

## NON FINANCIAL TRANSACTION FORM

TEMPLETON		(For Existing Investors or	ıly. Use separate form for each (	ransaction.)
Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	ub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
The upfront commission on investment made by the investor	r, if any, shall be paid to the ARN Holder (AMF	l registered distributor) directly by the investor, l	pased on the investor's assessment of various factor	rs including service rendered by the ARN Holder. <b>Applicable only</b>
if ARN is mentioned but EUIN box is left blank: "I/We he distributor/sub broker or notwithstanding the advice of in:"I/We hereby give you my/our consent to share/provide the Manager whose code is mentioned herein." By registering my	reby confirm that the EUIN box has been in appropriateness, if any, provided by the empl he transactions data feed/portfolio holdings, y mobile number, I hereby authorize Franklir	tentionally left blank by me/us as this transaction loyee/relationship manager/sales person of the / NAV etc. in respect of my/our investments undo Templeton Asset Management (India) Pvt. Ltd o	on is executed without any interaction or advice b distributor/sub broker." Applicable only if RIA Co er Direct Plan of all Schemes managed by you, to th r any of its authorised representative to call on my	s including service rendered by the ARN Holder. Applicable only the employee/relationship manager/sales person of the above de/ Portfolio Manager's Registration Number is mentioned: SEB1-Registered Investment Adviser/ SEB1 Registered Portfolio egistered mobile number irrespective of its registration in Do Not the timeline to effect such modification. I acknowledge that DND
Disturb (DND) registry of TRAI. I have opted to receive update registration/opt-out will not stop regulatory and service related to the registration of the registrati	tes from Franklin Templéton via SMS and Wh ated messages.	atsApp. I am aware about the option to opt-out fi	rom all our promotional messages at my choice and	the timeline to effect such modification. I acknowledge that DND
First/Sole Applicant/Guar		Second Applicant		Third Applicant
MY DETAILS (To be filled in Block	Letters. Please provide the follo	owing details in full.)		
My Name				
My Folio Number		Scheme (Account) Number		
<b>I</b> I WISH TO CHANGE MY ADDRE	ESS			
				h self attested <b>1. Proof of address</b> (Passport, s bill) And <b>2. PAN Card</b> (For Pan except cases:
Attach Identity proof - Passport / Driving lic complied distributor or personnel / entitie	cense / Voter ID / Aadhaar). Cop	ies of all documents submitted sho	uld be accompanied by originals for	verification or they should be attested by a KYD
Landmark				
Lanumark				
City		in Code andatory)	State	
■ I WISH TO UPDATE MY CONTA	CT DETAILS (All evicting de	etails will be undated with det	ails provided below)	
Email ID	CT DETAILS (All existing ut	ctans win be updated with det	ans provided below.	
(in capital)  Mobile +91	Tel.	(Off) (STD Code)		
Tel. (Resi) (STD Code)			ax (STD Code)	
I declare that Email address and Mobile number Please note all kinds of investor communication service@franklintempleton.com	provided in this form belongs to (to will be sent through email only ins	ick one option) Self (or) Fami stead of physical, for investors who pro	ly Member, and approve for usage of the ovide their email address. Should they w	se contact details for any communication with FTMF. ish to have a hard copy, email request can be sent to
I WISH TO CHANGE MY BANK!	MANDATE DETAILS (Pleas	e allow 10 calendar days for r	egistering the Change of Bank i	equest.)
Attach any one of: Cancelled Cheque wit	th name & account number pre-	printed Latest Bank statemen	t Latest Pass book Bank Let	ter. Submit originals of any one of the documents
Attach any one of: Cancelled Cheque wit	th name & account number pre- riginals should be produced for ve	printed Latest Bank statemen rification. All supporting documents	t Latest Pass book Bank Lett should clearly evidence the bank nam	ter. Submit originals of any one of the documents e, bank account number and names of all account
Attach any one of: Cancelled Cheque wit mentioned above, or Bank Attested Copy or Or holders. This new bank will be treated as your Bank name	th name & account number pre- riginals should be produced for ve	printed Latest Bank statemen rification. All supporting documents	t Latest Pass book Bank Lett should clearly evidence the bank nam	ter. Submit originals of any one of the documents e, bank account number and names of all account
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Attach any one of: Cancelled Cheque wit mentioned above, or Bank Attested Copy or Oholders. This new bank will be treated as your Bank name  Core Bank	th name & account number pre- riginals should be produced for ve	printed Latest Bank statemen rification. All supporting documents edemption and Dividends (income di	t Latest Pass book Bank Lett should clearly evidence the bank nam stribution cum capital withdrawal) pay	ter. Submit originals of any one of the documents e, bank account number and names of all account yments will be made into this bank account.
