



**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/ Portfolio Manager's Registration No. <h3 style="text-align: center; margin: 0;">ARN-183038</h3>	Sub-broker/Branch Code 	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 EUN box is left blank: "I/We hereby confirm that the EUN 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/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."		
Sub-broker ARN 	Representative EUN 	Sole / First Unit Holder 	Second Unit Holder 	Third Unit Holder
For office use only 		TRANSACTION CHARGES (Refer instructions and tick the appropriate option) Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. <input type="checkbox"/> I am a first time investor in mutual funds (Rs.150 will be deducted). <input type="checkbox"/> I am an existing mutual funds investor (Rs.100 will be deducted).		

EXISTING UNITHOLDERS' FOLIO NUMBER (Please refer Instruction No. 1 on page 9) **MY FOLIO NUMBER**

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

My Name **PAN/PEKRN (1st Applicant)** **KYC**
Should match with PAN card and preferably attach a copy of PAN card

Date of Birth/Incorporation* / / **Gender** Male Female Others **CKYC NO.**

Guardian's Name (if minor*)/POA/Contact Person **PAN/PEKRN (Guardian/POA)** **KYC**
Should match with PAN card and preferably attach a copy of PAN card

On behalf of Minor* **Date of Birth of Guardian*** / / **Date of Birth** **Guardian named is :** Father Mother Court Appointed
 (* Attach Mandatory Documents as per instructions). **Proof attached ***

* DOB is a mandatory field. #Minor investments can be made only from the bank account where the minor is one of the holders or from the Parent/legal guardian bank account only.

JOINT APPLICANTS (IF ANY) DETAILS Mode of Operation : Single Joint Either or Survivor(s) [Default]

2nd Applicant Name *Should match with PAN card and preferably attach a copy of PAN card*

Date of Birth / / * DOB is a mandatory field. **PAN/PEKRN (2nd Applicant)** **KYC**

3rd Applicant Name *Should match with PAN card and preferably attach a copy of PAN card*

Date of Birth / / * DOB is a mandatory field. **PAN/PEKRN (3rd Applicant)** **KYC**

MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) NRI Investors should mention their Overseas address (Refer instructions).

Email ID (in capital) Mobile +91 Email ID and Mobile number should pertain to firstholder only	Address Type (Mandatory) <input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office
Address 	
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 Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

MY INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied in case of no information, ambiguity or discrepancy)

Full Scheme/Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
Scheme Name: <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"/> Payout of IDCW <input type="checkbox"/> Reinvestment of IDCW	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.
Scheme Name: <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"/> Payout of IDCW <input type="checkbox"/> Reinvestment of IDCW	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.
Scheme Name: <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"/> Payout of IDCW <input type="checkbox"/> Reinvestment of IDCW	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 SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR ALL THE SIP'S. **My Additional SIP Details**

SIP Date: If left blank 10th will be considered as the default date for monthly and quarterly **Investment Frequency** Daily \$ Monthly (default) Quarterly Weekly \$ MON TUE WED THU FRI
\$ Refer Page 16 for T & C

SIP Period Start Date / / **End Date** / / **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)

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)

ADDITIONAL INFORMATION**SECOND APPLICANT'S DETAILS**

CKYC NO. Gender Male Female Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation

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 Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

THIRD APPLICANT'S DETAILS

CKYC NO. Gender Male Female Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation

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 Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

GUARDIAN OR POA APPLICANT'S DETAILS

CKYC NO. Gender Male Female Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation

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 Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
 Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTME.

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 Client Master List OR DP statement

KNOW YOUR CUSTOMER (KYC) DETAILS (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 (Repatriable) / NRI (Non-Repatriable) / Minor (Repatriable) / Minor (Non-Repatriable) / 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 <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI				Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust <input type="checkbox"/> Society We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please quote the NPO Registration Number provided by DARPAN portal. <i>(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)</i>				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"/>
Others (Please specify)					Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Others (Please specify)				

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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 Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on _____ [D][D][M][M][Y][Y]	as on _____ [D][D][M][M][Y][Y]	as on _____ [D][D][M][M][Y][Y]	as on _____ [D][D][M][M][Y][Y]

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				
Father's Name				
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 fill below FATCA / CRS Details				
Country of Tax Residency#				
Identification Type [TIN or other, please specify]				
Tax Identification Number				

To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax identification is not available, kindly provide its functional equivalent.

ACKNOWLEDGEMENT SLIP

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 _____

NOMINATION DETAILS

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death

Nomination can be made upto three nominees in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
Mandatory Details				
Name of the nominee(s) (Mr./Ms.)*				
Share of each Nominee	Equally [If not equally, please specify percentage]	%	%	%
		<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>		
Relationship With the Applicant (If Any)				
Date of Birth		D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
Name of Guardian				

* Date of Birth and Name of Guardian to be provided in case of minor nominee(s)

Non-Mandatory Details			
Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:			
Pincode			
Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
Email ID of nominee(s)/ Guardian in case of Minor			
Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID

OR I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

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 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. 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 competing 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 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. 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 authorise 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. By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

_____	_____	_____
Sole / First Unit Holder	Second Unit Holder	Third Unit Holder

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

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



Advisor ARN / RIA Code/ Portfolio Manager's Registration No. ARN-183038	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
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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	SIP Date	Instalment Amount	Frequency (\$ Refer Page 29 for T & C)				SIP Period* (MMYY)		SIP Step Up Amount: 5% OR in Multiple of ₹500/-
			Daily ^s	Monthly	Quarterly	Weekly ^s	From	To	
			<input type="checkbox"/> Daily ^s	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly ^s	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Until cancelled	
			<input type="checkbox"/> Daily ^s	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly ^s	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Until cancelled	
			<input type="checkbox"/> Daily ^s	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly ^s	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Until cancelled	

Drawn on Bank/Branch							First SIP Cheque Date:			Cheque No.		
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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)

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 the same.

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder
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ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO DEBIT (To be Filled In by Investor)

Investor's Name													
Customer Folio				Account No.									
SIP Amount (Rs.)				Scheme:									
Frequency	<input type="checkbox"/> Daily ^s	<input type="checkbox"/> Weekly ^s	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> Monthly (default)	<input type="checkbox"/> Quarterly				

Franklin Templeton
Investor Service Centre
Signature & Stamp

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 (✓) ²

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input checked="" type="checkbox"/>
CANCEL	<input checked="" type="checkbox"/>

I/We hereby authorize Franklin Templeton Mutual Fund

to debit (tick ✓)

<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> 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

¹⁰Phone No.

Reference 2 Application Number

¹¹Email ID

PERIOD

From

To

Maximum period of validity of this mandate is 40 years only.

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.

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

This is to confirm that I/we have carefully read, understood and agree to abide by the Terms and conditions and instructions. I am authorizing Franklin Templeton to debit my account. I/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to Franklin Templeton or the bank where I have authorized the debit'