

Form ID: 0118 Sl No. APPLICATION FORM FOR NEW INVESTORS TEMPLETON (Please read Product labeling details available on cover page and instructions before filling this Form) Advisor ARN / RIA Code/ Portfolio Manager's Registration No. Representative EUIN Sub-broker/Branch Code For office use only Sub-broker ARN **ARN 112272** E-159868 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. Applicable only if ARN is mentioned but EUIN box is left blank: "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." Applicable only if RIA Code/ Portfolio Manager's Registration Number is mentioned. "I/We hereby give you my/jour consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/ SEBI Registered Portfolio Manager whose code is mentioned herein." TRANSACTION CHARGES (Refer instructions 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). **DECLARATION (SIGNATURE/S MANDATORY)** Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), respective Scheme Information Document (SIII), key Information Memorandum (KIM), the Addenda issued therein till date (together referred as Scheme Documents) and after evaluating and acknowledging the risk factors, I /we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., Trustees to the schemes of FTMF for units of scheme[s] of FTMF as indicated above, and agree to abide by all applicable laws and the terms and conditions mentioned in the Scheme Documents. Notorwithstanding be generality of the aforesaid undertaking, I/We hereby confirm that (i) I am, we are not residents of Canada (ii) I /we am/are not a 'US Person' and are not applying for Units on behalf of any resident of Canada (ii) I /we am/are not a 'US Person' and are not applying for Units on behalf of any 'US Person' (iii) the money used for investment is my/our own and from legitimate sources (iv) the tax residency status (FATA/CKS) and UIØ details mentioned above have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment and are not in contravention or evasion of any applicable laws. I/We further agree to hold FTMF, Franklin Resources Inc. the substitution of the substitution of the properties of the substitution of the properties including the substitution of the properties Sole / First Unit Holder Second Unit Holder Third Unit Holder 😭 MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions) My Name (Should match with PAN Card) PAN/PEKRN (1st Applicant) KYC My Guardian's Name (if minor)/POA/Contact Person PAN/PEKRN (Guardian/POA) KYC On behalf of Minor (* Attach Mandatory Documents as per instructions). Date of Birth Guardian named is: Date of Birth Proof attached * Father Mother Court Appointed IS JOINT APPLICANTS (IF ANY) DETAILS Mode of Operation : Single Joint Either or Survivor(s) [Default] 2nd Applicant Name (Should match with PAN Card) PAN/PEKRN (2nd Applicant) KYC 3rd Applicant Name (Should match with PAN Card) PAN/PEKRN (3rd Applicant) KYC MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) Email ID Address Type (Mandatory) (in capital) a. Residential & Business Mobile Tel (STD Code) b. Residential Email ID and Mobile number should pertain to firstholder only c. Business Address d. Registered Office Landmark Pin Code City State I wish to receive Scheme Annual Report and Abridged Summary: Dolline (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.) I declare that Email address and Mobile Number provided in this form belongs to (tick one option) 🗌 Self (or) 📄 Family Member, and approve for usage of these contact details for any communication with FTMF. MY INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy) Full Scheme/Plan/Option Amount / Each SIP Amount Payment Mode Drawn on Bank/Branch Scheme Name: Lumpsum SIP Plan: Regular Direct Cheque/DD Name/Branch: Option: Growth Payout of Income Distribution cum Less DD capital withdrawal option charges RTGS NEFT Reinvestment of Income Distribution A/c no. Funds transfer cum capital withdrawal option Scheme Name: Lumpsum SIP Name/Branch: Plan: Regular Direct Cheque/DD Option: Growth Payout of Income Distribution cum Less DD No. capital withdrawal option charges RTGS NEFT Reinvestment of Income Distribution A/c no. Funds transfer cum capital withdrawal option Payment through NACH (Attach NACH form) | Documents attached to avoid Third Party Payment Rejection, if applicable: Bank Certificate, for DD Third Party Declarations IF YOU OPT TO START TWO SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR BOTH THE SIP'S. My Additional SIP Details SIP Period Start Date | m | m | / | y | y | y | y | End Date Continue Until Cancelled OR | m | m | / | y | y | y | y | y | y First SIP Cheque Date: Step-up my SIP annually by: Increase in %: (in multiples of 5%) (Amount invested will be rounded off to the nearest Rs. 100) or Increase in Rupee Value: (in multiples of Rs. 500)

REP ACKNOWLEDGEMENT SLIP

Sl. No.

Received from				Pin
Scheme Name	Plan/Option		Payment Details	
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NOMINATION DET	AILS (In case of	f more than one r	nominee nlease	submit a senarate	e nomination form available	with any of our	ISCs or on our w	vehsite). Refer ins	structions
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SIP Amount (Rs.)

SIP THROUGH NACH FORM

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TEMPLETO!	1				
Advisor ARN / RIA Code/ Portfoli Manager's Registration No.	o Sub-broker/Bra	anch Code	Sub-broker ARN	Representative EUIN	For office use only
ARN 112272				E-159868	
MY DETAILS (To be fille	d in Block Letters, Pleas	e provide the following d	etails in full: Please refer i	nstructions	
My Name				<u> </u>	
My Name					
My Folio Number		Sch	neme (Account Number)		
SIP DETAILS (Please no	te that 30 Business days a	re required to set up the A	uto debit. Default plan/Opt	ion will be applied incase of no inf	formation, ambiguity or discrepancy)
Scheme Name/Plan/Option					
Each SIP Amount (minimum I	Rs. 500) Rs.		SIP Date: D	(If left blank 10 th will be c	onsidered as the default date)
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manager/sales person of the distrib	,		J (() / (XA) 1 1 1		
					ne transactions data feed/portfolio holdings/ NAV etc. in Ianager whose code is mentioned herein.
Having read and understood the content	s of the Statement of Addition	al Information, Scheme Informa	tion Document of the Fund, the	Key Information Memorandum and the	e Addenda issued till date, I/we hereby apply to the Trustees of
		I facility and agree to abide by			
					or instructions issued by any Indian or foreign governmental or
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Frequency Monthly Quarterly Scheme: