Franklin Templeton Mutual Fund

Sole/First Holder/Guardian $\underline{\mathbf{X}}$

Common Transaction Form

Trankiin rem	picton	viutuai i uiiu						
Advisor ARN			Representative EUIN					
Sub-broker ARN			Sub-broker/Branch Co	ode				
The upfront commission on investment made by the "I/We hereby confirm that the EUIN box has beer advice of in-appropriateness, if any provided by the c								
Signature: First Holder/Sole applicant X			Holder X					
I am an Existing Investor. I wish t □ SWITCH□ CHANGE OF BAI □ SIP/SWP/STP/DTP □NOMIN	NK DETAILS \square F	E-MAIL COMMUNICATION	NS □ ONLINE ACCOU	INT ACCI	ESS	Office Use O	nly	
Please use separate Transactions Fo	orm for each Sche	eme / Plan and Transaction.	()		Irx	n Ref No.		
Existing Unitholder Infor								
Name of Sole / First Account ho	der (Leave space l	between first/middle/last name) Ac	count No.	_	T. P. N		
	C 7				Custome	r Folio No.		
Transaction Charges (Re Applicable for transactions routed			1	Б.		1 6 1	D. 100 'II I	. 1. 1 1
		rs/agents/brokers who have opte	ed to receive transaction cr	iarges. For a	an existing mu	tuai funds inve	Stor Ks. 100 Will Do	e deducted
Depository Account Det		. 11 . 1 .	1.6 76 11	1	•1	. 1		C11 1
The units are offered for sub- 'DEPOSITORY ACCOUNT' form and in such cases Account Form matches with the sequence	DETAILS' belo t Statement wou	w. If such details are not gi ld be issued for valid applica	ven, it would be deem	ied that y	ou have opt	ed for subsc	ribing unit(s) ii	n physical
Depository Name	☐ National	Securities Depository Limited	(Please tick)	Central De	epository Ser	vices (India)	Limited (Please	tick)
Depository Participant Name								
DP ID	I N		(16 d	igit benefic	ciary A/c No.	DPID & BEN	ID) to be mention	ned below)
Beneficiary Account Number								
Note: Please submit legible co date of demat account statemen Investors who have an existing for the current purchase, may account as that of the current pu	t should be withi units holding in get their existin	in 90 days of the application In the same account in which	the current purchase	is being n	nade and ha	ve opted for	allotment in de	emat form
□ I / We wish to convert my/o		holding into demat form.;	☐ I / We do not wish	n to conve	ert my/our e	xisting unit	holding into de	emat form.
Note: Where the investor has not opted	for any option or has	s opted for both options, the applica	tion will be processed as per	the default o	option, i.e., NO	T to convert the	existing holding in	demat form.
Additional Purchase Ord								
Please read Product labeling						Form.		
SchemeAmount (in figures)	Plar	Amount (in words) (tion		count No			
/mount (in figures)		/mount (m words) (.	avouring scheme nam	iic is ciicio	oscu)			
Payment Mode Auto Debit (NACH) (Please mention Bank Name		Cheque/D ☐ Transfer the below fields)	raft No.	Cheque	e/Draft Date	·d		
Drawn on (Name of Bank an	d Branch)							
Drawn from Bank-Account I	Number							
Instructions: * a) For payments be to your account or a letter from your instrument must complete a "3rd P	y demand draft of ur banker confirm arty Declaration" a	Rs. 50,000 & above, please atta ing the account debited for issu wailable on our website in the KI	ch proof of debit to your e of the DD. b) If the payr M and Application Form	bank accor nent is not section.	unt by way of made from th	a copy of the l e investor's acc	DD request evide count, issuers of tl	ncing debit he payment
Third Party Payment Docu	ments							
KYC Proof enclosed (tick below a Person making payment II Custodian on behalf of an FII o Declaration - Attached ID Decl in consideration of natural love and DD against Cash (Please attach): DD against Debit Bank (Please at	Payment by Parents r a Client Pay aration from Benef l affection or as gift Banker Certific	yment by Employer on behalf of ficiary □ Declaration from Th t for a value not exceeding Rs.50 cate	Employee - under Payroll aird Party (Custodian, Em 3,000/-). – incase of person	deductions ployer or Pa other then	s arents/Grand- 1 Guardian).	Parents/related	l persons on behali	
Declaration								
