Franklin Templeton Mutual Fund

Sl. No.



Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)

Distributor information								
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN					
ARN- 6574			EUIN- E019976					

Frequency:
Monthly

☐ Quarterly

Scheme:

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 w	here the EUIN space has bee	m left blank by me/us, the tra	nsaction is an "executio	n-only" trans	action.	
0. 61.7	· · ·		2		2	
Signature of the Investor(Application for Norma Name of Sole/First Account h	al SIP □ Micro SIP □	(For Micro SIP, Please provide req	uired proof /documentation	n)	3. —	
Existing Unitholders' Folio N New Investors (Please also co	Sumber	unnlication Form)	Account No. Regn. No.			(For office use only)
· · · · · · · · · · · · · · · · · · ·	*	red to set up the ECS/Direct Deb				(1 of office use only)
Scheme			,			
Plan				Option		
SIP Amount Rs. (per installme	ent)				Frequency Monthly	SIP Date □ 1st □ 20th
First SIP Cheque Date		Cheque No.			☐ Quarterly	□ 7th □ 25th
(If Cheque is given)	d d m m	у у у у			(please tick as a	pplicable) 🗆 10th
ECS Period From			To			
(Should be from the Bank Ac	m m y y ccount from which ECS/Direct I	Debit is to be effected) (for mini		y y y y its, please refer	Mandatam Englasumes	(If 1st installment is nor by cheque)
	athorize Franklin Templeton Muttearing Services) / Direct Debit for	nal Fund or their authorized service collection of SIP payments.	providers to Debit my/our	account listed	☐ Blank cancelled cheq	·
Document proofs for Micr	ro SIP (Please provide any one of	the name of identification docume	nt as mentioned in the instr	uctions)		
Identification document		Field Issuing Authority_		I	Occument Identification No	
Depository Account Deta	iils					
	ription in electronic as well as in fice or on our website www.frank		abscribe to units in electro	onic form, please	fill the 'DEPOSITORY ACC	COUNT DETAILS' form available at any
Bank Details					9 Digit MICR Code	
Bank Name						
Branch Name					Account Type	
Address					☐ Savings	□ CC/OD
City					Current	□ NRE/NRO (please 🗸)
Account Number					Please provide the MICI	R Code of the bank branch from where the
Account Holder Name as in Bank Account					ECS/Direct Debit is to l	
Authorisation of the Bank	c Account Holders				Signatures of Ban	k Account holders
		earing Service (Debit Clearing) and t				ian
Templeton Asset Management	(India) Pvt. Ltd. (Investment Man	below mentioned bank account n ager of Franklin Templeton Mutual nd executed. Mandate verification cl	Fund) acting through their s	service providers a	nd 2 1 T T 1 1	idli
Bank Account Number					3rd Holder	
scheme(s) and the Addenda isst above, and agree to abide by the I/We hereby declare that the pa Templeton Investments, its emp I/We have read and agreed to th in making this investment.	ued to the SID and KIM till date, I, e terms, conditions, rules and regula articulars given above are correct ar ployees, agents, authorised represen ne terms and conditions mentioned	we hereby apply to the Trustees of tions of the Fund and the SIP throu ad complete. If the transaction is de tatives, appointed service providers of overleaf. I/We confirm that the fun	Franklin Templeton Mutual gh ECS/Direct Debit as on t layed or wrongly effected or or the Bank responsible. I/We ds invested legally belong to 1	Fund for registrat he date of this inv not effected at a further undertak me/us and that I/	ion of Systematic Investment Plat estment. Il for reasons of incomplete or ince that any changes in my/our Banl we have not received nor been inc	d Key Information Memorandum (KIM) of the n (SIP) through ECS / Direct Debit as indicated correct information, I/we will not hold Franklin k details will be informed to FTMF immediately, duced by any rebate or gifts, directly or indirectly
appetite and investment horize	on.		•		•	or my/our investment in light of my/our risk
*I/We confirm that I am/we at 1933, as amended from time maintained in accordance with a	re Non-resident Indians/ Persons to time or residents of Canada a applicable RBI guidelines.					on(S) under the United States Securities Act of om my/our funds in my/our domestic account
The ARN holder has disclosed being recommended to me/us.	to me/us all the commissions (in t	he form of trail commission or any	other mode), payable to hin	n for the different	competing schemes of various m	nutual funds from amongst which the Scheme is
by me/us, to any of the Author	orised Parties or any Indian or for	eign governmental or statutory or j	udicial authorities / agencies	including but no	t limited to the Financial Intellig	odates to such information as and when provided ence Unit-India (FIU-IND), the tax / revenue equired by the Authorised Parties, in connection
year. Further, I/we understand a adequate documentation or if the no refund shall be made for the	and accept that in case Franklin Ten ne existing aggregate investment to	npleton Mutual Fund processes this gether with this proposed investmen	leton Mutual Fund which to investment / first SIP instaln t exceeds Rs.50,000/- in a yea	gether with this p nent and the appli ur, the SIP registra	roposed investment will result in a cation is subsequently found to b tion under the Micro investment i	aggregate investments exceeding Rs.50,000/- in a e incomplete in any respect or not supported by route will be cancelled for future instalments and
Date	Signature of the Inve	stor(s) 1. ———		_ 2		3
	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)						
Investor's Name						Franklin Templeton Investor
Customer Folio		Account No.				Service Centre Signature & Stamp