



# APPLICATION FORM FOR NEW INVESTORS

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

Sl No. **4293440**

Advisor ARN / RIA Code / Portfolio Manager's Registration No.	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
			For office use only

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. **Applicable only if ARN is mentioned but EUIN box is left blank:** 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 mentioned 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. **Applicable only if RIA Code / Portfolio Manager's Registration Number is mentioned:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/SEBI Registered Portfolio Manager whose code is mentioned herein.

**TRANSACTION CHARGES (Refer instructions 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).

**DECLARATION (SIGNATURE/S MANDATORY)**

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 schemes 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 any/ 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 US Person (iii) the money used for investment is my/our own and from legitimate sources (iv) the tax residency status (FATCA/CRS) and UBO details mentioned above are true and correct and (v) the ARN holder has disclosed the details of commissions (in the form of trail commission or any other mode), offered by competing schemes of various mutual funds falling in the category of scheme(s) being recommended to me/us and I/ we have not been received 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 Resources 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 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 hereby authorise Franklin Templeton to use, 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 alongwith the details of investment made 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, statutory, regulatory, administrative or judicial authorities / agencies without any obligation of advising / informing me/us of the same. I/ We hereby agree to keep the information provided to Franklin Templeton updated and to provide any additional information / documentation that may be required by Franklin Templeton, in connection with this application. I/We confirm that I/ we have provided my/our Aadhaar details for KYC purpose absolutely at our volition. By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

Date _____ Place _____		
_____ Sole / First Unit Holder	_____ Second Unit Holder	_____ Third Unit Holder

**MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)**

**My Name (Should match with PAN Card)** \_\_\_\_\_ PAN/PEKRN (1st Applicant)  KYC

**My Guardian's Name (if minor)/POA/Contact Person** \_\_\_\_\_ PAN/PEKRN (Guardian/POA)  KYC

**On behalf of Minor** (\* Attach Mandatory Documents as per instructions). **Date of Birth** Minor's  DD /  MM /  YY **Date of Birth** Guardian named is :  Father  Mother  Court Appointed

**JOINT APPLICANTS (IF ANY) DETAILS** Mode of Operation :  Single  Joint  Either or Survivor(s) [Default]

**2nd Applicant Name (Should match with PAN Card)** \_\_\_\_\_ PAN/PEKRN (2nd Applicant)  KYC

**3rd Applicant Name (Should match with PAN Card)** \_\_\_\_\_ PAN/PEKRN (3rd Applicant)  KYC

**MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)**

**Email ID (in capital)** \_\_\_\_\_ **Tel** \_\_\_\_\_ (STD Code) \_\_\_\_\_ **Address Type (Mandatory)**  
 a. Residential & Business  
 b. Residential  
 c. Business  
 d. Registered Office

**Mobile** +91 \_\_\_\_\_ **Address** \_\_\_\_\_

**Landmark** \_\_\_\_\_ **Pin Code (Mandatory)** \_\_\_\_\_ **State** \_\_\_\_\_

**City** \_\_\_\_\_

I wish to receive Scheme Annual Report and Abridged Summary :  Online (Preferred & Default)  Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)

I declare that Email address and Mobile Number provided in this form belongs to (tick one option)  Self (or)  Family Member, and approve for usage of these contact details for any communication with FTMF.

**MY INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy)**

Full Scheme/Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
Scheme Name: _____ <input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	Rs. _____ Less DD charges _____	<input type="checkbox"/> Cheque/DD No. _____ <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: _____ A/c no. _____
Scheme Name: _____ <input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	Rs. _____ Less DD charges _____	<input type="checkbox"/> Cheque/DD No. _____ <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: _____ A/c no. _____

Payment through NACH (Attach NACH form) | Documents attached to avoid Third Party Payment Rejection, if applicable:  Bank Certificate, for DD  Third Party Declarations

**IF YOU OPT TO START TWO SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR BOTH THE SIP'S.** **My Additional SIP Details**

**SIP Date:** DD (if left blank 10<sup>th</sup> will be considered as the default date) | **Investment Frequency**  Monthly (default)  Quarterly

**SIP Period** Start Date  m /  n /  y | End Date  Continue Until Cancelled OR  m /  n /  y | **First SIP Cheque Date:** \_\_\_\_\_

**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)

**ACKNOWLEDGEMENT SLIP** Sl. No. \_\_\_\_\_

Received from \_\_\_\_\_ Pin **4293440**

Scheme Name	Plan/Option	Payment Details
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____

**BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility)

My Bank Name: \_\_\_\_\_  
 Bank A/C No. \_\_\_\_\_ A/C Type:  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Pin: \_\_\_\_\_  
 IFSC code: (11 digit) \_\_\_\_\_ MICR code (9 digit) \_\_\_\_\_ (This is a 9 digit number next to your cheque number)

**ADDITIONAL INFORMATION**

Applicant	KIN No. (If KYC done via CKYC)	Date of Birth*	Gender
1st	_____	D D / M M / Y Y	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	_____	D D / M M / Y Y	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	_____	D D / M M / Y Y	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA	_____	D D / M M / Y Y	<input type="checkbox"/> M <input type="checkbox"/> F

\*Date of Birth - Mandatory if CKYC ID mentioned. G: Guardian; POA: Power Of Attorney

Details	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	G or POA
Mobile No.	_____	_____	_____
Email Id.	_____	_____	_____

**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 instructions.

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.)

**DEPOSITORY ACCOUNT DETAILS** (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.

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

**KNOW YOUR CUSTOMER (KYC) DETAILS** (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<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"/>
Sole Proprietorship	<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"/>
Minor through Guardian	<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"/>
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				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"/>
Others (Please specify)	_____	_____	_____	_____	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gross Annual Income Range (in Rs.)</b>					<b>Politically Exposed Person (PEP) details:</b>				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a PEP	<input type="checkbox"/>	Related to PEP	<input type="checkbox"/>	Not Applicable
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<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"/>	2 <sup>nd</sup> Applicant	<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"/>	3 <sup>rd</sup> Applicant	<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"/>	Guardian	<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"/>	Authorised Signatories	<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"/>	Promoters	<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"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR Networth in Rs.</b> (Mandatory for Non Individual) (not older than 1 year)	as on _____ [D][D][M][M][Y][Y]	as on _____ [D][D][M][M][Y][Y]	as on _____ [D][D][M][M][Y][Y]	as on _____ [D][D][M][M][Y][Y]	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Whole-time Directors/Turste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FATCA/CRS/UBO DETAILS:** For Individuals (Mandatory). Non Individual Investors including HUF, NRIs should mandatorily fill separate FATCA/CRS/UBO details form

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth	_____	_____	_____	_____
Nationality	_____	_____	_____	_____
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes: Mandatory to enclose FATCA / CRS Annexure

- Quick Checklist**
- Name, Address are correctly mentioned
  - Full scheme name, plan, option is mentioned
  - Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
  - Email ID / Mobile number are mentioned
  - Pay-In bank details and supportings are attached
  - Non Individual investors should attach FATCA Details and Declaration Form
  - KYC information provided for each applicant
  - Nomination facility opted
  - UBO Declaration Form
  - FATCA/CRS details provided for each applicant
  - Form is signed by all applicants
  - Proof of relationship with minor
  - Corporate Documents/ Trust Deed
  - PoA Documents

Advisor ARN / RIA Code / Portfolio Manager's Registration No.	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
---	------------------------	----------------	---------------------	---------------------

**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: DD (If left blank 10<sup>th</sup> will be considered as the default date)

SIP Period Start Date MM / YY / YY End Date  Continue Until Cancelled OR  MM / YY / YY

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.  Change in Bank for Existing SIP.

**DECLARATION & SIGNATURES** (To be signed as per Mode of Holding) Date: \_\_\_\_\_ Place: \_\_\_\_\_

Tick here only if ARN is mentioned but EUIN box is left blank: "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.

Tick here only if RIA Code/ Portfolio Manager's Registration Number is mentioned: "I / We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/ SEBI Registered Portfolio Manager whose code is mentioned herein. Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. 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 and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of the same.

\_\_\_\_\_  
Sole / First Unit Holder

\_\_\_\_\_  
Second Unit Holder

\_\_\_\_\_  
Third Unit Holder

**FRANKLIN TEMPLETON SIP Auto Debit Form [ADF]**

UMRN: F o r o f f i c e u s e Date: \_\_\_\_\_

Sponsor Bank Code: \_\_\_\_\_ For Office Use Utility Code: \_\_\_\_\_ For Office Use

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: \_\_\_\_\_ Bank Name: \_\_\_\_\_ IFSC: \_\_\_\_\_ or MICR: \_\_\_\_\_

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 \_\_\_\_\_ 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 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.

**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