

APPLICATION FORM FOR NEW INVESTORS

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

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	The upfront commission on investme investor's assessment of various facto confirm that the EIIIN box has been i	ent made by the investor, if any, shall be paid to the ors including service rendered by the ARN Holder. Intentionally left blank by me (us as this transact	e ARN Holder (AMFI registered distributor) directly by the inv Applicable only if ARN is mentioned but EUIN box is left bl tion is executed without any interaction or advice by the emp	vestor, based on the lank: "I/We hereby
manager s registration ive.		manager/sales person of the above manager/sales person of the distribut	distributor/sub broker or notwithstanding the tor/sub broker." Applicable only if RIA Code/Po	e advice of in-appropriateness, if any, provided by the emp prtfolio Manager's Registration Number is mentioned: "[/ tet. in respect of my/our investments under Direct Plan of all Sci ose code is mentioned herein."	loyee/relationship We hereby give you
Sub-broker ARN	Representative EUIN	my/our consent to share/provide the you, to the SEBI-Registered Investmen	etransactions data feed/portfolio holdings/NAV ent Adviser/SEBI Registered Portfolio Manager wh	etc. in respect of my/our investments under Direct Plan of all Sc lose code is mentioned herein."	hemes managed by
Sub-blokel AKIV	Representative Lonv				
D 60					
For office use only		Sole / First Unit Holde			
I am a first time investor in mutual f	•••		tions routed through distributors/age existing mutual funds investor (Rs.:	nts/brokers who have opted to receive transaction 100 will be deducted).	n charges.
		,			
My Name (Should metaly with DAN Cove		following details in full; Ple	ease refer instructions)	DAN /DEVDN (1 at Applicant)	КУС
My Name (Should match with PAN Card	uj			PAN/PEKRN (1st Applicant)	LIKIC
My Guardian's Name (if minor")/POA/	/Contact Person			PAN/PEKRN (Guardian/POA)	КУС
,					
On behalf of Minor"	Date of Birth	D D / M M / Y	Date of Birth	Guardian named is :	
(* Attach Mandatory Documents as per instruc	,		Proof attached *	Father Mother Court Appointed	
Minor investments can be made only from the b		e of the holders or from the Paren			
JOINT APPLICANTS (IF ANY)			Mode of Operation		
2nd Applicant Name (Should match w	ith PAN Card)			PAN/PEKRN (2nd Applicant)	КҮС
3rd Applicant Name (Should match wi	ith PAN Card)			PAN/PEKRN (3rd Applicant)	КУС
MY CONTACT DETAILS (As pe	r KYC records. To be filled in	Block Letters) NRI Inves <u>tors</u>	s should mention their Overseas ad	dress (Refer instructions).	
Email ID				Address Type (Manda	tory)
(in capital) Mobile +91		Tel (STD Code)		a. Residential & Busi	ness
Email ID and Mobile number should pertain to	firstholder only	Tel (SID Gode)		b. Residential	
Address				c. Business d. Registered Office	
				u. Registered office	
Landmark					
City		Pin Code	Stato		
	hridged Summary · Online (Pr	(Mandatory) Physic	al Conv (Chaose online mode to help us say	ve paper and contribute towards a greener and cleaner e	environment)
				ndent Siblings Dependent Parents Guardian	
Custodian POA, and approve for usage	of these contact details for any cor				
	of these contact details for any cor	nmunication with FTMF.			
MY INVESTMENT DETAILS (C	· ·		an/Option will be applied incase of no	information, ambiguity or discrepancy)	
	cheque/DD should be in favour o		1	information, ambiguity or discrepancy) Drawn on Bank/Branch	
MY INVESTMENT DETAILS (C	cheque/DD should be in favour o	of "Scheme Name". Default pla	1		
Full Scheme/Plan	Cheque/DD should be in favour o	of "Scheme Name". Default pla	1		
Full Scheme/Plan Scheme Name: Lumpsum SIP Option: Growth Payout of Incom	Cheque/DD should be in favour of Applion Plan: Regular Direct me Distribution cum	of "Scheme Name". Default pla	t Payment Mode	Drawn on Bank/Branch	
Full Scheme/Plan Scheme Name: Lumpsum SIP Option: Growth Payout of Incompapitation of Capital withdra	Cheque/DD should be in favour of Applion Plan: Regular Direct me Distribution cum awal option	of "Scheme Name". Default pla Amount / Each SIP Amoun Rs.	t Payment Mode	Drawn on Bank/Branch	
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BANK ACCOUNT I	DETAILS (Avail	Multiple Bank	Registration Fa	acility)						
My Bank Name		, , , , , , , , , , , , , , , , , , ,								
					A /C Tyme			nro	70th	
Bank A/C No.					A/C Type S	avingscurr	entNRE	NKOFCNK _	otners	
Branch Address										
City			Pin		IFSC code: (11	digit)				
ADDITIONAL INF	ORMATION									
Applicant]	KIN No. (If KYC d	one via CKYC)			Date of Birth		Gender	
1st						D D /	/ M M	/ Y Y	□ M □ F	
2nd						D D /	/ M M	/ V V	□ M □ F	
						7		/ Y Y		
3rd					D D /	/ M M	/ Y Y	□M □F		
G or POA ** #Date of Birth - Mandatory if CK	VC IDi1 ^C	· Coordinate ^ DOA : De-	Of Ass			D D /	<u> </u>	/ Y Y		
#Date of Birth - Mandatory if CK		<u> </u>	wer Of Attorney							
Details	2 nd	Applicant			3 rd Applicant			G or POA		
Mobile No.										
Email Id.										
Lillali IV.										
DEPOSITORY ACC	OUNT DETAIL	S (Optional, To	be filled if inv	estor wishes to	hold the units in Demat	mode). Refer i	nstructions.			
NSDL: DP Name			DP I			Beneficiary				
CDSL: DP Name						Beneficiary Ac No.				
Please ensure that the sequence	e of names as mentio	ned in this Application	on Form matches wi	ith the sequence of n	ames in the Demat account. Encl	osed Client M	laster List OR	DP statement		
					liable to get rejected if detai					
							2nd American	2rd American		
Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant □	Guardian	Occupation details for Private Sector	1 st Applicant	2 nd Applican □	t 3 rd Applicant	Guardian	
Resident Individual NRI (Repatriable) / NRI					Public Sector					
(Non-Repatriable) / Minor (Repatriable) /					Government Service					
Minor (Non-Repatriable					Business					
/ PIO / OCI Sole Proprietorship		-	-	-	Professional					
Minor through Guardian		-	-	-	Agriculturist					
☐ Company/Body ☐ Corporate☐ HUF☐ Bank			ate	hip	Retired					
☐ AOP ☐ FI/FII/FPI		FPI		Housewife						
	☐ Trust ☐ Society We are falling under "Non-Profit O has been constituted for religious referred to in clause (15) of section 1961 (43 of 1961), and is registered a the Societies Registration Act, 1860 (State Registration Act, 1860)			"[NPO] which	Student					
	has been cor referred to in	istituted for reli clause (15) of se	gious or charita ection 2 of the Ir	ible purposes icome-tax Act,	Others (Please specify)					
Non Individual	the Societies F	Registration Act, 1	.860 (21 of 1860)	or any similar	Politically Exposed Pers	s: Is a PEP	Related to PEP	Not Applicable		
	the Companie	on or a Company r s Act, 2013 (18 of	2013).	the section o of	1 st Applicant					
	If yes, please o		sistration Number provided by		2 nd Applicant					
	DARPAN porta (If not registered above information	already, please regis	ster immediately and eint of the Darnan n	confirm with the	3 rd Applicant					
	details, MF / AM portal and /or rep	already, please regis on. In absence of rece C/ RTA will be requi port to the relevant a	red to register your uthorities as applica	entity on the said ble.)	Guardian Authorised Signatories					
Others (Please specify)					Promoters					
Gross Annual Income	Range (in Rs.)				Partners					
Below 1 lac					Karta					
1-5 lac					Whole-time Directors/Tu	rstee				
5-10 lac 10-25 lac										
25 lac- 1 cr										
1 -5 cr										
5 - 10 cr										
> 10 cr OR Networth in Rs.										
(Mandatory for Non Individual) (not older than 1 year)	as on	as on DDDMMYYY	as on D D M M Y Y	as on DDDMMYYY						
₹1800 425 4255 or 1800 2	258 4255 (from 8 am to	9 pm. Monday to Saturd	av)	✓ service@fra	nklintempleton.com		→ www. fran	klintempletonindia.co		
						www. franklintempletonindia.com				
Quick Checklist					payment cheque of ed. stors should attac d Declaration For	or if ch				

