Form ID: 0118

APPLICATION FORM FOR NEW INVESTORS

Sl No.

FRANKLIN TEMPLETON (Please	APPLICATION FORM FOR NI read Product labeling details available on cover page and					
Advisor ARN / RIA Code/ Portfolio Manageric Basistantian Na	The upfront commission on investment made by the investor, if any, shall be paid to the <i>i</i> investor's assessment of various factors including service rendered by the ARN Holder A confirm that the EUIN box has been intentionally left blank by me/us as this transactio	RN Holder (AMFI registered distributor) directly by the investor, based on the pplicable only if ARN is mentioned but EUIN box is left blank: "J/We hereby				
ARN-118251	manager/sales person of the above distributor/sub broker or notwithstanding the a manager/sales person of the distributor/sub broker." Applicable only if RIA Code/Port	dvice of in-appropriateness, if any, provided by the employee/relationship folio Manager's Registration Number is mentioned: "1 / We hereby give you				
Sub-broker ARN Representative EUIN	my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc you, to the SEBI-Registered Investment Adviser/SEBI Registered Portfolio Manager whos	e code is mentioned herein."				
For office use only TRANSACTION CHARGES (Refer instructions and tick the appropriate I am a first time investor in mutual funds (Rs,150 will be deducted)		s/brokers who have opted to receive transaction charges.				
E EXISTING UNITHOLDERS' FOLIO NUMBER (Please refe	er Instruction No, 1 on page 9) MY FOLIO NUMBER					
ISP 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 and preferably attach a co	py of PAN card	PAN/PEKRN (1st Applicant)				
Date of Birth/Incorporation* D D / M M / Y Y	Gender Male Female Others CKYC NO.					
Guardian's Name (if minor [#])/POA/Contact Person		PAN/PEKRN (Guardian/POA)				
Should match with PAN card and preferably attach a co	py of PAN card					
On behalf of Minor* Date of Birth of Guardian* * DOB is a mandatory field. #Minor investments can be made only from the bank	D D / M / Y Y Date of Birth Proof attached * Proof attached * account where the minor is one of the holders or from the Parent/legal guard	Guardian named is : Father Mother Court Appointed ian bank account only.				
🖙 JOINT APPLICANTS (IF ANY) DETAILS	Mode of Operation :	Single Joint Either or Survivor(s) [Default]				
2nd Applicant Name Show	ld match with PAN card and preferably attach a copy	of PAN card				
Date of Birth D D / M M / Y Y *DOB is a mandate	ory field. PAN/PEKRN (2nd Applicant)	КУС				
3rd Applicant Name Shou	ld match with PAN card and preferably attach a copy	of PAN card				
Date of Birth D D / M M Y Y * DOB is a mandate	ory field. PAN/PEKRN (3rd Applicant)	КУС				
WY CONTACT DETAILS (As per KYC records, To be filled in Email ID	Block Letters) NRI Investors should mention their Overseas add					
(in capital)		Address Type (Mandatory)				
Mobile +91 Email ID and Mobile number should pertain to firstholder only	Tel (STD ¢ode)	b. Residential				
Address		c. Business d. Registered Office				
Landmark City	Pin Code					
I wish to receive Scheme Annual Report and Abridged Summary :	(Mandatory) State					
Online (Preferred & Default) Physical Copy (Choose onli	ne mode to help us save paper and contribute towards a green	er and cleaner environment.)				
I declare that Mobile Number in this form belongs to (tick one optic Dependent Parents Guardian PMS Custodian		6				
I declare that Email address provided in this form belongs to (tick of						
	POA, and approve for usage of these contact details for any c					
INVESTMENT DETAILS (Cheque/DD should be in favour	of "Scheme Name",Default plan/Option will be applied incase of no in	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. Cheque/DD No.	Name/Branch:				
Option: Growth Payout of IDCW Reinvestment of IDCW	charges RTGS RTGS RTGS transfer	A/c no.				
Scheme Name:						
	Rs. Cheque/DD No.	Name/Branch:				
Plan: Regular Direct Option: Growth Payout of IDCW Reinvestment of IDCW	Less DD charges RTGS NEFT Funds transfer	A/c no.				
Scheme Name:						
Lumpsum SIP	Rs. Cheque/DD No.	Name/Branch:				
Plan: Regular Direct	Less DD RTGS RTGS NEFT Funds transfer					
Option: Growth Payout 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						
STD Date: D D ansidered as the defoult data Investment Frequency Daily ^S Monthly(default) Quarterly						
for monthly and quarterly	for T & C Weekly [§] MON TUE WED THU Date M M / V V V V First SIP Cheque D					
Step-up my (in multiples of the state of the	of 5%) (Amount invested will OP Increase in Runee					
SIP annually by: Increase in 70. be rounded off to the nearest Rs. 100)						

