

FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM (Please read instructions before filling up the form)

Distributor information				For Office Use Only
Adviser ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIIN	Application received
ARN-93373			E025888	

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 EUIIN 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."

Signatures First/Sole Applicant/Guardian Second Applicant Third Applicant

1 Transaction Charges (Refer Instruction No. 13 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).

2 Existing Unitholders (To be filled in Block Letters. Please provide the following details in full; Please refer Instruction 2)

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

3 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 _____
 City & Country of birth _____ Date of Birth[#] | D | D | M | M | Y | Y | Y | Y | Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

Guardian details for Minors: Relationship with Minor** Father Mother Legal Guardian (Please specify relationship) _____

Name of Guardian _____
 City & Country of birth _____ Date of Birth[#] | D | D | M | M | Y | Y | Y | Y | Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

Power of Attorney (POA) Details: Name _____
 Status: Resident Individual NRI/PIO Others (Please specify) _____ Date of Birth | D | D | M | M | Y | Y | Y | Y | Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

4 Joint Holder Information (If any) Mode of Operation : Single Joint Either or Survivor(s) [Default]

Name of Second Applicant _____
 City & Country of birth _____ Date of Birth[#] | D | D | M | M | Y | Y | Y | Y | Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

Name of Third Applicant _____
 City & Country of birth _____ Date of Birth[#] | D | D | M | M | Y | Y | Y | Y | Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

5 KYC/FATCA/CRS/UBO 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
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian#	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI			
Others (Please specify)				

FATCA / CRS / Ultimate Beneficiary Owner (UBO) details (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Non individuals/HUF: Mandatory to enclose FATCA / CRS / UBO Annexure

For Individuals (including sole proprietor) - Tax residence declaration

Nationality				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If Yes: Mandatory to enclose FATCA /CRS Annexure

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest)

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Private Sector	<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"/>
Government Service	<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"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)				

Gross Annual Income Range (in Rs.)				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on _____	as on _____	as on _____	as on _____

^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website.*Please provide copy of the KYC acknowledgement issued by KRA (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment).For investments through Micro investment route, address proof and identity proof is required to be submitted.**Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account.

Acknowledgement Slip

Received from _____ Sl. No. _____ 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 _____
		Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____

6 Contact Details (Please provide your contact details even if you have already submitted your KYC acknowledgement)

Name of Sole Proprietor/ Karta/ Contact Person (Non Individuals) _____
 Type of address given at KYC: Residential or Business Residential Business Registered Office
 Address⁵ _____ City _____ State _____ Pincode _____
 Overseas Address for NRIs/PIOs _____
 City _____ State _____ Country _____ Pin/Zip _____
 Tel _____ STD Code _____ Office _____ Residence _____ Fax _____
 Email _____ Mobile _____
 I / We do not wish to receive my/our account related communication by email I/We do not wish to register for SMS updates on my/our mobile phone
 In case no option is selected 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 on mobile.
 *Mandatory if you have not completed your KYC process via KRA, else the address of the 1st Holder as registered with KRA will be automatically updated in our records. Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

7 Bank Details (Mandatory - For new investors) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.

Bank Name (Do not abbreviate) _____
 Account No.# _____ Branch/City _____
 Branch Address _____ Pin _____
 Account type For Residents Savings Current | For Non-Residents NRO NRE FCNR Others _____
 *RTGS/NEFT/IFSC code _____ *MICR code _____ Enclosed: Multiple Bank Registration Form
 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. 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 provide the full account no. *For more details on RTGS/NEFT/IFSC/MICR codes, please refer detailed instructions on page no. 13.

