FRANKLIN TEMPLETON

APPLICATION FORM FOR NEW INVESTORS

INVESTMENTS	(Please	e read Product labeling details a	vailable on cover page and inst	ructions before filling this Form)
Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
Applicable only if ARN is mentioned but EUIN	box is left blank: "I/We hereby confirm that the H	EUIN box has been intentionally left blank by me/us	as this transaction is executed without any inter-	arious factors including service rendered by the ARN Holder. action or advice by the employee/relationship manager/sales "Applicable only if RIA Code is mentioned: 1/ We hereby istered Investment Adviser whose code is mentioned herein."
give you my/our consent to snare/provide the tr	ansactions data leed/portiolio holdings/ NAV etc	. In respect of my/our investments under Direct Pla	n of all Schemes managed by you, to the SEBI-Reg	istered investment Adviser whose code is mentioned herein.

First/Sole Applicant/Guardian	Second Applicant	Third Applicant
TRANSACTION CHARGES (Refer instructions and tick the	e appropriate option) Applicable for transactions routed	l through distributors/agents/brokers who have opted to receive transaction charges.
I am a first time investor in mutual funds (Rs.150 will be dee	ducted).	funds investor (Rs.100 will be deducted).
IS MY DETAILS (To be filled in Block Letters. Please provi	de the following details in full; Please refer instr	ructions)
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)
On behalf of Minor Date of B (* Attach Mandatory Documents as per instructions). Minor's		Guardian named is : roof attached * Father Mother Court Appointed
IS MY CONTACT DETAILS (As per KYC records. To be fill	led in Block Letters)	
Email ID (in capital) Mobile +91	Tel (STD Code)	Address Type (Mandatory) a. Residential & Business b. Residential c. Business d. Registered Office
(in capital) Mobile +91	Tel (STD Code)	a. Residential & Business b. Residential c. Business
(in capital) +91	Pin Code	a. Residential & Business b. Residential c. Business d. Registered Office State
(in capital) +91 Image: Comparison of the	Pin Code	
(in capital) +91	Pin Code	a. Residential & Business b. Residential c. Business d. Registered Office State

Applicant	Adhaa	r No. (If KYC is don	e through Aadhaa	ar)	KIN No. (I	KYC don	e via CKYC)		Date of Birth [#]	Gender
1st									D D / M M / Y Y	M DF
2nd									D D / M M / Y Y	M DF
3rd									D D / M M / Y Y	□ M □ F
G or POA [^]									D D / M M / Y Y	□ M □F

R KNOW YOUR CUST	OMER (KYC)	DETAILS (Mand	latory. Please Tic	k/ Specify. The ap	oplication is liable to get rej	ected if details no	ot 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/PIO/OCI					Public Sector				
Sole Proprietorship		-	-	-	Government Service				
Minor through Guardian		-	-	-	Business				
NY Y 1 1 1	Company/Bo			ip	Professional				
Non Individual	🗆 Trust	🗆 Society	🗆 HUF		Agriculturist				
	🗆 Bank	□ AOP	□ FI/FII/FPI		Retired				
Others (Please specify)					Housewife				
Gross Annual Income Ra	inge (in Rs.)				Student				
Below 1 lac					Others (Please specify)			_	
1-5 lac					Politically Exposed Pers	on (PEP) details	: Is a PEP	Related to PEP	Not Applicable
5-10 lac					1 st Applicant	()			
10-25 lac					2 nd Applicant				
25 lac- 1 cr					3 rd Applicant				
1 -5 cr					Guardian				
5 - 10 cr					Authorised Signatories				
> 10 cr					Promoters				
OR Networth in Rs.					Partners				
(Mandatory for Non					Karta				
Individual) (not older than 1 year)	as on	as on	as on	as on					
unan i year)	D D M M I I	DDMMYY	D D M M Y Y	DDMMIII	Whole-time Directors/Tu	irstee			