Having read and understood the contents of the Star registration of SIP/SIP/DIP/SWP as indicated about View confirm that the funds invested legally belong to 1/We confirm that a funds invested legally belong to 1/We confirm that I am / we are Non-Resident I monies are remitted from aborda through approved "o 1/We confirm that I am / we are Non-Reside Commodity Futures Trading Commission, as an maintained in accordance with applicable RIB guided I/We hereby declare that all the particulars given her particulars being false, incorrect or incomplete. I her by them on the basis of the information provided by a provided by them on the basis of the information provided be Parties including "any of the Authorised Parties or provided by me without any collegation of advising n of the Family Solutions facility and agree to abude by me'us and that there is no assurance or guarantee this provides and the size of the support of the provided by the provided by the support of the provided by the provided by the provided by the support of the provided by the pr	ement of Additional Informers, and agree to abide by the o me/us and that I/we have vidings / Persons of Indian O sanding channels of from my nt Indians / Persons of Indian O sanding channels of from time to time constitution of the constitution	ation, Scheme Information Document of the Fu- terns, conditions, rules and regulations of the In- terns, conditions, rules and regulations of the In- ter received not been induced by any rebate or gi- rigin but not United States process within the Continuous in my our VIKE TO Amount at the Continuous International Continuous International Idian Origin / Qualified Foreign Investors but Idian Origin / Qualified Foreign Investors but plete to the best of my/our knowledge and belief inform the mutual fund of any changes to the interna- tional Continuous International Information of Continuous service providers, prepenentatives or the distribut- tutional Continuous International Information / docu- tional Continuous International Int	nd, the Key Information Memorandum und and the SIPS/TP/DTP/SWT are to see, directly or indirectly in making this is earning of Regulation (S) under the Un not United States persons within the room of the United States persons within the result of the United States persons within the room of the United States persons within the result of the United States persons within the property of the United States persons with the United States persons within the United States persons with the United States persons with the United States persons within the United States persons with the United States persons within the United States person	and the Addend in the date of this investment. itsed States Securi e meaning of Re and from abroad t empleton Investin to responsibilities, and accept the lible or responsibilities, abare, remin manical Intelliger anancial intelliger and the state of the state of the trund from times stee or any of the	da issued till date. L'us investment. L'We he ities Act of 1933, as at egulation (S) under through approved bat he for any losses, costs ti nany form, node to time. I one time to time. I one time to time. I understate ir directors, employe meters of the to the content of the content of the content of the content of the the the the the the the the	hereby apply to the "leby declare that the penended from time to the United States So thing channels or fror yess or agents" liable for their authorised agent changes arising out or manner, all / any of the state	instees of Franklin Temple articular given above are c ime, and I / We hereby furnantities Act of 1933, or as n my/our monies in my/our monies in my/our monies in my/our monies in as ts, representatives, distributed and any actions undertaken on the information provided I any actions undertaken on the information provided adation given is based on thattives responsible for any. My usage and online transa V Email services and agree	ton Mutual Fund for orrect and complete, ther confirm that the defined by the U.S. ur domestic accounts of the Authorised account of the Authorised activities performed by me to Authorised mation as and when terms and conditions is inputs provided by consequences arising ctions/ TPIN/ Email not to hold Franklin
Iempleton Investments for their employees or agent The ARN holder has disclosed to me/us all the common and accept that in case Franklin Templeton Mutual F- installments together with this proposed SIP installment	nissions (in the form of trail	reauring to the use of FIFIN/ 1PIN/ Email serVic commission or any other mode), payable to him in nt Plan (SIP) investment with Franklin Templeto ent/" the first Micro SIP installment and the app year, the Micro SIP registration will be cancelled	ACS MACHILY. For the different competing Schemes of in Mutual Fund which together with this lication is subsequently found to be income for future installments and no refund share.	various Mutual F s proposed SIP w complete in any re nall be made for the	Funds from amongst will result in aggregate espect or not support he units already allotto	which the Scheme is be investments exceeding ed by adequate documed.	ing recommended to me/us g Rs.50,000/- in a year. Furt ientation or if the existing a	s. her, I/we understand aggregate investment

