklin Templeton Investments or their employees or agents liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I / We hereby undertake to promptly inform FTMF of any changes to the information provided hereinabove and agree to accept that FTMF, its sponsor, AMC, trustees, their employees, authorised agents, service providers, representatives or the distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us as also due to my/ our not intimating / delay in intimating such changes.

I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I / We hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

\*\* I/We confirm that I/ we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

I/We confirm and declare that I / we have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on FTMF's website www.franklintempletonindia.com. I / We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments or their employees or agents responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

The ARN holder has disclosed to me/us all the commissions (in the form of 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.

\* Applicable to NRI / PIO / QFI \*\* Applicable to Micro-investments

**Signatures**

\_\_\_\_\_  
 First/Sole Applicant/Guardian \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_  
 Date: \_\_\_\_\_ Place \_\_\_\_\_

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock – in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.



For investment related enquiries, please contact:

Franklin Templeton Investments Service Centres

Ph: 1-800-425 4255 or 6000 4255 (If calling from a mobile phone, please prefix the city STD code; local call rates apply for both numbers) from 8am to 9pm, Monday to Saturday.

Email: service@franklintempleton.com

www.franklintempletonindia.com

CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of Scheme name e.g. "Franklin India Bluechip Fund". • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)

**Acknowledgement****Sl. No.**

Received from \_\_\_\_\_

Pin \_\_\_\_\_

Scheme Name	Plan/Option	Payment Details
_____	<input type="checkbox"/> Lumpsum	Amount _____ Cheque/DD No. _____ Date _____
	<input type="checkbox"/> Systematic Investment Plan	Bank and Branch details _____ Amount _____ Cheque/DD No. _____ Date _____
_____		Bank and Branch details _____ Amount _____ Cheque/DD No. _____ Date _____
_____		Bank and Branch details _____ Amount _____ Cheque/DD No. _____ Date _____
_____		Bank and Branch details _____ Amount _____ Cheque/DD No. _____ Date _____

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Distributor information				For Office Use Only
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received
ARN-0906			E031087	

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"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Transaction Charges** (Refer Instruction No. 10 and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted).  I am an existing mutual funds investor (Rs.100 will be deducted).

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**Unit Holder Information**

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Country of birth \_\_\_\_\_ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender:  Male  Female

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Sole Proprietorship  Minor through Guardian#  FI  FII  Others (Please specify) \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction) \_\_\_\_\_

Foreign Tax ID Number \_\_\_\_\_

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

Professional  Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_

Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr

1 cr- 5 cr  5cr- 10cr  > 10 cr or Net-worth as on (date) |D|D|M|M|Y|Y|Y|Y| Rs. \_\_\_\_\_ (should not be older than 1 year)

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Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Name of Second Applicant \_\_\_\_\_

Country of birth \_\_\_\_\_ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender:  Male  Female

PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^  Proof of KYC\*

Status:  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction) \_\_\_\_\_

Foreign Tax ID Number \_\_\_\_\_

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Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

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Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr

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Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Name of Third Applicant \_\_\_\_\_

Country of birth \_\_\_\_\_ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender:  Male  Female

PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^  Proof of KYC\*

Status:  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction) \_\_\_\_\_

Foreign Tax ID Number \_\_\_\_\_

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

Professional  Agriculturist  Retired  Housewife  Student  Others \_\_\_\_\_

Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr  
 1 cr- 5 cr  5cr- 10cr  > 10 cr or Net-worth as on (date)               Rs. \_\_\_\_\_ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Name of Guardian

Country of birth  Date of Birth#                 Gender:  Male  Female

PAN No. (Mandatory)\$  Enclosed:  PAN Card Copy  Proof of Identity & Address ^  Proof of KYC\*

Status:  Resident Individual  NRI/PIO  Others (Please specify)

Nationality  Country of Residence

Country of Tax Residence (Refer instruction)

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If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory:  Private Sector  Public Sector  Government Service  Business