R 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				

TAILS	. For multiluais (Manual	ory). Non individual invest	ors including HUI	i should manadorily mi se	parate FATCA/CRS/UBO details form
Details	Sole/ 1st Applicant	2nd Appli	cant	3rd Applicant	Guardian/POA
Place & Country of Birth					
Nationality					
Are you a tax resident of any country other than India?	Yes No	Yes	No Mandatory to enclose FA	Yes No	Yes No
			vanuatory to enclose n	ATCA / CRS Annexure	
BANK ACCOUNT DETAILS	(Avail Multiple Bank Regis	stration Facility)			
My Bank Name					
Bank A/C No.			А/С Тур	e Savings Current NI	RE NRO FCNR Others
Branch Address					
		City			Pin
IFSC code: (11 digit)		MICR c	ode (9 digit)		(This is a 9 digit number next to your cheque number)
B MY INVESTMENT DETAILS	Cheque/DD should be in favou	ur of "Scheme Name". Default pla	n/Option will be appl	lied incase of no information, amb	biguity or discrepancy)
Full Scheme/Pla	lan/Option	Amount / Each SIP Amount	Paymer	nt Mode I	Drawn on Bank/Branch
Lumpsum SIP		Rs.	Cheque/DD	Name/Branch	
		Less DD	No.		
		charges	RTGS NEF	Т	
			Funds transfer	r A/c no.	
Lumpsum SIP		Rs.	Cheque/DD	Name/Branch	1:
		Less DD	No.		
		charges	RTGS NEF	T	
			Funds transfer	r A/c no.	
Payment through NACH (Attach N	NACH form) Documents at	tached to avoid Third Party Pa	yment Rejection, if a	applicable: Bank Certificate	, for DD 🗌 Third Party Declarations
IF	YOU OPT TO START TWO SI	P'S, THE BELOW MENTIONEI	DETAILS WILL BE	E APPLICABLE FOR BOTH THE	SIP'S.
Additonal details for SIP: SIP Dat	te: \mathbb{D} \mathbb{D} (If left blank 10^{th}	will be considered as the defau	lt date)		
SIP Period Start Date m m /	yyyyy End Date	Continue Until Cancelled	0	DR m m / y y y	у
Investment Frequency Monthly	ly(default) Quarterly	First SIP Cheque Date:		Cheque No.	
Step-up my SIP annually by:		(in multiples of 5%) (Amou	nt invested will be	rounded off to the nearest Rs	100)
	Increase in Rupee Value:	(in multiples of I		founded on to the nearest his	. 100)
			-		
NOMINATION DETAILS (In	case of more than one nomin	ee, please submit a separate n	omination form avai	ilable with any of our ISCs or or	our website). Refer instructions.
					· · · · · · · · · · · · · · · · · · ·
Nominee Name and	d Address	For Minor Nominee (Mandato	-	Allocation	
Nominee Name and	d Address	For Minor Nominee (Mandato	ry to attach DOB Pro lian Name & Addres	Allocation	Nominee/ Guardian Signature
Nominee Name and	d Address	For Minor Nominee (Mandato	-	Allocation	
Nominee Name and	d Address	For Minor Nominee (Mandato	-	Allocation Allocation	
Nominee Name and	a Address	For Minor Nominee (Mandato	-	Allocation Allocation	
OR I/We DO NOT wish to nomina	a Address	For Minor Nominee (Mandato DOB Guard	-	Allocation Allocation	
OR I/We DO NOT wish to nomina	a Address ate and sign here holders irrespective of the mo	For Minor Nominee (Mandato DOB Guard	lian Name & Addres	Allocation 100 % X	Nominee/ Guardian Signature
OR I/We DO NOT wish to nomina (To be signed by all the joint h	a Address ate and sign here holders irrespective of the mo	For Minor Nominee (Mandato DOB Guard	lian Name & Addres	Allocation 100 % X	Nominee/ Guardian Signature
OR I/We DO NOT wish to nomina (To be signed by all the joint P	a Address ate and sign here holders irrespective of the mo	For Minor Nominee (Mandator DOB Guard ode of holdings.)	lian Name & Addres	Allocation 100 % X	Nominee/ Guardian Signature
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OR I/We DO NOT wish to nomina (To be signed by all the joint P Composition of the signed by all the joint P COUNT DE NSDL: DP Name CDSL: DP Name Please ensure that the sequence of names as	ate and sign here holders irrespective of the mo ETAILS (Optional. To be fi s mentioned in this Application For	For Minor Nominee (Mandator DOB Guard ode of holdings.) illed if investor wishes to h DP ID I N m matches with the sequence of name	bian Name & Addres	emat mode). Refer instructi Beneficiary Ac No.	Nominee/ Guardian Signature ONS. ster List OR DP statement
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OR I/We DO NOT wish to nomina (To be signed by all the joint h DEPOSITORY ACCOUNT DE NSDL: DP Name CDSL: DP Name Please ensure that the sequence of names as DECLARATION & SIGNATUR Having read and understood the contents of the 3 therein till date (together referred as Scheme Do of FTMF as indicated above, and agree to abide b nota 'US Person' and are not applying for Units o correct and (iv) the ARN holder has disclosed th me/us and I/ we have not received nor been ind I/We further agree to hold FTMF, Franklin Ress damages arising out of any actions undertaken o performed by them in good faith or on the basis	ate and sign here holders irrespective of the mo ETAILS (Optional. To be fi s mentioned in this Application For RES (To be signed as per Mo Statement of Additional Information (becuments) and after evaluating and ac by all applicable laws and the terms at on behalf of any US Person (ii) the mom ucced by any rebate or gifts, directly or ources Inc. its subsidiary and associat or activities performed by them in acco of information provided by me/us as as	For Minor Nominee (Mandato DOB Guard DOB Guard Dob Guard Dode of holdings.) Illed if investor wishes to h DP ID I N M m matches with the sequence of nam Dede of Holding) (SAI) of Franklin Templeton Mutual Fun chowledging the risk factors, I / we her nd conditions mentioned in the Schemen ney used for investment is my/our own of trail commission or any other mode indirectly in making this investment and the entities including their employees, do ordance with the Scheme Documents a labo due to my/our not intimating / del	bian Name & Addres bid the units in De es in the Demat account Date 1 (FTMF), respective Sche eby apply to the Franklin' Documents. Notwithstan and from legitimate sources and from legitimate sources ontravention rectors and key manager d for any consequences i y in intimating such chan	Allocation Allocation Allocation Allocation 100 % X emat mode). Refer instructi Beneficiary Ac No. Beneficiary Ac No. t. Enclosed (Mandatory) Client Mas mene Information Document (SID); Key In Templeton Trustee Services Pvt. Ltd, Tru nding the generality of the aforesaid und ces (iii) the tax residency status (FMTCA), chemes of various mutual funds falling i n or evasion of any applicable laws. rial persons (collectively referred as Frar in case of any of the above particulars be ges.	Nominee/ Guardian Signature ONS. ster List OR DP statement Place Formation Memorandum (KIM), the Addenda issued astees to the schemes of FTMF for units of scheme(s) ertaking, I/We hereby confirm that (i) I /we am/are (CRS) and UD0 details mentioned above are true and in the category of scheme(s) being recommended to nklin Templeton) harmless against any losses, costs, ing false, incorrect or incomplete or for the activities
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