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Attach any one of: Cancelled Cheque wit mentioned above, or Bank Attested Copy or Or holders. This new bank will be treated as your Bank name  Core Bank Account No.:  Branch Address  IFSC Code (11 digit)  IWISH TO UPDATE MY PAN, KY KYC Compliance is mandatory for all Investors (incl supplementary form or copy of KYC acknowledgem	th name & account number pre- riginals should be produced for ve default bank account. All future Re	printed Latest Bank statemen rification. All supporting documents edemption and Dividends (income di  A/c. Type  City  MICR Code (9 digit)	t Latest Pass book Bank Lett should clearly evidence the bank nam stribution cum capital withdrawal) pay  Savings Current NR  GST No.	ter. Submit originals of any one of the documents e, bank account number and names of all account ments will be made into this bank account.  E NRO FCNR Others  Pin  Pin  Pin  Omit CKYC Form, KRA KYC Application Form with CKYC
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Attach any one of: Cancelled Cheque wit mentioned above, or Bank Attested Copy or Or holders. This new bank will be treated as your Bank name  Core Bank Account No.:  Branch Address  IFSC Code (11 digit)  IWISH TO UPDATE MY PAN, KY KYC Compliance is mandatory for all Investors (incl supplementary form or copy of KYC acknowledgem Applicant PAN No. / PE 1st 2nd 3rd G or POA G or POA	th name & account number pre- riginals should be produced for ve default bank account. All future Re  YC & GST DETAILS  Juding Sikkim Resident) irrespective of ent issued by KRA/CKYCR. If you have EKRN (Mandatory)	printed Latest Bank statemen rification. All supporting documents edemption and Dividends (income di  A/c. Type  City  MICR Code (9 digit)  f the amount of investment. Investment walready provided KYC acknowledgement  KIN No. (Ma	t Latest Pass book Bank Lett should clearly evidence the bank nam stribution cum capital withdrawal) pay  Savings Current NR  GST No.  without valid KYC will be rejected. Please sult for this folio, you need not provide the same	ter. Submit originals of any one of the documents e, bank account number and names of all account rments will be made into this bank account.  Description:  Pin  Date of Birth  Date of Birth  Date of Birth
Attach any one of: Cancelled Cheque wit mentioned above, or Bank Attested Copy or Or holders. This new bank will be treated as your Bank name  Core Bank Account No.:  Branch Address  IFSC Code (11 digit)  IWISH TO UPDATE MY PAN, KY KYC Compliance is mandatory for all Investors (incl supplementary form or copy of KYC acknowledgem Applicant PAN No. / PE 1st 2nd 3rd G or POA #Date of Birth - Mandatory if CKYC ID mentioned.	th name & account number pre- riginals should be produced for ve default bank account. All future Re  YC & GST DETAILS  Luding Sikkim Resident) irrespective of ent issued by KRA/CKYCR. If you have EKRN (Mandatory)  G: Guardian; POA: Power Of Attorney	printed Latest Bank statemen rification. All supporting documents edemption and Dividends (income di  A/c. Type  City  MICR Code (9 digit)  f the amount of investment. Investment walready provided KYC acknowledgement  KIN No. (Ma	t Latest Pass book Bank Lett should clearly evidence the bank nam stribution cum capital withdrawal) pay  Savings Current NR  GST No.  without valid KYC will be rejected. Please sult for this folio, you need not provide the same	ter. Submit originals of any one of the documents e, bank account number and names of all account ments will be made into this bank account.  E NRO FCNR Others  Pin  Pin  Date of Birth  D D / M M / Y Y  D D / M M / Y Y
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Attach any one of: Cancelled Cheque wit mentioned above, or Bank Attested Copy or Or holders. This new bank will be treated as your Bank name  Core Bank Account No.:  Branch Address  IFSC Code (11 digit)  IWISH TO UPDATE MY PAN, KY KYC Compliance is mandatory for all Investors (incl supplementary form or copy of KYC acknowledgem Applicant PAN No. / PE 1st 2nd 3rd G or POA   #Date of Birth - Mandatory if CKYC ID mentioned.  The PoA (Power of Attorney) REGIST Name of the PoA holder	th name & account number pre- riginals should be produced for ve default bank account. All future Re  YC & GST DETAILS  Luding Sikkim Resident) irrespective of ent issued by KRA/CKYCR. If you have EKRN (Mandatory)  G: Guardian; POA: Power Of Attorney	printed Latest Bank statemen rification. All supporting documents edemption and Dividends (income di  A/c. Type  City  MICR Code (9 digit)  fthe amount of investment. Investment w already provided KYC acknowledgement  KIN No. (Ma	t Latest Pass book Bank Lett should clearly evidence the bank nam stribution cum capital withdrawal) pay  : Savings Current NR  GST No.  //ithout valid KYC will be rejected. Please sulfor this folio, you need not provide the sam undatory if KYC done via CKYC)  er (Mandatory)	ter. Submit originals of any one of the documents e, bank account number and names of all account ments will be made into this bank account.  E NRO FCNR Others  Pin  Pin  Date of Birth  D D / M M / Y Y  D D / M M / Y Y
