

Distributor information

Advisor ARN	ARN- 6574	Representative EUIN	EUIN- E019976
Sub-broker ARN		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.

"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."

Signature: First Holder/Sole applicant _____ Second Holder _____ Third Holder _____

Transaction Charges (Refer detailed 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).

Existing Unitholders (Please provide the following details in full)

First Applicant Name _____
Customer Folio No. _____ Account No. _____

Unit Holder Information

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant _____

Country of birth _____ Date of Birth#

D	D	M	M	Y	Y	Y	Y
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 Gender: ☐ Male ☐ Female

PAN No. (Mandatory)\$ _____ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ ☐ Proof of KYC*

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify) _____

Nationality _____ Country of Residence _____

☐ Please tick if you are a resident only in India for tax purposes. Else, please provide:

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

Occupation (please tick any one and give brief details) Mandatory: ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business

☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: ☐ Below Rs. 1lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25-1cr

☐ 1 cr- 5 cr ☐ 5cr- 10cr ☐ > 10 cr or Net-worth as on (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Rs. _____ (should not be older than 1 year)

Please tick, if applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Name of Second Applicant _____

Country of birth _____ Date of Birth#

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender: ☐ Male ☐ Female

PAN No. (Mandatory)\$ _____ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ ☐ Proof of KYC*

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify) _____

Nationality _____ Country of Residence _____

☐ Please tick if you are a resident only in India for tax purposes. Else, please provide:

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

Occupation (please tick any one and give brief details) Mandatory: ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business

☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: ☐ Below Rs. 1lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25-1cr

☐ 1 cr- 5 cr ☐ 5cr- 10cr ☐ > 10 cr or Net-worth as on (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Rs. _____ (should not be older than 1 year)

Please tick, if applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Name of Third Applicant _____

Country of birth _____ Date of Birth#

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender: ☐ Male ☐ Female

PAN No. (Mandatory)\$ _____ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ ☐ Proof of KYC*

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify) _____

Nationality _____ Country of Residence _____

☐ Please tick if you are a resident only in India for tax purposes. Else, please provide:

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

Occupation (please tick any one and give brief details) Mandatory: ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business

☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: ☐ Below Rs. 1lac ☐ 1-5 lac ☐ 5-10 lac ☐ 10-25 lac ☐ 25-1cr

☐ 1 cr- 5 cr ☐ 5cr- 10cr ☐ > 10 cr or Net-worth as on (date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Rs. _____ (should not be older than 1 year)

Please tick, if applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

1. For SIP investments with: (i) Current date - Please provide Single Cheque (for the first instalment) with SIP ECS form; (ii) Future date - Please inf the SIP (ECS/Direct Debit) form along with SIP Application form. (Note: SIP will start after 30 days). 2. In case you are investing via both Regular and SIP simultaneously (where the SIP will start after 30 days), please provide a single cheque for the Regular amount, along with the completed SIP (ECS/Direct Debit) Mandate form. 3. Cheque for the investment should be made in favour of "Franklin Templeton Family Solutions" 4. For payments by demand draft please attach a certificate from the banker or Challan (instruction to bank) or passbook/bank statement evidencing the debit for issuance.

City										State										Country										Pincode									
Overseas Address for NRIs/PIOs																																							
City										State										Country										Pin/Zip									

Contact Name																								
Tel																								
	STD Code				Office				Residence				Fax											
Email													Mobile											

1. **Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email *

Email Address:

☐ I / We wish to receive the above by email

☐ I / We do not wish to receive the above by email

2. **Franklin Templeton Easy Web:** Access your account and transact online.
Register online for Easy web by visiting our website
www.franklintempletonindia.com

3. **Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN ☐ Yes, I would like to receive my TPIN

4. **Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions *

Mobile Number

I/We wish to register for SMS updates on my/our mobile phone. ☐ Yes ☐ No

* Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates

Bank Name (Do not abbreviate)	Branch/City
Account No. Please provide the full account number	
Branch	
Address	Pin

Account type For Residents ☐ Savings ☐ Current | For Non-Residents ☐ NRO ☐ NRE | ☐ Others _____

☐ Repatriable ☐ Non-Repatriable

Please provide a cancelled, signed cheque of the bank account you wish to register. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) ☐. Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. ☐ Multiple Bank Registration Form provided.

KYC Proof enclosed(tick below as appropriate)

☐ Person making payment ☐ Payment by Guardian ☐ Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift ☐ Custodian on behalf of an FII or a Client ☐ Payment by Employer on behalf of Employee - under Payroll deductions

Declaration - Attached ☐ Declaration from Beneficiary ☐ Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift).

DD against Cash (Please attach): ☐ Banker Certificate

DD against Debit Bank (Please attach): ☐ Banker Certificate or ☐ A copy of the passbook/bank statement evidencing the debit for issuance of a DD or ☐ Challan

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Nomination Details (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website).

Goal 1

Nominee Name & Address _____

Guardian name & address (if nominee is a minor) _____

Signature of Nominee / Guardian _____ Nominee Date of Birth _____ (mandatory for minor).

☐ Proof of minor DOB submitted. Witness Name and Address __________
Signature of Witness☐ I/We do not wish to nominate any person for my investments. Signature of Investor(s) _____**Nomination Details**

Goal 2

Nominee Name & Address _____

Guardian name & address (if nominee is a minor) _____

Signature of Nominee / Guardian _____ Nominee Date of Birth _____ (mandatory for minor).

