

FRANKLIN APPLICATION FORM FOR NEW INVESTORS

TEMPLETON	(Please read Product labeling de	tails available on cover page ar	nd instructions before filling this Form)		
Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	The upfront commission on investment investor's assessment of various factors	made by the investor, if any, shall be paid to the including service rendered by the ARN Holder. A	RN Holder (AMFI registered distributor) directly by the investor, based on the pplicable only if ARN is mentioned but EUIN box is left blank: "I/We hereby in is executed without any interaction or advice by the employee/relationship		
ARN-181211	manager/sales person of the above of manager/sales person of the distributor	r/sub broker." Applicable only if RIA Code/ Por	folio Manager's Registration Number is mentioned: "I / We hereby give you		
Sub-broker ARN Representative E	you, to the SEBI-Registered Investment A	Adviser/ SEBI Registered Portfolio Manager whos	. in respect of my/our investments under Direct Plan of all Schemes managed by e code is mentioned herein."		
E528682	2				
For office use only	Sole / First Unit Holder	Second Unit H	older Third Unit Holder		
$ \begin{tabular}{ll} TRANSACTION CHARGES (Refer instructions and tick the a limit of a limit of the limit$		ons routed through distributors/agent disting mutual funds investor (Rs.10			
SEXISTING UNITHOLDERS' FOLIO NUMBER (I	Please refer Instruction No. 1 on page 9	MY FOLIO NUMBER			
MY DETAILS (To be filled in Block Letters. Please p	provide the following details in full; Plea	se refer instructions)			
My Name			PAN/PEKRN (1st Applicant) KYC		
Should match with PAN card and preferably at	tach a copy of PAN card				
Date of Birth/Incorporation* D D / M M /	Y Y Gender Male Fema	ole Others CKYC NO.			
Guardian's Name (if minor*)/POA/Contact Person			PAN/PEKRN (Guardian/POA) KYC		
Should match with PAN card and preferably att		D. CRIA			
	of Birth pardian*	Date of Birth Proof attached *	Guardian named is: Father Mother Court Appointed		
* DOB is a mandatory field. #Minor investments can be made only from	m the bank account where the minor is one of ti	he holders or from the Parent/legal guard	ian bank account only.		
p 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 D D / M M / Y Y *DOB	is a mandatory field. PAN/PEKRN (2n	nd Applicant)	КУС		
3rd Applicant Name	Should match with PAN card				
Date of Birth D D / M M / Y Y *DOB	is a mandatory field. PAN/PEKRN (3r	d Applicant)	L KYC		
MY CONTACT DETAILS (As per KYC records. To b	oe filled in Block Letters) NRI Investors s	should mention their Overseas add	ress (Refer instructions).		
Email ID (in capital)			Address Type (Mandatory)		
Mobile +91	Tel (STD Code)		a. Residential & Business b. Residential		
Email ID and Mobile number should pertain to firstholder only Address			c. Business		
Auuress			d. Registered Office		
Landmark					
City	Pin Code (Mandatory)	State			
I wish to receive Scheme Annual Report and Abridged Sur	mmary:				
Online (Preferred & Default) Physical Copy (Cl					
I declare that Mobile Number in this form belongs to (tick Dependent Parents Guardian PMS Cu	·	Dependent Children Depend			
I declare that Email address provided in this form belong:	s to (tick one option) Self Spo	ouse Dependent Children	Dependent Siblings		
Dependent Parents Guardian PMS Cu	ustodian POA, and approve for usa	ge of these contact details for any o	ommunication with FTMF.		
MY INVESTMENT DETAILS (Cheque/DD should be	e in favour of "Scheme Name". Default plan	/Option will be applied incase of no i	nformation, ambiguity or discrepancy)		
Full Scheme/Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch		
Scheme Name:					
Lumpsum SIP Plan: Regular Direct	Rs. Less DD	Cheque/DD No.	Name/Branch:		
Option: Growth Payout of IDCW Reinvestment	charges	RTGS NEFT Funds transfer	A/c no.		
Scheme Name:					
Lumpsum SIP	Rs.	Cheque/DD No.	Name/Branch:		
Plan: Regular Direct	Less DD charges	RTGS NEFT Funds			
Option: Growth Payout of IDCW Reinvestment of IDCW Changes A/c no. Scheme Name:					
Lumpsum SIP	Rs.	Cheque/DD No.	Name/Branch:		
Plan: Regular Direct	Less DD	- Funds			
Option: Growth Payout of IDCW Reinvestment of IDCW Reinvestment of IDCW 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 If left blank 10th will be Investment Frequency Daily S Monthly(default) Quarterly Under the default date of the default date.					
SIP Date: D D considered as the default date for monthly and quarterly Refer Page 16 for T & C Weekly MON TUE WED THU FRI					
SIP Period Start Date m m / y y y y End Date m m / y y y y End Date m m / y y y First SIP Cheque Date: m m / y y y y					
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)				
RS 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 FTMF.				
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 FTMF.				
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 FTMF. 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 FTMF.				
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 Powerter Countries DMC Countries DMC Self Spouse Dependent Children Dependent Siblings				
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. 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 FTMF.				
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				