Professional  Agriculturist  Retired  Housewife  Student  Others

Gross Annual Income Details (please tick) Mandatory: Income range per annum:  Below Rs. 1lac  1-5 lac  5-10 lac  10-25 lac  25-1cr

1 cr- 5 cr  5cr- 10cr  > 10 cr or Net-worth as on (date)                  Rs. \_\_\_\_\_ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)

Relationship with Minor  Father  Mother  Legal Guardian

(Please specify relationship)

#### Mode of Operation

Single  Joint  Either or Survivor(s)

#### Power of Attorney (POA) Details

Name of POA Holder  Date of Birth

Enclosed  Proof of KYC\*  Proof of Identity & Address ^  PAN Card Copy PAN\$(Mandatory)

Status:  Resident Individual  NRI/PIO  Others (Please specify)  Gender:  Male  Female

^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. \*Please provide copy of the KYC acknowledgement issued by KRA (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment). For investments through Micro investment route, address proof and identity proof is required to be submitted #Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest). \*\*Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent’s Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account.

#### Address (Mandatory if you have not completed your KYC process via CVL, else the address of the 1st Holder as registered with CVL will be automatically updated in our records)

City  State  Country  Pincode

Overseas Address for NRIs/PIOs

City  State  Country  Pin/Zip

#### Contact Details (Please provide your contact details even if you have already submitted your KYC acknowledgement)

If the Applicant is Sole Proprietorship Firm, please provide the name of Sole Proprietor. If HUF, please provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.

Name

Tel

STD Code

Office

Residence

Fax

Email  Mobile

#### Bank Details (Mandatory - For new investors) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.

Bank Name

(Do not abbreviate)

Account No.  Branch/City

Please provide the full account number

Branch

Address  Pin

Account type For Residents  Savings  Current | For Non-Residents  NRO  NRE |  Others

Repatriable  Non-Repatriable

\*RTGS code  \*NEFT code  \*MICR code

\*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions on page no. 13.

Please provide a cancelled, signed cheque of the bank account you wish to register. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) . Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.  Multiple Bank Registration Form provided.



I/We would like to invest in

Please read Product labeling details available on cover page and instructions before filling this Form.

Investment Details					
Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details	
				Cheque/DD No.	Bank, Bank A/c No. and Branch
		Less DD Charges:			

Separate cheque/demand draft required for each investment, drawn in favour of scheme name (see point 4 on page 5). Please fill up the scheme name(s) and the plan/option you may refer to the KIM for more details. Investors in Franklin India Pension Plan are requested to also fill in the option exercise form available at the ISC.

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here

**Mandatory for Non-Individual Applicants**

**Ultimate Beneficiary Owner Details (Refer instruction)**

- Applicant is the Ultimate Beneficial Owner(s) of this investment
  - Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form)
- ^ Where no box is ticked, the first statement will be taken as the default meaning that the applicant/investor is the Ultimate beneficial owner

**FATCA**

Please tick the relevant box below, even if Country of Tax Residency is India

- Form W8 BEN-E / Specified declaration enclosed
- Unable to Provide [Franklin Templeton will contact you in due course to confirm your FATCA Status]

^ Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.

**Third Party Payment Documents**

**KYC Proof enclosed** (tick below as appropriate)

- Person making payment  Payment by Guardian  Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift  Custodian on behalf of an FII or a Client  Payment by Employer on behalf of Employee - under Payroll deductions Declaration - Attached  Declaration from Beneficiary  Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift).
- DD against Cash (Please attach):  Banker Certificate
- DD against Debit Bank (Please attach):  Banker Certificate or  A copy of the passbook/bank statement evidencing the debit for issuance of a DD or  Challan

**Franklin Templeton 'Easy' Services**

1. **Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email \*  
 Email Address: \_\_\_\_\_  
 I / We wish to receive the above by email  
 I / We do not wish to receive the above by email
2. **Franklin Templeton Easy Web:** Access your account and transact online.  
 Register online for Easy web by visiting our website  
[www.franklintempletonindia.com](http://www.franklintempletonindia.com)
3. **Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN \_\_\_\_\_  Yes, I would like to receive my TPIN
4. **Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions \*  
 Mobile Number \_\_\_\_\_  
 I/We wish to register for SMS updates on my/our mobile phone.  Yes  No  
 \* Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates on mobile.

