W99999

FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM

Distributor information			For Office Use Only
Advisor Code*	Sub-broker/Branch Code	Representative Code	Application received
ARN - 58603 VRIDHI			

* AMFI Registered Distributors

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.

Transaction Charges *(Refer Instruction 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). ☐ am an existing mutual funds investor (Rs.100 will be deducted).

Existing Unitholders *(Please provide the following details in full; Please refer Instruction 2)*

First Applicant Name

Customer Folio No. Account No.

Unit Holder Information

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant

Proof of KYC enclosed* ☐ Date of Birth# D D M M Y Y Y Y

PAN No. (Mandatory)$ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ **Gender:** ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Company/Body Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP
☐ Sole Proprietorship ☐ Minor through Guardian# ☐ FI ☐ FII ☐ Others (Please specify)_____

Nationality and Country of Residence_____

Name of Second Applicant

Proof of KYC enclosed* ☐ Date of Birth# D D M M Y Y Y Y

PAN No. (Mandatory)$ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ **Gender:** ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify)_____

Nationality and Country of Residence_____

Name of Third Applicant

Proof of KYC enclosed* ☐ Date of Birth# D D M M Y Y Y Y

PAN No. (Mandatory)$ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ **Gender:** ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify)_____

Nationality and Country of Residence_____

Name of Guardian

Proof of KYC enclosed* ☐ Date of Birth D D M M Y Y Y Y

PAN No. (Mandatory)$ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ **Gender:** ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify)_____

Nationality and Country of Residence_____

Relationship with Minor ☐ Father ☐ Mother ☐ Legal Guardian ☐ Proof of relationship enclosed**:_____

_____(Please specify relationship)

^ Allowed only for investments through Micro SIP in lieu of KYC and PAN. *Please provide copy of the KYC acknowledgement issued by CVL (**Mandatory for all Investors** (including Sikkim Resident) irrespective of the amount of investment).For investments through Micro SIP, address proof and identity proof is required to be submitted #Date of Birth and Document proof – **mandatory for investments through Minors and investments in TIPP** (in TIPP, only individuals may invest). **Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account. **Note:** For investment in TICAP, please attach the separate form giving details of the Beneficiary Child.

Mode of Operation

☐ Single ☐ Joint ☐ Either or Survivor(s)

Power of Attorney (POA) Details

Name of POA Holder Date of Birth D D M M Y Y Y Y

Enclosed* ☐ Proof of KYC ☐ Proof of Identity & Address ^ ☐ PAN Card Copy PAN $(Mandatory)

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify)_____ **Gender:** ☐ Male ☐ Female

Address (**Mandatory** if you have not completed your KYC process via CVL, else the address of the 1st Holder as registered with CVL will be automatically updated in our records)

City | State | Country | Pincode

Overseas Address for NRIs/PIOs

City | State | Country | Pin/Zip

Contact Details (Please provide your contact details even if you have already submitted your KYC acknowledgement)

If the Applicant is Sole Proprietorship Firm, please provide the name of Sole Proprietor. If HUF, please provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.

Name

Tel | **STD Code** | **Office** | **Residence** | **Fax**

Email | **Mobile**

Bank Details (**Mandatory - For new investors**) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.

Bank Name
(Do not abbreviate)

Account No. | Branch/City

Please provide the full account number

Branch

Address | Pin

Account type For Residents ☐ Savings ☐ Current | For Non-Residents ☐ NRO ☐ NRE | ☐ Others _____
☐ Repatriable ☐ Non-Repatriable

*RTGS code | *NEFT code | *MICR code

**Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions.*

Please provide a cancelled, signed cheque of the bank account you wish to register. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. **I/We DO NOT wish to avail Electronic Payment Facility (Please tick)** [☐]. Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. ☐ Multiple Bank Registration Form provided.

I/We would like to invest in

Separate cheque/demand draft required for each investment, drawn in favour of scheme name. Please fill up the scheme name(s) and the plan/option you may refer to the KIM for more details. Investors in Templeton India Pension Plan and Templeton India Children's Asset Plan are requested to also fill in the option exercise form available at the ISC.

Investment Details

Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details: Cheque/DD No.	Payment Details: Bank,Bank A/c No. and Branch
		Less DD Charges:			

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here ☐

Third Party Payment Documents

KYC Proof enclosed (tick below as appropriate)

☐ Person making payment ☐ Payment by Guardian ☐ Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift ☐ Custodian on behalf of an FII or a Client ☐ Payment by Employer on behalf of Employee - under Payroll deductions Declaration - Attached ☐ Declaration from Beneficiary ☐ Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift).

DD against Cash (Please attach): ☐ Banker Certificate

DD against Debit Bank (Please attach): ☐ Banker Certificate or ☐ A copy of the passbook/bank statement evidencing the debit for issuance of a DD or ☐ Challan

Franklin Templeton 'Easy' Services

1. **Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email *
   Email Address:
   ☐ I / We wish to receive the above by email
   ☐ I / We do not wish to receive the above by email
2. **Franklin Templeton Easy Web:** Access your account and transact online. Register online for Easy web by visiting our website www.franklintempletonindia.com
3. **Franklin Templeton Easy Call:** Just call **1800 425 4255 or 6000 4255** to access your account using TPIN ☐ Yes, I would like to receive my TPIN
4. **Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions *
   Mobile Number
   I/We wish to register for SMS updates on my/our mobile phone. ☐ Yes ☐ No

*** Note:** Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates on mobile.

Depository Account Details

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' below. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account.

