Form ID: 0118

FRANKLIN TEMPLETON

APPLICATION FORM FOR NEW INVESTORS

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

Sl No.

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	The upfront commission on invest investor's assessment of various fi confirm that the EUIN box has be manager/sales person of the ab manager/sales person of the distr	ment made by the investor, if any, shall be paid to th cors including service rendered by the ARN Holder en intentionally left blank by me/us as this transac we distributor/sub broker or notwithstanding th butor/sub broker." Applicable only if RIA Code/P	ea ARN Holder (AMFI registered distributor) directly by the investor, based on the ? Applicable only if ARN is mentioned but EUIN box is left blank: "I/We hereby tion is executed without any interaction or advice by the employee/relationship eadvice of in-appropriateness, if any, provided by the employee/relationship ortfolio Manager s Registration Number is mentioned: "I / We hereby give you etc. in respect of my/our investments under Direct Plan of all Schemes managed by nose code is mentioned herein."
Sub-broker ARN	Representative EUIN	you, to the SEBI-Registered Investi	the transactions data leed portion 6 noticings/ NAV i nent Adviser/ SEBI Registered Portfolio Manager wh	etc. In respect of my/our investments under Direct Plan of all schemes managed by nose code is mentioned herein."
For office use only		Sole / First Unit H	older Second Unit	t Holder Third Unit Holder
TRANSACTION CHARGES (Refer i I am a first time investor in mut		te option) Applicable for tran		ents/brokers who have opted to receive transaction charges.
MY DETAILS (To be filled in	Block Letters. Please provide t	ne 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 [#])/P	OA/Contact Person			PAN/PEKRN (Guardian/POA)
On behalf of Minor [#] (* Attach Mandatory Documents as per in	structions). Date of Birth	DD/MM//	Date of Birth Proof attached *	Guardian named is : Father Mother Court Appointed
#Minor investments can be made only from t	the bank account where the minor is	one of the holders or from the Pa		
INT APPLICANTS (IF A	NY) DETAILS		Mode of Operation	: Single Joint Either or Survivor(s) [Default]
2nd Applicant Name (Should mate	h with PAN Card)			PAN/PEKRN (2nd Applicant) KYC
3rd Applicant Name (Should match	h with PAN Card)			PAN/PEKRN (3rd Applicant)
REP. MV CONTACT DETAILS (A	s per KVC records. To be filled i	n Block Letters) NRI Invest	ors should mention their Overseas ad	Idross (Refer instructions)
Email ID	s per krerecorus. To be fineu r			Address Type (Mandatory)
(in capital) Mobile +91		Tel (STD Çode)		a. Residential & Business
Email ID and Mobile number should pertai	in to firstholder only			b. Residential
Address				d. Registered Office
Landmark		Pin Code		
City		(Mandatory)	State	
	lumber provided in this form belong	s to (tick one option) 🔲 Self [ve paper and contribute towards a greener and cleaner environment.) ndent Siblings Dependent Parents Guardian PMS
	C (0) (DD 1 111 + (
MY INVESTMENT DE TAIL	S (Cheque/DD should be in favou	r of "Scheme Name". Default	plan/Option will be applied incase of no	o information, ambiguity or discrepancy)
Full Scheme/F		r of "Scheme Name". Default Amount / Each SIP Amo		p information, ambiguity or discrepancy) Drawn on Bank/Branch
Full Scheme/F Scheme Name:	Plan/Option Plan: Regular Direc	Amount / Each SIP Amo	Aunt Payment Mode	
Full Scheme/F Scheme Name: Lumpsum SIP Option: Growth Payout of Ir	Plan/Option	Amount / Each SIP Amo	Int Payment Mode	Drawn on Bank/Branch
Full Scheme/F Scheme Name: Lumpsum SIP Option: Growth Payout of In capital with Reinvestme	Plan: Regular Direct Plan: Regular Direct ncome Distribution cum ndrawal option ent of Income Distribution	Amount / Each SIP Amo	Aunt Payment Mode	Drawn on Bank/Branch
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🐼 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)

Est ADDITIONAL INFORMATION								
Appl	icant KIN No. (If KYC	KIN No. (If KYC done via CKYC)				der		
1:	st		DD/M	M / Y Y	ШM	F		
21	nd and a second s		DD/M	M / Y Y	ШM	□F		
31	rd		DD/M	M / Y Y	ШM	□F		
G or 1	POA [^]		DD/M	M / Y Y	M	□F		
#Date of Birth - Ma	andatory if CKYC ID mentioned. [^] G: Guardian; [^] POA: Power Of Attorney							
Details	2 nd Applicant	3 rd Applicant		G or POA				
Mobile No.								
Email Id.								