Second Holder X

Sl. No

* Applicable to NRI / PIO / QFI $\,\,$ ** Applicable to Micro-investments

Advisor ARN			Representative EUIN		
Sub-broker ARN			Sub-broker/Branch Code		
	oeen intentionally left blank by me/us he employee/relationship manager/sale	as this transaction is executed without s person of the distributor/sub broker.	ibitutor) directly by the investor, based on the investor, any interaction or advice by the employee/relation. Holder X		
Transaction Charges (Refer Instruction)				
Applicable for transactions rout	ed through distributors/ago	ents/brokers who have opte	ed to receive transaction charges. Fo	r an existing mutual funds inves	stor Rs.100 will be deducted
Existing Unitholder Inf	ormation				
Name of Sole / First Account	holder (Leave space betwe	een first/middle/last name	Account No	0.	
Please read Product labeli	ng details available on	cover page of SID and	d KIM and instructions befor	Customer Folio No.	
Redemption	ng detans avanable on	cover page of 51D and	i kiivi and mstractions befor	c ming this roth.	
Scheme	Accou	ınt No.	Please redeem m	ny/our Franklin Templeton un	its as per following details.
Amount (in figures)	Amou	nt (in words)			
Units (in figures)	Units (in words)		Please fill any one i.e. eit	her Amount or number of Units.
Switch					
(Source Scheme)	(DOB:	//	, Mandatory for inve	estment in FIPEP)	
Scheme Name	Plan	Option Ac	count No		
Please transfer un	nits or Rs.	to (Destination sch	eme name) n/Option	Others Specify	_ Destination Scheme
Systematic Investment	Plan (SID) through	PDC Application for	Normal SIP Micro SIP (Fo	or Micro SIP Please provide rear	uired proof (documentation)
			otion A		
			□ 25th Monthly/Quarterly		
			Cheque No(s). From		
Cheque No(s). From				10	140. of Cheques
Drawn on Bank /Branch		140. 01 Cheque		City	
		any one of the name of	of identification document as		
Disclaimer: In case the Micro SIP together with this proposed SIP insta	application is subsequently fo ilments exceeds Rs.50,000/- in:	ound to be incomplete in any a year, the Micro SIP registratio	rity Do respect or not supported by adequate on n may be cancelled for future instalments	documentation or if the existing a sand no refund may be made for the i	ggregate investment instalments inits already allotted.
Systematic Transfer Pl	an (STP)				
(Source Scheme)					
Scheme Name Please transfer □ Fixed A	Plan mount Rs.	_ Option Ac OR	count No Capital Appreciation to (1)	Destination scheme name)	
Destination Scheme Accou	ınt No (if available) _		☐ Capital Appreciation to (IPlan/Option	Others Spec	cify
Frequency Daily Wee	ekly Monthly Quantility	uarterly	nrolment Period From /	/ (11//) To	/ / /11//
-			eme: • FIPP • FIT • FIGS		/ (dd/mm/yy)
Dividend Transfer Plan	n (DTP)	n available as source sen	cinc. Till Till Tild5	1 - 11 11411	
Scheme Name		_ Option Ac			
		*	Name/Plan/Option □ Existin	ng Account No., if any in	this scheme
Systematic Withdrawa	l Plan (SWP)				
Scheme Name	Plan	Option Ac	count No		
Frequency Monthly Date: 15th Last busin	Quarterly Fixed Ar	nount Rs.	OR □ Capital Apprecia unt), Enrolment Period From	(mm/yy) To	(mm/rrr)
Franklin Templeton 'Ec		opiicable for fixed affior	unt), Enronnent Period Prom	/ (IIIII/yy) 10	_/ (mm/yy)
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Email Address:	e-Opdate: Receive acc	count statements, annu		ion instantly by Email	
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			Register online for Easy web by		
			o access your account using T our transactions * Mobile N		
I/We wish to register for S				uniber	
			the default option, i.e., receive the account statemen	nt, annual report and other correspondence by	y E-mail and receive SMS updates on mobile.
Declaration					
Having read and understood the contents of the registration of SIP/STP/DTP/SWP as indicated I/We confirm that the funds invested legally belo	Statement of Additional Information, So above, and agree to abide by the terms, ong to me/us and that I/we have not received.	cheme Information Document of the Fu conditions, rules and regulations of the I ved nor been induced by any rebate or gi	nd, the Key Information Memorandum and the Adde "und and the SIP/STP/DTP/SWP as on the date of t ts, directly or indirectly in making this investment, teaning of Regulation (S) under the United States Sec not United States persons within the meaning of the Confirm that the monies are remitted from abrox for the Atronomer of the Confirmation of the Confirmation provided hereinabove and agree and accept or the Atronomer of the Confirmation of the Confirmation of the Atronomer of the Confirmation of the Atronomer of the Atronomer of the Atronomer of the Atronomer of the Confirmation of the Confirmati	enda issued till date, I/we hereby apply to the Tr his investment. I/We hereby declare that the pa	ustees of Franklin Templeton Mutual Fund for rticulars given above are correct and complete.