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	1				•				
Nationality									
Father's Name									
Are you a tax resident of	f any	Yes	☐ No	Yes	☐ No	Yes	No No	Yes	☐ No
country other than India	a?			If Yes:	: Mandatory to fill be	low FATCA / CRS I	Details		
Country of Tax Residence	cy#								
Identification Type [TIN or other, please spe	ecifyl								
Tax Identification Numb									
# To also include USA, where	the individual	is a citizen / green car	d holder of USA AIn	case Tay identification	is not available kind	lly provide its fund	rtional equivalent		
		is a citizen/ green car	a notice of osa.	case Tax Identification	is not available, kind	ny provide its fund	cuonar equivalent.		
NOMINATION DE				. ,					
event of my / our death a							under to receive the ur ted folio(s).	nits held my/our folio	(s) listed below in the
		PAN of the	n l e l l				G:		Allocation %
Name and add of Nominee([Mandatory	(s)	Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth*	Name and of Gua		Signature of Nominee / Guardian [Optional]	Guardian's Relationship with Nominee*	to each nominee [Mandatory] (Aggregate should be 100%]
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian	
				DDMMYYYY				□ Mother □ Father □ Legal Guardian	
				DDMMYYYY				☐ Mother ☐ Father ☐ Legal Guardian	
* Annlicable in case the Non	ninee is a Mina	r (Also nlease attach o	conv of the minor's hi	rth certificate or School	l Leavina Certificate d	or Passport or Othe	ers equivalent proof)		
*Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate or School Leaving Certificate or Passport or Others equivalent proof) OR I/We DO NOT wish to nominate: I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.									
DECLARATION (SIGN	NATURE/S	S MANDATORY)					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 scheme 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 am/we are not residents of Canada and and and are not applying for Units on behalf of any resident of Canada (ii) I / We am/are not a 'US Person' and are not applying for Units on behalf of any resident of Canada (ii) I / We am/are not a 'US Person' and are not applying for Units on behalf of any resident of Canada (ii) I / We am/are not a 'US Person' and are not applying for Units on behalf of any resident of Canada (ii) I / We am/are not a 'US Person' and are not applying for Units on behalf of any resident of Canada (ii) I / We am/are not a 'US Person' and are not in contravention or evasion of any applicable laws. I / We further agree to hold FTMF, Franklin Templeton 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 Resource 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									
	First Unit Ho	older	-	Second Un	nit Holder	_		Third Unit Holder	