

BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

My Bank Name

Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others _____

Branch Address

City Pin

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

ADDITIONAL INFORMATION

Applicant	KIN No. (If KYC done via CKYC)	Date of Birth*	Gender
1st	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA^	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned. *G: Guardian; ^POA: Power Of Attorney

Details	2 nd Applicant	3 rd Applicant	G or POA
Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Id.	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOMINATION DETAILS (In case of more than one nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instructions.

Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Proof)		Allocation	Nominee/ Guardian Signature
	DOB	Guardian Name & Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	100 %	<input checked="" type="checkbox"/>

OR I/We DO NOT wish to nominate and sign here
(To be signed by all the joint holders irrespective of the mode of holdings.)

DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.

NSDL: DP Name DP ID I N Beneficiary Ac No.

CDSL: DP Name Beneficiary Ac No.

Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. Enclosed (Mandatory) Client Master List OR DP statement

KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian		
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minor through Guardian	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non Individual	<input type="checkbox"/> Company/Body	<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF		Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Bank	<input type="checkbox"/> AOP	<input type="checkbox"/> FI/FII/FPI		Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gross Annual Income Range (in Rs.)	Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>	Politically Exposed Person (PEP) details:						
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 st Applicant	<input type="checkbox"/>	Is a PEP	<input type="checkbox"/>	Related to PEP	<input type="checkbox"/>	Not Applicable
					2 nd Applicant	<input type="checkbox"/>					
					3 rd Applicant	<input type="checkbox"/>					
					Guardian	<input type="checkbox"/>					
					Authorised Signatories	<input type="checkbox"/>					
					Promoters	<input type="checkbox"/>					
					Partners	<input type="checkbox"/>					
					Karta	<input type="checkbox"/>					
					Whole-time Directors/Turstees	<input type="checkbox"/>					

FATCA/CRS/UBO DETAILS: For Individuals (Mandatory). Non Individual Investors including HUF, NRIs should mandatorily fill separate FATCA/CRS/UBO details form

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes: Mandatory to enclose FATCA /CRS Annexure

1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)

service@franklintempleton.com

www.franklintempletonindia.com

- Quick Checklist**
- Name, Address are correctly mentioned
 - Email ID / Mobile number are mentioned
 - KYC information provided for each applicant
 - FATCA/CRS details provided for each applicant
 - Corporate Documents/ Trust Deed
 - PoA Documents
 - Full scheme name, plan, option is mentioned
 - Pay-In bank details and supportings are attached
 - Nomination facility opted
 - Form is signed by all applicants
 - Proof of relationship with minor
 - Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
 - Non Individual investors should attach
 - FATCA Details and Declaration Form
 - UBO Declaration Form



(Please use separate Transactions Form for each Scheme / Plan and Transaction)

Advisor ARN / RIA Code/ Portfolio Manager's Registration No. ARN 112272	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN E-159868	For office use only
---	------------------------	----------------	--	---------------------

MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name _____

My Folio Number _____ Scheme (Account Number) _____

SIP DETAILS (Please note that 30 Business days are required to set up the Auto debit. Default plan/Option will be applied incase of no information, ambiguity or discrepancy)

Scheme Name/Plan/Option _____

Each SIP Amount (minimum Rs. 500) Rs. _____ SIP Date: D D (If left blank 10th will be considered as the default date)

SIP Period Start Date M M / Y Y Y Y End Date Continue Until Cancelled OR M M / Y Y Y Y

Investment Frequency Monthly (default) Quarterly First SIP Cheque Date: _____ Cheque No. _____

Drawn on Bank/Branch _____

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)

Tick here, if an Open Mandate - Auto Debit Form (ADF) is already registered in the Folio. Please mention in space provided below the Bank Name and Account Number:

Bank Name _____ Account No. _____

Tick here if attaching a New Auto Debit Form. Change in Bank for Existing SIP.

DECLARATION & SIGNATURES (To be signed as per Mode of Holding) Date _____ Place _____

Tick here 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.

Tick here only if RIA Code/ Portfolio Manager's Registration Number is mentioned: "I / We hereby give you my/our 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. Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. 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 and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of these.

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder



SIP Auto Debit Form

|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 MODIFY CANCEL

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

Bank a/c number _____

with Bank _____ Bank Name _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY Mthly Qtly 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 _____

Until Cancelled

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

¹⁴ I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

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