

APPLICATION FORM FOR NEW INVESTORS SI No. read Product labeling details qualified at a second state of the second state of th

(Please read Product labeling details available on cover page and instructions before filling this Form)

Advisor ARN / RIA code	Sub-broker/Branch Code	-broker/Branch Code Sub-broker ARN		JIN For office use only		
ARN-167174			E32613	6		
The upfront commission on investment made by Applicable only if ARN is mentioned but EUIN person of the above distributor/sub broker or negiveyou my/our consent to share/provide the tra	the investor, if any, shall be paid to the ARN box is left blank: "I/We hereby confirm that the twithstanding the advice of in-appropriaten msactions data feed/portfolio holdings/NAV	Holder (AMFI registered distributor) dire the EUIN box has been intentionally left bla less, if any, provided by the employee/rela / etc.in respect of my/our investments und	ectly by the investor, based on the investor's as ink by me/us as this transaction is executed wit tionship manager/sales person of the distribut for Direct Plan of all Schemes managed by you, t	sessment of various factors including service rendered by the ARN Holder. hout any interaction or advice by the employee/relationship manager/sales tor/sub broker." Applicable only if RIA Code is mentioned: "1/We hereby othe SEBH-Registered Investment Adviser whose code is mentioned herein."		
	nstructions and tick the appropriate	option) Applicable for transaction		s/brokers who have opted to receive transaction charges.		
DECLARATION			Date	Place		
Having read and understood the contents of the State Scheme bocuments) and after evaluating and action the terms and conditions mentioned in the Scheme D my/our own and from legitimate sources (iii) the tax schemes of various mutual funds falling in the categor We further agree to hold FTMF, Franklin Resources undertaken or activities performed by them in accord by me/us as also due to my/ our not intimating / de information as and when provided by me/ us alongs by Franklin Templeton, in connection with this applic in accordance with the Aadhaar Act, 2016 (and regula and their Registrar and Transfer Agent (RTA), KRA(s)	ment of Additional Information (SAI) of Franklin Weledging the risk factors I, V we hereby apply to couments. Notwithstanding the generality of the residency status (FMTA/CRS) and UBO details vy of scheme(s) being recommended to me/us an inc. its subsidiary and associate entities includiance with the Scheme Documents and for any of lady in intimating such changes. I/We hereby at the details of investment made by me/us, to a titude the comment of the co	Templeton Mutual Fund (FTMF), respectives the Franklin Templeton Tustes eservices Pvt. aforesaid undertaking, J/We hereby confirm mentioned above are true and correct and (fw and I/we have not received nor been induced) ing their employees, directors and key mana onsequences in case of any of the above particulations of the second from the confirmation of the conf	scheme Information Document (SID), Key, Informat Lid., Trustees to the schemes of FTMF for units of that () 1, I/we am/are not a US Person' and are not of the ARN holder has disclosed the details of comm by any rebate or gifts, directly or indirectly in making gerial persons (Collectively referred as Franklin' Tulars being false, incorrect or incomplete or for the share, remit in any form, mode or manner, all 7, which is of the state of the vities or distributors or any other parties located in tions made the resunder, for () collecting, storing and rmy/our Aadhaar number including demographic in N.	ion Memorandum (KiM), the Addenda issued therein till date (together referred as cheme(s) of FTM* as indicated above, and agree to abide by all applicable laws and applying for Units on behalf of any US Personi (i) the money used for investment is papping for Units on behalf of any US Person (ii) the money used for investment is sent to the paper of		
Sole / First Unit F		Second Unit Ho		Third Unit Holder		
My Name (Should match with Aadh	· · · · · · · · · · · · · · · · · · ·	e following details in full; Pleas	e refer instructions)	PAN/PEKRN (1st Applicant) KYC		
My Name (Should mater with Addi	aar caruj					
My Guardian's Name (if minor)/PG	OA/Contact Person			PAN/PEKRN (Guardian/POA) KYC		
On hehalf of Minan	Detro (Dist)		Date of Birth G	uardian named is :		
On behalf of Minor (* Attach Mandatory Documents as per in:	Date of Birth structions). Minor's	D D / M M / Y Y		Father Mother Court Appointed		
IS JOINT APPLICANTS (IF A	NY) DETAILS		Mode of Operation :	Single Joint Either or Survivor(s) [Default]		
2nd Applicant Name (Should mate	h with Aadhaar Card)			PAN/PEKRN (2nd Applicant) KYC		
3rd Applicant Name (Should match	h with Aadhaar Card)			PAN/PEKRN (3rd Applicant) KYC		
MY CONTACT DETAILS (A:	s per KYC records. To be filled in	Block Letters)				
Email ID (in capital) Mobile +91 Address Landmark City I wish to receive Scheme Annual Report al	nd Abridged Summary · □ Online (P	Tel (STD Code) Pin Code (Mandatory) referred & Default) Physical (State	Address Type (Mandatory) a. Residential & Business b. Residential c. Business d. Registered Office		
i wish to receive scheme Aimaa Report a			nd contribute towards a greener and cle	eaner environment.		