☐ Proof of minor DOB submitted. Witness Name and Address __________
Signature of Witness☐ I/We do not wish to nominate any person for my investments. Signature of Investor(s) _____**Note:** Please submit a separate Nomination form incase of nominations more than 2 Goals.**Declaration**

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SAI, SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of FTMF and/or registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We confirm that the funds invested in the scheme(s) of FTMF legally belong to me/us and I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

* I/We confirm that I am/we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and I/we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Franklin Templeton Investments or their employees or agents liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/We hereby undertake to promptly inform FTMF of any changes to the information provided hereinabove and agree and accept that FTMF, its sponsor, AMC, trustees, their employees, authorised agents, service providers, representatives or the distributors ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us as also due to my/our not intimating / delay in intimating such changes.

I/We hereby authorise Franklin Templeton Investments to 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, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit- India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I/ We hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I/We have read and understood the terms and conditions of the Family Solutions facility and agree to abide by the terms, conditions, rules and regulations of the said Facility as may be prescribed by FTMF from time to time. I/We understand that the recommendation given is based on the inputs provided by me/us and is not an 'investment advice'. I/ we confirm that the investment decision is based on my/our judgment and that there is no assurance or guarantee that the goal(s) will be achieved. I/We agree not to hold FTMF or the Sponsor, the AMC, the Trustee or any of their directors, employees, affiliates or representatives responsible for any consequences arising out of my investments under the said Facility including non- achievement of goals and loss of profit or principal.

**I/We confirm that I/we do not have any other existing investment in the schemes of FTMF which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case FTMF processes this investment / first SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future installments and no refund shall be made for the units already allotted.

I/We confirm that the subscription money paid is in accordance with the requirements regarding 3rd party payment for subscriptions. I/We confirm and declare that I/ We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on FTMF's website www.franklintempletonindia.com. I/We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments or their employees or agents responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us.

* Applicable to NRI / PIO / QFI ** Applicable to Micro-investments

Date _____ Signature of the Investor(s) _____ 3. _____

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock – in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.

Acknowledgement

Sl.No.

Received from _____
_____ Pin _____**Payment Details**

Amount _____ Cheque/DD No. _____ Date _____

Bank and Branch details _____

CHECK LIST: Please ensure the following : • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of 'Franklin Templeton Family Solutions'. • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)



Franklin Templeton Mutual Fund
FAMILY SOLUTIONS™
INVESTMENT PLANS FOR LIFE GOALS

Systematic Investment Plan through ECS/Direct Debit

(See instructions overleaf)

Sl.No.

Advisor ARN	ARN- 6574	Representative EUIN	EUIN- E019976
Sub-broker ARN		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.

"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."

Signature: First Holder/Sole applicant _____ Second Holder _____ Third Holder _____

Application for Normal SIP ☐ Micro SIP ☐ (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder _____

Existing Unitholders' Folio Number _____

Existing Unitholders' Account Number _____

☐ New Investors (Please also complete and submit a Common Application Form)

SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit) (Please read Product labeling details available on cover page and instructions before filling this Form)

All SIP investments in this form must have the same investment frequency, SIP Date and ECS Period. In case you wish to have different investment frequency, SIP date and ECS period for any scheme, please use additional form.

Frequency: ☐ Monthly ☐ Quarterly; SIP Date: ☐ 1st ☐ 7th ☐ 10th ☐ 20th ☐ 25th;

ECS Period: ☐ From: To:

Goal & Additional Details _____

Scheme _____

Plan _____

SIP Amount Rs. (per installment) _____

Account No. _____

Regn. No. _____

(for office use only)

Goal & Additional Details _____

Scheme _____

Plan _____

SIP Amount Rs. (per installment) _____

Account No. _____

Regn. No. _____

(for office use only)

Goal & Additional Details _____

Scheme _____

Plan _____

SIP Amount Rs. (per installment) _____

Account No. _____

Regn. No. _____

(for office use only)

Goal & Additional Details _____

Scheme _____

Plan _____

SIP Amount Rs. (per installment) _____

Account No. _____

Regn. No. _____

(for office use only)

(Should be from the Bank Account from which ECS/Direct Debit is to be effected). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

Mandatory Enclosures: If 1st installment is not by cheque

☐ Blank cancelled cheque ☐ Copy of cheque

Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document _____ Field Issuing Authority _____ Document Identification No. _____

Bank Details

Bank Name _____

Branch Name _____

Address _____

City _____

Account Number _____

Account Holder Name _____

as in Bank Account

9 Digit MICR Code _____

Account Type

☐ Savings

☐ CC/OD

☐ Current

☐ NRE/NRO (please ✓)

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.

Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number _____

Signatures of Bank Account holders

1st Holder/Guardian _____

2nd Holder _____

3rd Holder _____

I have read and understood the terms and conditions of the Family Solutions facility and agree to abide by the terms, conditions, rules and regulations of the said Facility as may be prescribed by Franklin Templeton Mutual Fund from time to time. 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 Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments, its authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. 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. * I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and I / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.

Date _____ Signature of the Investor(s) _____ 1. _____ 2. _____ 3. _____

Banker's Attestation (For bank use only)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account No.

Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)

Sl.No.

Investor's Name _____

Customer Folio _____

Date

Franklin Templeton Investor
Service Center Signature & Stamp