🕼 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 Pin IFSC code: (11 digit)
R 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 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 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 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 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 DF ID I I I Beneficiary Ac No.
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KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tic	x/ Specify. The application is liable to get rejected if details not filled.)
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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					Private Sector				
NRI (Repatriable) / NRI					Public Sector				
(Non-Repatriable) / Minor (Repatriable) /					Government Service				
Minor (Non-Repatriable) / PIO / OCI					Business				
Sole Proprietorship		-	-	-	Professional				
Minor through Guardian		-	-	-	Agriculturist				
	□ Company/l □ HUF	Body □ Corpor □ Bank	ate 🗌 Partners	hip	Retired				
	□ AOP	□ FI/FII/	FPI		Housewife				
		Society			Student				
	has been cor referred to in	g under "Non-Pro istituted for relic clause (15) of s 261), and is regist	igious or charita ection 2 of the In	able purposes ncome-tax Act,	Others (Please specify)				
Non Individual	the Societies F	Registration Act, 1	.860 (21 of 1860)) or any similar	Politically Exposed Pers	s: Is a PEP	Related to PEP	Not Applicable	
	State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).				1 st Applicant				
	If yes, please quote the NPO Registration Number provided by			er provided by	2 nd Applicant				
	DARPAN portal. (If not registered already, please register immediately and confirm with the		l confirm with the	3 rd Applicant					
	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.)			entity on the said	Guardian				
Others (Please specify)	1				Authorised Signatories				
Others (Please specify)		<u> </u>			Promoters				
Gross Annual Income Ra	ange (in Rs.)				Partners				
Below 1 lac					Karta				
1-5 lac					Whole-time Directors/Tu	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 than 1 year)	as on	as on	as on	as on					

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	Yes No	Yes No	Yes No	Yes No			
country other than India?	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

R NOMINATION DETAILS

I/We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).

	Nomination Details							
nee				Mandatory Details			Additional Details***	
▲ Nominee	Name of nominee	Share of nominee (%)*	Relationship	Postal Address	Mobile number & E-mail	Identity Number**	D.O.B. of nominee	Guardian
1.								
2.								
3.								

* if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in "Transmission aspects").

** Provide only number: PAN or Driving Licence or Aadhaar (last 4) or Passport (for NRIs/OCIs/PIOs). Copy of the document is not required.

*** To be furnished only in following conditions / circumstances:

Date of Birth (DOB): please provide, only if the nominee is minor,

Guardian: It is optional for you to provide, if the nominee is minor.

1. I / We want the details of my / our nominee to be printed in the statement of holding, provided to me / us by the AMC / DP as follows; (please tick, as appropriate)

- Name of nominee(s) Nomination: Yes / No (Default)
- 2. This nomination shall supersede any prior nomination made by me / us, if any.

DECLARATION (SIGNATURE/S MANDATORY)

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 J/We hereby confirm that (i) and 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. J/ We further agree to hold FTMF, Franklin Resources Inc. its subsidiary and associate entities including their empleton) 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 ont intimating such changes. I/We hereby authorise Fr

Date

Place

	Sole / First Holder (Mr./Ms.)	Se	cond Holder (Mr./Ms.)		Third Holder (Mr./Ms.)
Signature / Thumb Impression					
* Signature of two	witness(es), along with name and address are req	uired, if the acc	ount holder affixes thum	b impressi	on, instead of wet signature.
*Witness 1 Name & Address			*Witness 2 Name & Address		
*Witness 1 Signature			*Witness 2 Signature		

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,

2 1800 4	25 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)	Service@franklintempleton.com	🕂 www. franklintempletonindia.com
Quick Checklist	 Name, Address are correctly mentioned Email ID / Mobile number are mentioned along with declaration. KYC information provided for each applicant FATCA/CRS details provided for each applicant Corporate Documents/ Trust Deed PoA Documents 	 Full scheme name, plan, option is mentioned Pay-In bank details and supportings are attached Nomination facility opted Form is signed by all applicants Proof of relationship with minor 	 Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. Non Individual investors should attach FATCA Details and Declaration Form UBO Declaration Form