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1st Applicant	2 nd Applicant	3 rd Applicant	Guardian	
Resident Individual					Private Sector					
NRI (Repatriable) / NRI					Public Sector					
(Non-Repatriable) / Minor (Repatriable) / Minor (Non-Repatriable)					Government Service					
/ PIO / OCI					Business					
Sole Proprietorship		-	-	-	Professional					
Minor through Guardian		-	-	-	Agriculturist					
	□ Company/!	Body □ Corpor	ate 🗆 Partners	hip	Retired					
	□AOP	□ FI/FII/	FPI		Housewife					
	☐ Trust ☐ S We are falling	Society g under "Non-Pro	ofit Organization	o" [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					-				
Non Individual				s: Is a PEP	Related to PEP	Not Applicable				
	the Companie	s Act, 2013 (18 of	2013).		1 st Applicant					
		quote the NPO Re	gistration Numb	er provided by	2 nd Applicant					
	(If not registered	aı. l already, please regis on. In absence of rec	ster immediately and	l confirm with the	3 rd Applicant					
	details, MF / AM	on. In absence of rec C/ RTA will be requi portto the relevanta	red to register your	entity on the said	Guardian					
	porturunayorre	port to the relevant a	исногинез из ирриси	Die.j	Authorised Signatories					
Others (Please specify)					Promoters					
Gross Annual Income Ra	ange (in Rs.)				Partners					
Below 1 lac					Karta					
1-5 lac					Whole-time Directors/	`urstee				
5-10 lac										
10-25 lac										
25 lac- 1 cr										
1 -5 cr										
5 - 10 cr										
> 10 cr										
OR Networth in Rs.										
(Mandatory for Non Individual) (not older	as on	as on	as on	as on						
than 1 year)	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y						
		•								
FATCA/CRS/UBO D	ETAILS: For In	dividuals (Man	datory). Non In	dividual Investo	rs including HUF shoul	l mandatorily fil	l separate FA'	ΓCA/CRS/UBO α	letails form	
							•			
Details		Sole/ 1st App	icant	2nd App	olicant	3rd Applicant		Guardian/POA		
Place & Country of Birth										
Nationality										
Father's Name										
Are you a tax resident of a	NV.	Yes	No	Yes	☐ No	Yes	No	Yes	☐ No	
country other than India?	ly	If Yes: Mandatory to fill below FATCA / CRS Details								
Country of Tax Residency#										
Identification Type [TIN or other, please specif	fy]									
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. Sl. No.										
🖙 ACKNOWLEDGEI	MENT SLIP						SI.	INO.		

Pin

Date

Date

Payment Details

Cheque/DD No.

Cheque/DD No.

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

Received from

Scheme Name

Plan/Option

Bank and Branch details_

Bank and Branch details_

Amount

RS 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 1st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee				
		Mandatory Details						
Name of the nominee(s) (M	(r./Ms.)*							
Share of each Nominee Equally [If not equally, please specify percentage]		%	%	%				
		Any odd lot after division	n shall be transferred to the first nomin	nee mentioned in the form.				
Relationship With the Appl	icant (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		(min						
* Date of Birth and Name of Gua	rraian to be provided in case of		n.					
		Non-Mandatory Deta	lis					
Address of Nominee(s)/ Gu City / Place: State & Country:	ardian in case of Minor							
Pincode								
Mobile / Telephone No. of a Guardian in case of Minor	nominee(s)/							
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]		□ Photograph & Signature □ PAN □ Aadhaar (masked - only last 4 digits visible) □ Saving Bank account no. □ Proof of Identity □ Demat Account ID	□ Photograph & Signature □ PAN □ Aadhaar (masked - only last 4 digits visible) □ Saving Bank account no. □ Proof of Identity □ Demat Account ID	☐ Photograph & Signature ☐ PAN ☐ Aadhaar (masked - only last 4 digits visible) ☐ Saving Bank account no. ☐ Proof of Identity ☐ Demat Account ID				
are aware that in case of death of	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.							
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 Pt. 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 Testee Preson' and are not applying for Units on behalf of any 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/o our not intimating / delay in intimating such changes. I/We hereby the activation of the activation of the inform								
* Signature of witness, along with	name and address are require	ed, if the account holder affixes thumb im	pression, instead of signature.					
₹ 1800 425 4255 or 1800 258 4255	5 (from 8 am to 9 pm, Monday to Saturday)	⊠ service@franklintemple	ton.com	www. franklintempletonindia.com				
Checklist Email ID / Mobile KYC information FATCA/CRS detail	re correctly mentioned number are mentioned along provided for each applicant ils provided for each applicant nents/ Trust Deed	with declaration.	and supportings are attached is not opted Der Ill applicants	litional documents provided if investor name ot pre-printed on payment cheque or if nand Draft is used. n Individual investors should attach FATCA Details and Declaration Form				

☐ PoA Documents

☐ FATCA Details and Declaration Form ☐ UBO Declaration Form