



Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only

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 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." **Applicable only if RIA Code 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 whose code is mentioned herein."

First/Sole Applicant/Guardian	Second Applicant	Third Applicant
-------------------------------	------------------	-----------------

TRANSACTION CHARGES (Refer 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).

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) PAN/PEKRN (1st Applicant) KYC

My Guardian's Name (if minor)/POA/Contact Person PAN/PEKRN (Guardian/POA) KYC

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

MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)

Email ID (in capital)	Address Type (Mandatory)
Mobile +91 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> a. Residential & Business
Tel (STD Code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> b. Residential
Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> c. Business
Landmark <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> d. Registered Office
City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Pin Code (Mandatory) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
State <input type="text"/> <input type="text"/> <input type="text"/>	

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

2nd Applicant Name (Should match with PAN Card) PAN/PEKRN (2nd Applicant) KYC

3rd Applicant Name (Should match with PAN Card) PAN/PEKRN (3rd Applicant) KYC

ADDITIONAL INFORMATION

Applicant	Adhaar No. (If KYC is done through Aadhaar)	KIN No. (If KYC done via CKYC)	Date of Birth*	Gender
1st	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA*	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned. *G: Guardian; *POA: Power Of Attorney

KNOW YOUR CUSTOMER (KYC) DETAILS (Mandatory. 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/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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Minor through Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF		Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/> Bank	<input type="checkbox"/> AOP	<input type="checkbox"/> FI/FII/FPI		Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Gross Annual Income Range (in Rs.)					Others (Please specify) <input type="text"/>									
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Politically Exposed Person (PEP) details: Is a PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable <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 Network in Rs. (Mandatory for Non Individual) (not older than 1 year)										1 st Applicant <input type="checkbox"/>				
as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										2 nd Applicant <input type="checkbox"/>				
as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					3 rd Applicant <input type="checkbox"/>									
as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Guardian <input type="checkbox"/>									
as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Authorised Signatories <input type="checkbox"/>									
					Promoters <input type="checkbox"/>									
					Partners <input type="checkbox"/>									
					Karta <input type="checkbox"/>									
					Whole-time Directors/Turstees <input type="checkbox"/>									

ACKNOWLEDGEMENT SLIP Sl. No. _____

Received from _____ Pin _____

Scheme Name	Plan/Option	Payment Details
<input type="text"/>	<input type="text"/>	Amount _____ Cheque/DD No. _____ Date _____
<input type="text"/>	<input type="text"/>	Bank and Branch details _____
<input type="text"/>	<input type="text"/>	Amount _____ Cheque/DD No. _____ Date _____
<input type="text"/>	<input type="text"/>	Bank and Branch details _____

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				
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 enclose FATCA /CRS Annexure				

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) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

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

Full Scheme/Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP	Rs. <input type="text"/> Less DD charges <input type="text"/>	<input type="checkbox"/> Cheque/DD No. <input type="text"/> <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: <input type="text"/> <input type="text"/> A/c no. <input type="text"/>
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP	Rs. <input type="text"/> Less DD charges <input type="text"/>	<input type="checkbox"/> Cheque/DD No. <input type="text"/> <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: <input type="text"/> <input type="text"/> A/c no. <input type="text"/>

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 TWO SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR BOTH THE SIP'S.

Additional details for SIP: SIP Date: (If left blank 10th will be considered as the default date)

SIP Period Start Date / / End Date Continue Until Cancelled | **OR** / /

Investment Frequency Monthly(default) Quarterly **First SIP Cheque Date:** **Cheque No.**

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)

NOMINATION DETAILS (In case of more than one nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instructions.

Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Proof)		Allocation	Nominee/ Guardian Signature
	DOB	Guardian Name & Address		
			100 %	X

I/We DO NOT wish to nominate and sign here
(To be signed by all the joint holders irrespective of the mode of holdings.)

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 (Mandatory) Client Master List OR DP statement

DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

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 /we am/are not a 'US Person' and are not applying for Units on behalf of any 'US Person' (ii) the money used for investment is my/our own and from legitimate sources (iii) the tax residency status (FATCA/CRS) and UBO details mentioned above are true and correct and (iv) 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.

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder

1800 425 4255 or 6000 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
 - 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