MY INVESTMENT DETAIL	S (Cheque/DD should be in favour	of "Scheme Name". Default plan/	Option will be applied incase of no ir	nformation, ambiguity or discrepancy)		
Full Scheme/F		Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch		
Lumpsum SIP	Plan: Regular Direct	Rs. Less DD charges	Cheque/DD No. RTGS NEFT	Name/Branch:		
Option: Growth Dividend Pa	ayout Dividend Reinvestment	·	Funds transfer	A/c no.		
Lumpsum SIP	Plan: Regular Direct	Rs. Less DD charges	Cheque/DD No. RTGS NEFT	Name/Branch:		
Option: Growth Dividend Pa	<u> </u>		Funds transfer	A/c no. ank Certificate, for DD Third Party Declarations		
IF YOU OPT TO START TWO SIP'S, SIP Date: D D (If left blank 10" v SIP Period Start Date m m /	will be considered as the default date)	TAILS WILL BE APPLICABLE F Investment Frequency	Monthly(default) Quarterly m m / y y y y First invested will be rounded off to t	My Additional SIP Details SIP Cheque Date:		
ACKNOWLEDGEMENT	SLIP			Sl. No.		
Received from				Pin		
Scheme Name	Plan/Option		Payment	Details		
		Amount Bank and Branch details Amount	Cheque/DD No			
		Bank and Branch details	• *	Date		

PANIK AGGOLINIE	DEMAND (A	21 M 1 M 1 D 1	D	7 (1) (2)									
BANK ACCOUNT	DETAILS (Av	vail Multiple Bank	Registration F	acility)									
My Bank Name													
					1 10	m	. 🗆			7.,			
Bank A/C No.					A/C	TypeSa	vingsCuri	entNRE	NRO FCNR	Others			
Branch Address													
			1 1 1	Cit	.,				Pin				
				Cit	у					P. 72 1 1 1			
IFSC code: (11 digit)				MICE	R code (9 digit)				your cheque	ligit number next to number)			
I ADDITIONAL INF	FORMATION												
Applicant	Andl	haar No.		KIN No. (I	f KYC done via CKY	/C)		T	Data - CDI-ul-f	Gender			
**	Adu	ilaai NO.		MIN NO. (I	T KTC dolle via CK			DD	Date of Birth*	Y M F			
1st													
2nd								D D		Y			
3rd								D D	/ M M / Y	Y M F			
G or POA								D D	/ M M / Y	Y □ M □ F			
#Date of Birth - Mandatory if CI	KYC ID mentioned	l. ^G: Guardian; ^POA: P	ower Of Attorney *I	f Aadhaar number is not	assigned Aadhaar enro	llment number	and proof to be p	rovided.					
Details		2 nd Applicant			3 rd App	licant			G or PO	1			
Mobile No.		pp			5 1.pj				4 01 1 0.				
Email Id.													
NOMINATION DE	TAILS (In cas	e of more than one	nominee, please	submit a separate	nomination form	available w	ith any of our	ISCs or on ou	ır website). Refer in	structions.			
			For Minor	Nominee (Manda	tory to attach DOF	Proof)							
Nomine	ee Name and A	ddress	DOB		ardian Name & Ad		Allocati	ion No	minee/ Guardian Si	gnature			
			ДОВ	Gua	ai uiaii ivaiiie & Au	uress							
							100 9	% X					
OR I/We DO NOT wis	h to nominate	and sign horo											
		ders irrespective of	the mode of hold	lings)									
(To be signed by a	in the joint non	acrs irrespective or	the mode of hold	53.)									
