



Adviser ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
<b>ARN-4464</b>				<b>E032737</b>

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 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." **Applicable only if RIA Code 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 whose code is mentioned herein."

First/Sole Applicant/Guardian	Second Applicant	Third Applicant

**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).

**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   /   /   **Date of Birth**   /   /   **Guardian named is :** Proof attached \*   Father   Mother   Court Appointed

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

<b>Email ID</b> (in capital)	<b>Address Type (Mandatory)</b>
<b>Mobile</b> +91 <input type="text"/>	<input type="checkbox"/> a. Residential & Business
<b>Tel</b> (STD Code) <input type="text"/>	<input type="checkbox"/> b. Residential
<b>Address</b> <input type="text"/>	<input type="checkbox"/> c. Business
<b>Landmark</b> <input type="text"/>	<input type="checkbox"/> d. Registered Office
<b>City</b> <input type="text"/>	
<b>Pin Code</b> (Mandatory) <input type="text"/>	
<b>State</b> <input type="text"/>	

**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**

**ADDITIONAL INFORMATION**

Applicant	Adhaar No. (If KYC is done through Aadhaar)	KIN No. (If KYC done via CKYC)	Date of Birth <sup>#</sup>	Gender
1st	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA <sup>^</sup>	<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned. <sup>^</sup>G: Guardian; <sup>^</sup>POA: Power Of Attorney

**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"/>
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gross Annual Income Range (in Rs.)</b>					Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below 1 lac	<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"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student	<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"/>	Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Politically Exposed Person (PEP) details:</b>	<b>Is a PEP</b>	<b>Related to PEP</b>	<b>Not Applicable</b>	
25 lac- 1 cr	<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"/>	
1 - 5 cr	<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"/>	
5 - 10 cr	<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"/>	
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OR Network in Rs.</b> (Mandatory for Non Individual) (not older than 1 year)	as on <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Whole-time Directors/Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Received from \_\_\_\_\_ Pin \_\_\_\_\_

Scheme Name	Plan/Option	Payment Details
<input type="text"/>	<input type="text"/>	Amount _____ Cheque/DD No. _____ Date _____
<input type="text"/>	<input type="text"/>	Bank and Branch details _____
<input type="text"/>	<input type="text"/>	Amount _____ Cheque/DD No. _____ Date _____
<input type="text"/>	<input type="text"/>	Bank and Branch details _____

**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				
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				

**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)

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

**SIP 1 : Scheme Name/Plan/option\***

Each SIP Amount (minimum Rs. 500)  Rs. SIP Date:  /  of every month. (If left blank 10<sup>th</sup> will be considered as the default date)

Investment Frequency  Monthly  Quarterly SIP Period From  /  /  To  /  /

Cheque Nos. From  To

Drawn on Bank

Branch  City

**SIP 2 : Scheme Name/Plan/option\***

Each SIP Amount (minimum Rs. 500)  Rs. SIP Date:  /  of every month. (If left blank 10<sup>th</sup> will be considered as the default date)

Investment Frequency  Monthly  Quarterly SIP Period From  /  /  To  /  /

Cheque Nos. From  To

Drawn on Bank

Branch  City

Documents attached to avoid Third Party Payment Rejection, if applicable:  Bank Certificate, for DD  Third Party Declarations

**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

**DECLARATION & SIGNATURES** (To be signed as per Mode of Holding)

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 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 /we am/are not a 'US Person' and are not applying for Units on behalf of any 'US Person' (ii) the money used for investment is my/our own and from legitimate sources (iii) the tax residency status (FATCA/CRS) and UBO details mentioned above are true and correct and (iv) 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 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 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.

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder

1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday)

service@franklintempleton.com

www.franklintempletonindia.com

- 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
  - KYC information provided for each applicant
  - Nomination facility opted
  - FATCA/CRS details provided for each applicant
  - Form is signed by all applicants
  - Corporate Documents/ Trust Deed
  - Proof of relationship with minor
  - PoA Documents