8 Investment Details: I/We would like to invest in (Please read Product labeling details available on cover page of KIM)

Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details	
				Cheque/DD No.	Bank, Bank A/c No. and Branch
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	Less DD Charges:	_____	_____	_____

Separate cheque/demand draft required for each investment, drawn in favour of scheme name e.g. "Franklin India Bluechip Fund". You may refer to the KIM for more details scheme name(s) and the plan/option. Investors in Franklin India Pension Plan are requested to also fill in the option exercise form available at the ISC. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here Enclosed: Cheque / DD Third Party Declaration

9 Depository Account Details (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instruction

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

10 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 instruction no.14


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

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

11 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 SID and KIM till date, 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 the terms, conditions, rules and regulations of the respective scheme. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and derived through legitimate sources. 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 Indian(s) (NRIs) / Person(s) of Indian Origin (PIOs) / Foreign Portfolio Investor(s) (FPIs), 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 confirm that I/we are not United States (U.S.) persons within the meaning of Regulation (S) under the U.S. 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.
 I/ We have understood the information requirements of this Form (read along with the FATCA instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/we have read and understood the FATCA Terms and Conditions and hereby accept the same.
 I/ We further agree not to hold FTMF, Franklin Resources Inc. and its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton Investments / Franklin Templeton) liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/ We hereby undertake to promptly inform Franklin Templeton Investments of any changes to the information provided hereinabove and agree to accept that Franklin Templeton Investments shall not be liable or responsible for any losses, costs, damages arising out of any actions undertaken or 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 understand and acknowledge that FTMF, its Trustee, the AMC reserves the right to accept / reject any transactions / redeem any investments, at their sole discretion and as they may deem fit without assigning any reason thereto. The rejection may be for any reason including but not limited to comply and adhere to such orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities / agencies.
 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 its agents, service providers, representatives or distributors or any other parties located in India or outside India 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 / informing me/us of the same. I/ We hereby agree to provide any additional information / documentation that may be required by Franklin Templeton Investments, in connection with this application.
 *I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund 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 Franklin Templeton Mutual Fund processes this investment / first SIP instalment 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 instalments and no refund shall be made for the units already allotted.
 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(s) is being recommended to me/us.
 * Applicable to NRI / PIO / FPI
 ** Applicable to Micro-investments

Signatures: First/Sole Applicant/Guardian Second Applicant Third Applicant
 Date: _____ Place: _____

 FRANKLIN TEMPLETON INVESTMENTS	CHECK LIST: Please ensure the following: <input checked="" type="checkbox"/> Application form is complete in all respects and signed by all Applicants. <input checked="" type="checkbox"/> Enclosures: <input type="checkbox"/> Supporting documents for bank account details furnished in the Form. <input type="checkbox"/> For payment by Demand Draft - a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. <input type="checkbox"/> For 'Third Party payment - Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by KRA for the Payer. <input type="checkbox"/> Proof of KYC for all applicants, guardians for minors and POA <input type="checkbox"/> Non Individuals: FATCA / CRS / UBO Annexure Mandatory	<input checked="" type="checkbox"/> Enclosures (if applicable) <input type="checkbox"/> Proof of relationship with minor <input type="checkbox"/> Proof of identity & address <input type="checkbox"/> Proof of DOB <input type="checkbox"/> Multiple bank registration form <input type="checkbox"/> Client Master list/DP statement <input type="checkbox"/> Multiple nomination form <input type="checkbox"/> SIP Form
	For investment related enquiries, please contact: 1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday) service@franklintempleton.com www.franklintempletonindia.com	

Franklin Templeton Mutual Fund Systematic Investment Plan through Auto Debit (See instructions overleaf)

Sl. No.



Distributor information			
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
ARN-93373			E025888

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

Transaction Charges (Refer Instruction in Common Application Form 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).

Name of Sole/First Account holder _____
 Existing Unitholders' Folio Number _____ Account No. _____
 New Investors (Please also complete and submit a Common Application Form) Regn. No. _____ (For office use only)

SIP Details (Please note that a minimum of 5-10 business days is required to set up the Auto Debit) Application for Normal SIP Micro SIP (For Micro SIP Please provide required proof /documentation)

Scheme _____ Plan _____ Option _____
 SIP Amount Rs. (per installment) 5,000 10,000 25,000 50,000 1,00,000 Any other amount _____ Frequency Monthly (Default) Quarterly 10th (Default) 1st 20th 7th 25th
 First SIP Cheque Date _____ Cheque No. _____
 SIP Period Start Date _____ till you instruct Franklin Templeton Mutual Fund to discontinue your SIP ^ OR _____

^ Default end date is December 31, 2099. In case the 'End Date' is not mentioned by the investor in the Form, the same would be considered as 31st December, 2099 by default.