DEPOSITORY ACC	COUNT DETA	MIS (Ontional T	n he filled if ins	zestor wishes to	hold the units i	n Demat m	ode) Refer	instruction	c				
— DEFOSITORI NC	COUNT DE II	nes (optional: 10	o be fiffed if fift	vestor wishes to	nord the diffes i	i Demac ii	louej. Refer	mstr action	J.				
NSDL: DP Name			DP	ID I N			Beneficiar	y Ac No.					
CDSL: DP Name							Beneficiar	v Ac No.					
							_	_					
Please ensure that the sequen	ce of names as me	entioned in this Applicat	ion Form matches w	vith the sequence of n	ames in the Demat acc	count. Enclos	sed (Mandatory)	_Client Master	List OR DP states	nent			
KNOW YOUR CUS	STOMER (KY	C) DETAILS (Man	datory Please Ti	ck / Specify The a	onlication is liable	to get rejec	ted if details r	ot filled)					
									and a sec				
Status details for	1st Applica		3 rd Applicant	Guardian	Occupation de	tails for 1	Applicant	2 nd Applica	int 3 rd Applicant	Guardian			
Resident Individual					Private Sector								
NRI/PIO/OCI Sole Proprietorship		-	-	-	Public Sector								
Minor through Guardian		-	_	-	Government Se	rvice							
Millor till ough Guartilan	□ Company			hin	Business								
Non Individual	☐ Trust	□ Society	□HUF	iiip	Professional								
	Bank	-		DI	Agriculturist								
	□ Dalik	□AOP	□ FI/FII/FI	rı	Retired								
Others (Please specify)				.	Housewife								
Gross Annual Income I	Range (in Rs)	,	•		Student								
Below 1 lac					Others (Please	specify)				.			
1-5 lac					Politically Expo	, -	n (PFD) data!	ls: Is a PEP	Related to PEP	Not Applicable			
5-10 lac					1st Applicant	oscu rersol	ı (r EF) detal	IS: IS A PEP					
10-25 lac					2 nd Applicant								
25 lac- 1 cr					3 rd Applicant								
1 -5 cr					Guardian								
5 - 10 cr > 10 cr					Authorised Sign	atories							
> 10 cr OR Networth in Rs.			 		Promoters								
(Mandatory for Non					Partners								
Individual) (not older	as on	as on	as on	as on	Karta	, /T							
than 1 year)	D D M M Y	Y D D M M Y Y	DDMMYYY	D D M M Y Y	Whole-time Dir	ectors/Turs	ice						
-C DAMES (CO.	DEMANA	7 11 12	1	7 1: 43			,		, DAMOA des	IDO 1 - T			
FATCA/CRS/UBO	DETAILS: Fo	or Individuals (Ma	andatory). Non	i individual inve	stors including	HUF shoul	d mandator	ny fill separ	ate FATCA/CRS/	JBO details for			
Details		Sole/ 1st App	licant	2nd App	olicant		3rd Applicant	:	Guardiar	n/POA			
Place & Country of Birth		**		**									
-													
Nationality													
Are you a tax resident of		☐ Yes [No	Yes	□ No		Yes	No	Yes	□ No			
country other than India	!			If Ye	s: Mandatory to enclo	se FATCA /CF	RS Annexure						
1800 425 4255 or 6000 4255 (from 8 am to 9 pm. Monday to Saturday) Service@franklintempleton.com ♣ www. franklintempletonindia.com													
1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday)					ntempleton.com 🗡 www. franklintempletonindia.com			om					
Quick Name, Ad	droce are so	actly montioned	□ pu	cchama nama1-	n ontion is more	mad		itional dage	nonte provided if i	roctor name is			
Checklist													
Examin ID / Mobile number are mentioned Pay-in bank details and supportings are attached not pre-printed on payment cheque or it													
☐ KYC infor	•	ed for each applican	_	nination facility op	ted			nand Draft is		_			
☐ FATCA/C	RS details prov	ided for each applic	ant Form	n is signed by all a	pplicants				vestors should atta				
☐ Corporate	e Documents/	Trust Deed	Proc	of of relationship v	vith minor		_		and Declaration For	rm			
☐ PoA Documents ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐													