

SIP THROUGH NACH FORM

(Please use separate Transactions Form for each Scheme / Plan and Transaction)

Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
ARN-167174			E326136	
MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)				
My Name				
My Folio Number		Scheme (Account Number)		
SIP DETAILS (Please note that 30 Business days are required to set up the Auto debit. Default plan/Option will be applied incase of no information, ambiguity or discrepancy)				
Scheme Name/Plan/Option				
Each SIP Amount (minimum Rs. 500) Rs. SIP Date: D D (If left blank 10 th will be considered as the default date)				
SIP Period Start Date M M / Y Y Y Y End Date Continue Until Cancelled OR M M / Y Y Y Y				
Investment Frequency Monthly (default) Quarterly First SIP Cheque Date: Cheque No.				
Drawn on Bank/Branch				
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)				
Tick here, if an Open Mandate - Auto Debit Form (ADF) is already registered in the Folio. Please mention in space provided below the Bank Name and Account Number:				
Bank Name Account No.				
Tick here if attaching a New	Auto Debit Form.			
	URES (To be signed as per Mode o		Date	Place
complete to the best of my/our knowledge an the Mutual Funds, their authorised agents, re out of any actions undertaken or as a result of	d belief and will promptly inform FTI about any presentatives, distributors its sponsor, AMC, tr of this investment or activities performed by the manner, all / any of the information provided obligation of advising me/us of thesame.	changes thereto. I/ we hereby agree to provustees, their employees, service providers, em on the basis of the information provided	ide any additional information/documentation the representatives ('the Authorised Parties')are not I by me as also due to my not intimating / delay i	that all the particulars given herein are true, correct and tamay be required by FTL I hereby agree and accept that lable or responsible for any losses, costs,damages arising in intimating such changes. I authorize the mutualfund to tory or judicialauthorities / agencies including Financial Third Unit Holder
FRANKLIN SIP Auto Debit Form ADF				
TEMPLETON		f f i c e u	s e	Date
Tick (\checkmark) CREATE $ \checkmark ^2$			Jtility Code	For Office Use
MODIFY X	thorize Franklin T	empleton Mutual Fund	to debit (tick √)	SB CA CC SB-NRE SB-NRO Other
CANCEL X Bank a/c r		5		
with Bank	Bank Name	IFSC	or MIC	
an amount of Rupees FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount				
Reference 1 Folio Number Phone No				
Reference 2	Application Number	11 Email ID		13
PERIOD From	14 I agree for the de charges of the bar	bit of mandate processing charges	by the bank whom I am authorizing to	debit my account as per latest schedule of
To	Charges of the bal	IK.		15
Or Until Cancelle	ed	Primary Account holder	Signature of Account holder	Signature of Account holder 15
1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records 16 This is to 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 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'				
IS ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO DEBIT (To be Filled In by Investor)				
Investor's Name				Franklin Templeton
Customer Folio	Account			InvestorService Centre Signature & Stamp
SIP Amount (Rs.)	Frequency Monthl	y Quarterly Scheme:		