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**Depository Account Details**

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' below. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account.

Depository Name	<input type="checkbox"/> National Securities Depository Limited (Please tick)	<input type="checkbox"/> Central Depository Services (India) Limited (Please tick)
Depository Participant Name		
DP ID	I N	(16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below)
Beneficiary Account Number		

**Note:** Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of demat account statement should be within 90 days of the application

Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in demat form for the current purchase, may get their existing unit holding converted into demat form as well. The existing holding will be credited to the same demat account as that of the current purchase.

- I / We wish to convert my/our existing unit holding into demat form.
- I / We do not wish to convert my/our existing unit holding into demat form.

**Note:** Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., NOT to convert the existing holding in demat form.

**Nomination Details** (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website). Refer instruction on page no.13

Nominee Name & Address \_\_\_\_\_  
 Guardian name & address (if nominee is a minor) \_\_\_\_\_  
 Signature of Nominee / Guardian (optional) \_\_\_\_\_ Nominee Date of Birth (mandatory for minor) \_\_\_\_\_  
 Proof of minor DOB submitted. Witness Name and Address \_\_\_\_\_ Signature of Witness \_\_\_\_\_  
 I/We do not wish to nominate any person for my investments. Signature of Investor(s) \_\_\_\_\_

**Declaration**

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I / we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of FTMF as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment. I / We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and I / we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

**I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.**

\* I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and I / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I / We further agree not to hold Franklin Templeton Investments or their employees or agents liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I / We hereby undertake to promptly inform FTMF of any changes to the information provided hereinabove and agree to accept that FTMF, its sponsor, AMC, trustees, their employees, authorised agents, service providers, representatives or the distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us as also due to my/ our not intimating / delay in intimating such changes.

I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I / We hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

\*\* I / We confirm that I / we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

I/We confirm and declare that I / we have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on FTMF's website www.franklintempletonindia.com. I / We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments or their employees or agents responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

The ARN holder has disclosed to me/us all the commissions (in the form of 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.

\* Applicable to NRI / PIO / QFI \*\* Applicable to Micro-investments

**Signatures**

\_\_\_\_\_ First/Sole Applicant/Guardian \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant  
 Date: \_\_\_\_\_ Place \_\_\_\_\_

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock – in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.



For investment related enquiries, please contact:  
 Franklin Templeton Investments Service Centres  
 Ph: 1-800-425 4255 or 6000 4255 (If calling from a mobile phone, please prefix the city STD code; local call rates apply for both numbers) from 8am to 9pm, Monday to Saturday.  
 Email: service@franklintempleton.com  
 www.franklintempletonindia.com

**CHECK LIST:** Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of Scheme name e.g. "Franklin India Bluechip Fund". • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)

**Acknowledgement**

Sl. No.

Received from \_\_\_\_\_ Pin \_\_\_\_\_

Scheme Name	Plan/Option	Payment Details
	<input type="checkbox"/> Lumpsum	Amount _____ Cheque/DD No. _____ Date _____
	<input type="checkbox"/> Systematic Investment Plan	Bank and Branch details _____
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____



# Franklin Templeton Mutual Fund

Sl. No.

## Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)



FRANKLIN TEMPLETON INVESTMENTS

Distributor information			
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
ARN-0906			E031087

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Application for Normal SIP  Micro SIP  (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder \_\_\_\_\_

Existing Unitholders' Folio Number \_\_\_\_\_ Account No. \_\_\_\_\_

New Investors (Please also complete and submit a Common Application Form) Regn. No. \_\_\_\_\_ (For office use only)

### SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit) (Please read Product labeling details available on cover page and instructions before filling this Form)

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

SIP Amount Rs. (per installment) \_\_\_\_\_ Frequency  Monthly  Quarterly  1st  7th  10th  20th  25th

First SIP Cheque Date (If Cheque is given) \_\_\_\_\_ Cheque No. \_\_\_\_\_ (please tick as applicable)

ECS Period From \_\_\_\_\_ To \_\_\_\_\_

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

**Mandatory Enclosures:** (If 1st installment is not by cheque)  
 Blank cancelled cheque  Copy of cheque

### Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document \_\_\_\_\_ Field Issuing Authority \_\_\_\_\_ Document Identification No. \_\_\_\_\_

### Depository Account Details

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' form available at any Franklin Templeton branch office or on our website www.franklintempletonindia.com.

Bank Details	9 Digit MICR Code
Bank Name _____	_____
Branch Name _____	Account Type _____
Address _____	<input type="checkbox"/> Savings <input type="checkbox"/> CC/OD
City _____	<input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO (please ✓)
Account Number _____	Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.
Account Holder Name as in Bank Account _____	

### Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number \_\_\_\_\_

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/we will not hold Franklin Templeton Investments, its employees, agents, authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to FTMF immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

\*I/We confirm that I am/we are Non-resident Indians/ Persons of Indian Origin/ Qualified Foreign Investors but not United States persons within the meaning of Regulation(S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada and that I/we hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our domestic account maintained in accordance with applicable RBI guidelines.

The ARN holder has disclosed to me/us all the commissions (in the form of 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.

I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

\*\*I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

\* Applicable to NRI / PIO / QFI \*\* Applicable to Micro-investments

Date \_\_\_\_\_ Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Banker's Attestation (For bank use only)	
Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records	_____
	Signature of Authorised Official from Bank (Bank Stamp and Date) _____ Bank Account No. _____

### Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)

Investor's Name _____	Franklin Templeton Investor Service Centre Signature & Stamp
Customer Folio _____ Account No. _____	
SIP Amount (Rs.) _____ Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Scheme: _____

# Franklin Templeton Mutual Fund

Sl. No.

## Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)



FRANKLIN TEMPLETON INVESTMENTS

Distributor information			
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
ARN-0906			E031087

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Application for Normal SIP  Micro SIP  (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder \_\_\_\_\_

Existing Unitholders' Folio Number \_\_\_\_\_ Account No. \_\_\_\_\_

New Investors (Please also complete and submit a Common Application Form) Regn. No. \_\_\_\_\_ (For office use only)

### SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit) (Please read Product labeling details available on cover page and instructions before filling this Form)

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

SIP Amount Rs. (per installment) \_\_\_\_\_ Frequency  Monthly  Quarterly  SIP Date  1st  7th  10th  20th  25th

First SIP Cheque Date (If Cheque is given) \_\_\_\_\_ Cheque No. \_\_\_\_\_ (please tick as applicable)

ECS Period From \_\_\_\_\_ To \_\_\_\_\_

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

**Mandatory Enclosures:** (If 1st installment is not by cheque)  
 Blank cancelled cheque  Copy of cheque

### Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document \_\_\_\_\_ Field Issuing Authority \_\_\_\_\_ Document Identification No. \_\_\_\_\_

### Depository Account Details

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' form available at any Franklin Templeton branch office or on our website www.franklintempletonindia.com.

Bank Details	9 Digit MICR Code
Bank Name _____	_____
Branch Name _____	Account Type _____
Address _____	<input type="checkbox"/> Savings <input type="checkbox"/> CC/OD
City _____	<input type="checkbox"/> Current <input type="checkbox"/> NRE/NRO (please ✓)
Account Number _____	Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.
Account Holder Name as in Bank Account _____	

### Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number \_\_\_\_\_

### Signatures of Bank Account holders

1st Holder/Guardian \_\_\_\_\_

2nd Holder \_\_\_\_\_

3rd Holder \_\_\_\_\_

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/we will not hold Franklin Templeton Investments, its employees, agents, authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to FTMF immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

\*I/We confirm that I am/we are Non-resident Indians/ Persons of Indian Origin/ Qualified Foreign Investors but not United States persons within the meaning of Regulation(S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada and that I/we hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our domestic account maintained in accordance with applicable RBI guidelines.

The ARN holder has disclosed to me/us all the commissions (in the form of 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.

I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

\*\*I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

\* Applicable to NRI / PIO / QFI \*\* Applicable to Micro-investments

Date \_\_\_\_\_ Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Banker's Attestation (For bank use only)	
Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records	_____
	Signature of Authorised Official from Bank (Bank Stamp and Date)
	Bank Account No. _____

### Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)

Investor's Name \_\_\_\_\_

Customer Folio \_\_\_\_\_ Account No. \_\_\_\_\_

SIP Amount (Rs.) \_\_\_\_\_ Frequency:  Monthly  Quarterly Scheme: \_\_\_\_\_

Franklin Templeton Investor Service Centre Signature & Stamp

# Franklin Templeton Mutual Fund Systematic Investment Plan through Auto Debit

Sl. No. \_\_\_\_\_



Distributor information			
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
ARN-0906			E031087

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Transaction Charges (Refer Instruction in Common Application Form and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted).  I am an existing mutual funds investor (Rs.100 will be deducted).

Application for Normal SIP  Micro SIP  (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder \_\_\_\_\_

Existing Unitholders' Folio Number \_\_\_\_\_ Account No. \_\_\_\_\_

New Investors (Please also complete and submit a Common Application Form) Regn. No. \_\_\_\_\_ (For office use only)

### SIP Details (Please note that a minimum of 5-10 business days is required to set up the Auto Debit)

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

SIP Amount Rs. (per installment) \_\_\_\_\_ Frequency  Monthly  Quarterly  10th

First SIP Cheque Date \_\_\_\_\_ Cheque No. \_\_\_\_\_ SIP Date  1st  7th  25th

(If Cheque is given) From \_\_\_\_\_ To \_\_\_\_\_ (please tick as applicable)  10th

(Should be from the Bank Account from which NACH is to be effected) (for minimum period and installments, please refer Terms & Conditions no. 1 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to debit my/our account listed below by NACH (National Automated Clearing House) for collection of SIP payments.

**Optional Enclosures:** (If 1st installment is not by cheque)  
 Blank cancelled cheque  Copy of cheque

Please tick  as applicable:  Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below. SIP auto debit can start in FIVE Days i.e. for debit date 7th, form can be submitted till 2nd of the month. Bank Name \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Auto Debit Form (ADF) is attached and to be registered in the Folio. SIP Auto Debit will start after mandate registration which takes Five to Ten Business days. Per transaction limit should be less than or equal to the amount as mentioned in the ADF already registered / submitted, if not registered.

### Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document \_\_\_\_\_ Field Issuing Authority \_\_\_\_\_ Document Identification No. \_\_\_\_\_

### Depository Account Details

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' form available at any Franklin Templeton branch office or on our website www.franklintempletonindia.com.

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of Systematic Investment Plan (SIP) & NACH as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP NACH as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/we will not hold Franklin Templeton Investments, its employees, agents, authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to FTMF immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon. \*I/We confirm that I am/we are Non-resident Indians/ Persons of Indian Origin/ Qualified Foreign Investors but not United States persons within the meaning of Regulation(S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada and that I/we hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our domestic account maintained in accordance with applicable RBI guidelines. The ARN holder has disclosed to me/us all the commissions (in the form of 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. I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. \*\*I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

\* Applicable to NRI / PIO / QFI \*\* Applicable to Micro-investments

Date \_\_\_\_\_ Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Auto Debit Form - NACH Registration

**[ADF]**

UMRN \_\_\_\_\_ F o r o f f i c e u s e \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Bank Code \_\_\_\_\_ For Office Use \_\_\_\_\_ Utility Code \_\_\_\_\_ For Office Use \_\_\_\_\_

Tick (✓)  CREATE  I/We hereby authorize Franklin Templeton Mutual Fund to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

MODIFY  CANCEL

Bank a/c number \_\_\_\_\_

with Bank \_\_\_\_\_ Name of Customers bank \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

FREQUENCY  Mthly  Qytl  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 \_\_\_\_\_ Folio Number \_\_\_\_\_ Phone No. \_\_\_\_\_

