

**FRANKLIN
TEMPLETON****APPLICATION FORM FOR NEW INVESTORS**
(Please read Product labeling details available on cover page and instructions before filling this Form)

Advisor ARN / RIA code

Sub-broker/Branch Code

Sub-broker ARN

Representative EUIN

For office use only

ARN-53321**E054731**

The upfront commission on an 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 is mentioned:** I/We hereby give you my/our consent to share/provide the transactions data fee d/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 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)

Date _____ Place _____

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), respective Scheme Information Document (SID), Key Information Memorandum (KIM), the Addenda issued therein all date (together referred to 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. Notwithstanding the generality of the aforesaid undertaking, I/We hereby confirm that (i) I am/ we are not residents of Canada and am/ 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 (FATCA/CRS) and UBO details mentioned above are true and correct and (v) the ARN holder has disclosed the details of commissions (in the form of trail commission or any other mode), offered by completing schemes of various mutual funds, falling in the category of scheme(s) being recommended to me/us and I/ we have not received nor been induced by any relate 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. its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton) harmless against any losses, costs, damages arising out of any actions undertaken or activities performed by them in accordance with the Scheme Documents and for any consequences in case of any of the above particulars being false, incorrect or incomplete or for the activities performed by them in good faith or on the basis of information provided by me/us as also due to my/our not intimating / delay in intimating such changes. I/We hereby authorize Franklin Templeton to use, 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 alongwith the details of investment made by me/us, to any of its agents, service providers, representatives or distributors or any other parties located in India or outside India or any Indian or foreign governmental, statutory, regulatory administrative or judicial authorities / agencies without any obligation of advising / informing me/us of the same. I/ We hereby agree to keep the information provided to Franklin Templeton updated and to provide any additional information / documentation that may be required by Franklin Templeton, in connection with this application. I/We confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition.

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

Minor's

D D / M M / Y Y

Date of Birth

Proof attached *

Guardian named is :

☐ Father ☐ Mother ☐ Court Appointed**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
(in capital)

Mobile +91

Tel

(STD Code)

Email ID and Mobile number should pertain to first holder only

Address

Address Type (Mandatory)

☐ a. Residential & Business☐ b. Residential☐ c. Business☐ d. Registered Office

Landmark

City

Pin Code

(Mandatory)

State

I wish to receive Scheme Annual Report and Abridged Summary : ☐ Online (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
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Rs. _____ Less DD charges _____	<input type="checkbox"/> Cheque/DD No. _____ <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: _____ A/c no. _____
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Rs. _____ Less DD charges _____	<input type="checkbox"/> Cheque/DD No. _____ <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: _____ A/c no. _____

☐ 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 Date: D D (If left blank 10th will be considered as the default date) | **Investment Frequency** ☐ Monthly (default) ☐ Quarterly

SIP Period Start Date m m / y y y y End Date ☐ Continue Until Cancelled OR m m / 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)
ACKNOWLEDGEMENT SLIP**ARN-53321****E054731****Sl. No.**

Received from _____

Pin _____

Scheme Name	Plan/Option	Payment Details	
		Amount _____	Cheque/DD No. _____ Date _____
		Bank and Branch details _____	
		Amount _____	Cheque/DD No. _____ Date _____
		Bank and Branch details _____	

BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

My Bank Name										
Bank A/C No.										A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> 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		D D / M M / Y Y	<input type="checkbox"/> M <input type="checkbox"/> F
2nd		D D / M M / Y Y	<input type="checkbox"/> M <input type="checkbox"/> F
3rd		D D / M M / Y Y	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA*		D D / M M / Y Y	<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.			
Email Id.			

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		
			100 %	X

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.

<input type="checkbox"/> NSDL: DP Name	DP ID	I	N	Beneficiary Ac No.
<input type="checkbox"/> 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"/> Trust <input type="checkbox"/> Bank	<input type="checkbox"/> Corporate <input type="checkbox"/> Society <input type="checkbox"/> AOP	<input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> FI/FII/FPI		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)					Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Others (Please specify)				

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
as on	as on	as on	as on	as on

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors/Turtee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
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 | <input type="checkbox"/> Name, Address are correctly mentioned | <input type="checkbox"/> Full scheme name, plan, option is mentioned | <input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. |
| | <input type="checkbox"/> Email ID / Mobile number are mentioned | <input type="checkbox"/> Pay-In bank details and supportings are attached | <input type="checkbox"/> Non Individual investors should attach |
| | <input type="checkbox"/> KYC information provided for each applicant | <input type="checkbox"/> Nomination facility opted | <input type="checkbox"/> FATCA Details and Declaration Form |
| | <input type="checkbox"/> FATCA/CRS details provided for each applicant | <input type="checkbox"/> Form is signed by all applicants | <input type="checkbox"/> UBO Declaration Form |
| | <input type="checkbox"/> Corporate Documents/ Trust Deed | <input type="checkbox"/> Proof of relationship with minor | |
| | <input type="checkbox"/> PoA Documents | | |