DEPOSITORY ACCOUNT DETAILS (Optional. 10 b	e filled if investor wisnes to hold the units in i	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 accou	unt. Enclosed 🗌 Client Master List OR 🗌 DP statement	

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

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applican	t 3 rd Applican	t Guardian
Resident Individual					Private Sector				
NRI (Repatriable) / NRI (Non-Repatriable) /					Public Sector				
Minor (Repatriable) /					Government Service				
Minor (Non-Repatriable) / PIO / OCI					Business				
Sole Proprietorship			-	-	Professional				
Minor through Guardian		-	-	-	Agriculturist				
	□ Company/E □ HUF	□ Bank		hip	Retired				
	□ AOP	□ FI/FII/I	FPI		Housewife				
	□ Trust □S We are falling	ociety under "Non-Pro	fit Organization	[NPO] which	Student				
	has been con referred to in 1961 (43 of 19	under "Non-Prosistituted for reliclause (15) of se 61), and is registed egistration Act, 1	gious or charita ection 2 of the In ered as a trust or a	able purposes acome-tax Act, a society under	Others (Please specify)				
Non Individual	the Societies R State legislatio	egistration Act, 1 on or a Company r s Act, 2013 (18 of	860 (21 of 1860) registered under	or any similar the section 8 of	Politically Exposed Pers	on (PEP) details	: Is a PEP	Related to PEP	Not Applicable
	the Companies	s Act, 2013 (18 of	2013).		1 st Applicant				
	If yes, please q	uote the NPO Re	gistration Numb	er provided by	2 nd Applicant				
	DÅRPÅN porta (If not registered	already, please regis	ter immediately and	l confirm with the	3 rd Applicant				
	above informatio details, MF / AMO	already, please regis m. In absence of rece C/ RTA will be requi ort to the relevant a	eipt of the Darpan p red to register your uthorities as applica	ortal registration entity on the said ble)	Guardian				
Others (Please specify)	portarunajorrep		itilorities us applica		Authorised Signatories				
					Promoters				
Gross Annual Income Ra	ange (in Rs.)				Partners				
Below 1 lac					Karta				
1-5 lac					Whole-time Directors/Tu	irstee			
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	as on	as on	as on	as on					
than 1 year)			D D M M Y Y						
		'							
🖀 1800 425 4255 or 1800 25	🖀 1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday) 🛛 🖂 service@franklintempleton.com								

Quick Name, Address are correctly mentioned Checklist Email ID / Mobile number are mentioned ☐ KYC information provided for each applicant FATCA/CRS details provided for each applicant Corporate Documents/ Trust Deed

PoA Documents

☐ Full scheme name, plan, option is mentioned

Pay-In bank details and supportings are attached

Nomination facility opted

Form is signed by all applicants

Proof of relationship with minor

Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

🗌 Non Individual investors should attach FATCA Details and Declaration Form UBO Declaration Form

R	FATCA/CRS/UBO DETAILS:	: For Individuals (Mandatory). N	Ion 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							
Father's Name							
Are you a tax resident of any	Yes No	Yes No	Yes No	Yes No			
country other than India?	If Yes: Mandatory to fill below FATCA / CRS Details						
Country of Tax Residency#							
Identification Type [TIN or other, please specify]							
Tax Identification Number							

To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax identification is not available, kindly provide its functional equivalent.

NOMINATION DETAILS

[] I/We, the above-named unitholders in the referred Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the units held my/our folio(s) listed below in the event of my / our death and by cancelling the nomination(s) made by me / us previously in respect of the units held by me / us in the indicated folio(s).

Name and address of Nominee(s) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth*	Name and address of Guardian*	Signature of Nominee / Guardian [Optional]	Guardian's Relationship with Nominee*	Allocation % to each nominee [Mandatory] (Aggregate should be 100%]
			DDMMYYYY			□ Mother □ Father □ Legal Guardian	
			DDMMYYYY			□ Mother □ Father □ Legal Guardian	
			DDMMYYYY			□ Mother □ Father □ Legal Guardian	

* 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.

Date

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 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 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 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

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