Depository Name	☐ National Securities Depository Limited (Please tick)	☐ Central Depository Services (India) Limited (Please tick)
Depository Participant Name		
DP ID	I N	(16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below)
Beneficiary Account Number		

Note: Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of demat account statement should be within 90 days of the application

Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in demat form for the current purchase, may get their existing unit holding converted into demat form as well. The existing holding will be credited to the same demat account as that of the current purchase.

☐ I / We wish to convert my/our existing unit holding into demat form.
☐ I / We do not wish to convert my/our existing unit holding into demat form.

Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., NOT to convert the existing holding in demat form.

Nomination Details (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website). Refer instruction

Nominee Name & Address_____

Guardian name & address (if nominee is a minor)_____

Signature of Nominee / Guardian (optional)_____Nominee Date of Birth (mandatory for minor)_____

☐ Proof of minor DOB submitted. Witness Name and Address_____

_____Signature of Witness_____

☐ I/We do not wish to nominate any person for my investments. Signature of Investor(s)_____

Declaration

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 units of scheme(s) of Franklin Templeton Mutual Fund as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment and confirm that the monies invested in the fund legally belong to me / us. I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

*** I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time,** and I / We hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our NRE/NRO Account.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete.I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken 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 hereby 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 Financial Intelligence unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application."

I/We confirm and declare that I/ We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I/ We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us

Signatures

First/Sole Applicant/Guardian	Second Applicant	Third Applicant

Date:_____Place _____ * Applicable to Non-Resident investors

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock – in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.

FRANKLIN TEMPLETON INVESTMENTS

For investment related enquiries, please contact:
Franklin Templeton Investments Service Centres
Ph: 1-800-425 4255 or 6000 4255 (If calling from a mobile phone, please prefix the city STD code; local call rates apply for both numbers) from 8am to 9pm, Monday to Saturday.
Email: service@templeton.com
www. franklintempletonindia.com

CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of **Scheme name e.g. "Franklin India Bluechip Fund"**. • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)

Acknowledgement

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Received from _____

_____Pin_____

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

Franklin Templeton Mutual Fund

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FRANKLIN TEMPLETON INVESTMENTS

Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)

Advisor Name & Code*	ARN - 58603 - VRIDHI	Sub Advisor Name & Code*	* AMFI Registered Distributors

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.

Transaction Charges *(Refer Instruction 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).

Application for **Normal SIP** ☐ **Micro SIP** ☐ (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder

Existing Unitholders' Folio Number Account No.

New Investors **(Please also complete and submit a Common Application Form)** **Regn. No.** **(For office use only)**

SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit)

Scheme

Plan Option

SIP Amount Rs. (per installment)

Frequency ☐ Monthly ☐ Quarterly (please tick as applicable)

SIP Date ☐ 1st ☐ 20th ☐ 7th ☐ 25th ☐ 10th

First SIP Cheque Date (If Cheque is given) d d m m y y y y Cheque No.

ECS Period From m m y y y y To m m y y y y

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

Mandatory Enclosures: (If 1st installment is not by cheque)

☐ Blank cancelled cheque ☐ Copy of cheque

Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document _____ Field Issuing Authority_____ Document Identification No._____

Depository Account Details

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' below. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account.

Depository Name	☐ **National Securities Depository Limited (Please tick)**	☐ **Central Depository Services (India) Limited (Please tick)**
Depository Participant Name		
DP ID	I N	**(16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below)**
Beneficiary Account Number		

Note: Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of demat account statement should be within 90 days of the application. Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in demat form for the current purchase, may get their existing unit holding converted into demat form as well. The existing holding will be credited to the same demat account as that of the current purchase. ☐ I / We wish to convert my/our existing unit holding into demat form. ☐ I / We do not wish to convert my/our existing unit holding into demat form. **Note:** Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., NOT to convert the existing holding in demat form.

Bank Details

Bank Name

Branch Name

Address

City

Account Number

Account Holder Name as in Bank Account

9 Digit MICR Code

Account Type

☐ Savings ☐ CC/OD

☐ Current ☐ NRE/NRO(please ✓)

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.

Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number

Signatures of Bank Account holders

1st Holder/Guardian _____

2nd Holder_____

3rd Holder_____

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 Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments, its authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. 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. *I/We confirm that I am/we are Non-residents of Indian National / Origin but not United States persons within the meaning of Regulation (s) under the United States Securities Act of 1933, as amended from time to time and that I/We hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our NRE/NRO Account. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.

* Applicable to Non Resident Investors

Date _____ Signature of the Investor(s) 1. _____ 2. _____ 3. _____

Banker's Attestation (For bank use only)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date) Bank Account No.

Acknowledgement Slip for SIP through ECS/Direct 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