(Should be from the Bank Account from which NACH is to be effected) (for minimum period and installments, please refer Terms & Conditions no. 1 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by NACH (National Automated Clearing House) for collection of SIP payments. In case the payment isn't processed through NACH within 30 days then same shall be processed through Direct Debit / ECS using my/our below mentioned account.

Optional Enclosures: (If 1st installment is not by cheque)
 Blank cancelled cheque Copy of cheque

Please tick as applicable: Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below. SIP auto debit can start in FIVE Days i.e. for debit date 7th, form can be submitted till 2nd of the month. Bank Name _____ Bank Account Number _____
 Auto Debit Form (ADF) is attached and to be registered in the Folio. SIP Auto Debit will start after mandate registration which takes Thirty Business days. Per transaction limit should be less than or equal to the amount as mentioned in the ADF already registered / submitted, if not registered.

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. _____

Depository Account Details

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' form available at any Franklin Templeton branch office or on our website www.franklintempletonindia.com.

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 SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of Systematic Investment Plan (SIP) & NACH as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP NACH 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 employees, agents, 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 FTMF 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 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 that I/we hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds 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 hereby authorize 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 hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. **I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund 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 Franklin Templeton Mutual Fund processes this investment / first SIP instalment 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 instalments and no refund shall be made for the units already allotted.

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

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

A single mandate for all your investments will make it easier for you to invest with Franklin Templeton Mutual Fund (FTMF) in the future. To avoid having to provide another mandate, you can select 'As & when presented' for Frequency and 'Maximum Amount' for Debit Type, specifying the maximum value you intend to invest at any time. FTMF will ensure that only the value of the transaction will be debited from your account.

SIP Auto Debit Form [ADF]

FRANKLIN TEMPLETON INVESTMENTS UMRN _____ F o r f o f f i c e u s e Date _____

Sponsor Bank Code _____ For Office Use _____ Utility Code _____ For Office Use _____

Tick (✓) CREATE MODIFY CANCEL I/We hereby authorize Franklin Templeton Mutual Fund to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number _____

with Bank _____ Name of Customers bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY Mthly Qlty H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 _____ Folio Number _____ Phone No. _____

Reference 2 _____ Application Number _____ Email ID _____

PERIOD From _____ To _____

Or Until Cancelled

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. _____ Name as in Bank records 2. _____ Name as in Bank records 3. _____ Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We also confirm that I/we have carefully read, understood and agree to abide by the Terms and conditions and instructions. I am authorizing Franklin Templeton to debit my account. I/We have understood that I/We am/are authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to Franklin Templeton or the bank where I have authorized the debit'

Acknowledgement Slip for SIP through Auto Debit (To be filled in by investor)

Investor's Name _____
 Customer Folio _____ Account No. _____
 SIP Amount (Rs.) _____ Frequency: Monthly Quarterly Scheme: _____

Franklin Templeton Investor
Service Centre Signature & Stamp



FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

First / Sole Applicant / Guardian

Name																								
Gender	M	F	O	PAN													Occupation Type	Service	Business	Others				
Father's Name																								
Cust ID / Folio No.																								
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																								
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																							
Date of Birth				Place of Birth																				
Country of Birth																								
Nationality																								

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Second applicant

Name																								
Gender	M	F	O	PAN													Occupation Type	Service	Business	Others				
Father's Name																								
Cust ID / Folio No.																								
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																								
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																							
Date of Birth				Place of Birth																				
Country of Birth																								
Nationality																								

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Third applicant

Name																											
Gender	M	F	O	PAN													Occupation Type	Service	Business	Others							
Father's Name																											
Cust ID / Folio No.																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																			
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																										
Date of Birth							Place of Birth																				
Country of Birth																											
Nationality																											

Are you a tax resident of any country other than India? Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Signatures

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Date

Place

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Franklin Templeton Asset Management (India) Pvt. Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.