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Attach any one of: Cancelled Cheque with mentioned above, or Bank Attested Copy or Or holders. This new bank will be treated as your Bank name  Core Bank Account No.:  Branch Address  IFSC Code (11 digit)  IWISH TO UPDATE MY PAN, KY KYC Compliance is mandatory for all Investors (inclusupplementary form or copy of KYC acknowledgem Applicant PAN No. / PE 1st 2nd 3rd G or POA #Date of Birth - Mandatory if CKYC ID mentioned.  FOR POA (Power of Attorney) REGIST Name of the PoA holder  PAN of the PoA holder  PAN of the PoA holder  INVESTOR ACKNOWLEDGMENT SLIP  Investor Name	th name & account number pre- riginals should be produced for ve default bank account. All future Re  YC & GST DETAILS  Luding Sikkim Resident) irrespective of ent issued by KRA/CKYCR. If you have EKRN (Mandatory)  G: Guardian; POA: Power Of Attorney	printed Latest Bank statemen rification. All supporting documents edemption and Dividends (income di  A/c. Type  City  MICR Code (9 digit)  fthe amount of investment. Investment w already provided KYC acknowledgement  KIN No. (Ma	t Latest Pass book Bank Lett should clearly evidence the bank nam stribution cum capital withdrawal) pay  : Savings Current NR  GST No.  //ithout valid KYC will be rejected. Please sulfor this folio, you need not provide the sam undatory if KYC done via CKYC)  er (Mandatory)	ter. Submit originals of any one of the documents e, bank account number and names of all account rments will be made into this bank account.  The state of the s
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<b>I WISH TO CHANGE MY MODE OF HOLDING</b> (All Joint Holders should sign as per existing unit holding, even in case of "Any one or Survivor")  New Mode of Holding (please tick✓)					
<b>I</b> WISH TO CANCEL MY SYSTEMATIC TRANSCATION	ONS (SIP/ SWP/ STP)				
Scheme Name/Plan/option					
Transaction Type (Please ✓) ☐ Installment / Transfe	er Dates OR Weekly Dates: 7th, 14th	or, 21th, 28th OR Daily STP			
Amountin Rs.	At least 7 days' prior intimation from th termination of STP/SWP and 20 days in	e expected effective date should be provided for cancellation/ n case of SIP			
SIP Auto Debit Bank Name					
Bank Account No.	STP in to S (in case of				
I WISH TO CANCEL MY TRANSFER OF INCOME DI (Please allow 15 calendar days for Transfer of IDCW		PLAN (Transfer of IDCW Plan)			
Scheme Name/Plan/option	Trun duncention;				
New Dividend (Income Distribution cum capital withdrawal) Sub option	Payout of Income Distribution cum capital withdrawa	option Reinvestment of Income Distribution cum capital withdrawal option			
CONSOLIDATION OF FOLIOS/ACCOUNTS (All Joint	t Holders should sign, even in case of "Any one	or Survivor")			
Folios/Accounts to be consolidated (Mention all source folios/acco	unts i.e. the folios/accounts to be consolidated, here)				
4.	<u>2.</u> 5.	3. 6.			
Target Folio/Account No. for consolidation		o. us folios/accounts can take place only if a. Names of unit holders, b. Order of			
(Mention the target folio/account here, wherein all folios/accounts  Target Folio/Account (only one)	needs to be consolidated) unit holders and c. Tax s consolidation of folios/accor and nomination details in the	tatus is identical in all the mentioned folios/accounts. By requesting for ants, the unit holder/s agree that the mode of holding, bank mandate, address a Target Folio/Accounts will be applicable and will prevail after consolidation tails in source folios/accounts.			
NOMINATION DETAILS (In case of more than one nom	inee, please submit a separate nomination form avai	lable with any of our ISCs or on our website). Refer instructions.			
Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Pro DOB Guardian Name & Addres	Allocation Nominee / Guardian Signature			
	duardian Name & Address	100 % <b>X</b>			
POP DEPOCITODY ACCOUNT DETAILS (O. 1	CH 1:C:	and an I.S. Defects to the			
DEPOSITORY ACCOUNT DETAILS (Optional. To be					
DEPOSITORY ACCOUNT DETAILS (Optional. To be  NSDL: DP Name  CDSL: DP Name	filled if investor wishes to hold the units in De	mat mode). Refer instructions.  Beneficiary Ac No.  Beneficiary Ac No.			
NSDL: DP Name	DP ID   I   N	Beneficiary Ac No. Beneficiary Ac No.			
NSDL: DP Name CDSL: DP Name Please ensure that the sequence of names as mentioned in this Application F  DECLARATION & SIGNATURES (To be signed as per the sequence)	DP ID   I   N    form matches with the sequence of names in the Demat account.  the Existing Mode of Holding)  Date	Beneficiary Ac No.  Beneficiary Ac No.  Enclosed (Mandatory) Client Master List OR DP statement  Place			
NSDL: DP Name CDSL: DP Name Please ensure that the sequence of names as mentioned in this Application F  DECLARATION & SIGNATURES (To be signed as per the sequence)	DP ID   I   N    form matches with the sequence of names in the Demat account.  the Existing Mode of Holding)  Date	Beneficiary Ac No.  Beneficiary Ac No.  Enclosed (Mandatory) Client Master List OR DP statement  Place			
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30 March, 2019