Reference 2 \_\_\_\_\_ Application Number \_\_\_\_\_ Email ID \_\_\_\_\_

PERIOD From \_\_\_\_\_ To \_\_\_\_\_

Signature Primary Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_

Or  Until Cancelled 1. \_\_\_\_\_ Name as in Bank records 2. \_\_\_\_\_ Name as in Bank records 3. \_\_\_\_\_ Name as in Bank records

This payment mandate is towards my investment in Franklin Templeton Mutual Fund. I/We hereby declare that the particulars given on this mandate are correct and complete, if the transaction is delayed or not effected at all for reasons of incorrect or incomplete information, I/We would not hold Franklin Templeton Investments/ participating banks responsible. I/We have read and understood the instructions, the Terms and Conditions and agree to abide by the same. I/We authorize the use of the above mentioned contact details for the purpose of this specific mandate processing.

### Acknowledgement Slip for SIP through Auto Debit (To be filled in by investor)

Investor's Name \_\_\_\_\_

Customer Folio \_\_\_\_\_ Account No. \_\_\_\_\_

SIP Amount (Rs.) \_\_\_\_\_ Frequency:  Monthly  Quarterly Scheme: \_\_\_\_\_

Franklin Templeton Investor Service Centre Signature & Stamp

**Third Party Declaration for Application by minor**

Sl. No.

(MANDATORY if investments are through funds which are not from the applicant(s) account)

Name of the 3rd party making the payment \_\_\_\_\_

PAN No. \_\_\_\_\_

Address \_\_\_\_\_

I/We hereby declare that I/we have transferred funds or issued cheque/DD/PayorderNo. \_\_\_\_\_ dated \_\_\_\_\_ drawn on (bank name and branch) \_\_\_\_\_

AccountNo. \_\_\_\_\_ towards investment in Franklin Templeton Mutual Fund, Scheme/Plan \_\_\_\_\_ in the names as mentioned below in the attached application form no. \_\_\_\_\_

Name of first applicant (Minor) \_\_\_\_\_

Relationship with the Minor:  Natural Parent  Legal Guardian  Grand Parent  Relative / Others \_\_\_\_\_ (specify)

We confirm that the beneficial owner of the investment in the mutual fund units is \_\_\_\_\_ (name of the applicant) and the money has been paid by me on account of  Natural love and affection  Gift  Financial assistance

I/We confirm having read and understood the Third Party Payment rules, as currently prescribed by Franklin Templeton Mutual Fund and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct. I agree to furnish such further information as Franklin Templeton Mutual Fund may require from me/us. I/we further agree not to hold Franklin Templeton Investments liable or responsible for any consequences that may arise in the event any of the above particulars being false, incorrect or incomplete and acknowledge Franklin Templeton Mutual Fund shall have sole and absolute discretion to reject / not process the application received from the beneficial investor(s) and refund the subscription monies without any interest or compensation.

I/ we hereby declare that the amount invested / to be invested by me/ us in the scheme(s) of Franklin Templeton Mutual Fund legally belongs to me and is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, 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.

Signature (of third party)\* \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

\* This section must be completed and signed by the person from whose account the subscription payment has been issued

**Declaration by Applicant**

I/We certify that the information declared herein by the Third Party is true and correct. I agree to furnish such further information as Franklin Templeton Mutual Fund may require from me/us.

I/we further agree not to hold Franklin Templeton Investments liable or responsible for any consequences that may arise in the event any of the above particulars being false, incorrect or incomplete and acknowledge Franklin Templeton Mutual Fund shall have sole and absolute discretion to reject / not process the application received from the beneficial investor(s) and refund the subscription monies without any interest or compensation.

Signature of Applicant (Guardian) \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**Enclosures**

1. Proof of bank account to be furnished
2. Banker's certificate in the specified format (in case payment is made by DD/Pay order)
3. Copy of the instruction given to the bank stating the account number to be debited (in case payment is made by RTGS/NEFT/Bank Transfer)