monies are remitted from abroad through appro "* I / We confirm that I am / we are Non-Resonant of the confirm that I am / we are Non-Resonant of the commodity Futures Trading Commission, as	nt Indians / Persons of Indian Origin bu wed banking channels or from my/our m esident Indians / Persons of Indian Or s amended from time to time or reside	t not United States persons within the monies in my/our NRE/NRO Account. igin / Qualified Foreign Investors but ents of Canada, and I / we hereby furth	not United States persons within the meaning of her confirm that the monies are remitted from abroa-	Regulation (S) under the United States Sect	me, and 17 we nereby further confirm that the urities Act of 1933, or as defined by the U.S.
maintained in accordance with applicable RBI gu I/We hereby declare that all the particulars given particulars being false, incorrect or incomplete.I	idelines." herein are true, correct and complete to hereby undertake to promptly inform t	the best of my/our knowledge and belie he mutual fund of any changes to the in	f. I further agree not to hold Franklin Templeton Inve formation provided hereinabove and agree and accept	stments "or their employees or agents" liable fo that the Mutual Funds, their authorised agents	r any consequences in case of any of the above s, representatives, distributors ('the Authorised
Parties') "FTMF, its sponsor, AMC, trustees, the by them on the basis of the information provide Parties including "any of the Authorised Parties	er employees, authorised agents, service p ed by me as also due to my not intimatin or any Indian or foreign governmental	providers, representatives or the distributors of / delay in intimating such changes. I h or statutory or judicial authorities / agen	ors (the Authorised Parties') " are not liable or respons ereby authorize the mutual fund to disclose, share, re- cies including but not limited to the" Financial Intelli-	nbie for any losses, costs, damages arising out of mit in any form, mode or manner, all / any of t gence unit-India (FIU-IND) including all chan	any actions undertaken or activities performed he information provided by me to Authorised iges, updates to such information as and when
provided by me without any obligation of advisit of the Family Solutions facility and agree to about me/us and that there is no assurance or guarantee	ng me/us of the same. I hereby agree to p le by the terms, conditions, rules and reg e that the goal(s) will be achieved. I agree	provide any additional information / docu gulations of the said Facility as may be pi not to hold Franklin Templeton Mutual	mentation that may be required by the Authorised Pa rescribed by Franklin Templeton Mutual Fund from t Fund or the Sponsor, the AMC, the Trustee or any of	rties, in connection with this application. I have time to time. I understand that the recommend their directors, employees, affiliates or represent	read and understood the terms and conditions ation given is based on the inputs provided by atives responsible for any consequences arising
Jacob in investments under the said Pacility inc J/We confirm that the subscription money paid is Services and also the disclaimer and terms and co	s in accordance with the requirements re onditions as posted on the website, www.	garding 3rd party payment for subscription of the property of the payment for subscription of the payment for subscription of the payment for	ons I/We confirm and declare that I/ We have read and shall abide by the norms, terms and conditions for facility.	d understood the terms and conditions for HPI or HPIN usage and online transactions/ TPIN,	N usage and online transactions/ TPIN/ Email / Email services and agree not to hold Franklin
The ARN holder has disclosed to me/us all the c	ommissions (in the form of trail commis her existing Systematic Investment Plan	sion or any other mode), payable to him: (SIP) investment with Franklin Templeto	res racuity. for the different competing Schemes of various Mutua in Mutual Fund which together with this proposed SII	al Funds from amongst which the Scheme is bein P will result in aggregate investments exceeding	ng recommended to me/us. Rs.50,000/- in a year. Further, I/we understand
and accept that in case Franklin Templeton Muttinstallments together with this proposed SIP inst	aal Fund processes "this investment /" the allments exceeds Rs.50,000/- in a year, the	te tirst Micro SIP installment and the app e Micro SIP registration will be cancelled	oucation is subsequently found to be incomplete in an for future installments and no refund shall be made fo	y respect or not supported by adequate docume or the units already allotted.	ntation or if the existing aggregate investment
Sole/First Holder/Guardian X Date:		Second Holder X	2		/ QFI ** Applicable to Micro-investments

Existing Unitholder Information			
Name of Sole / First Account holder (Leave space b	etween first/middle/last name)	Account No.	
		Customer Foli	o No.
Know Your Customer (KYC) KYC Compliance is mandatory for all investors irrespe	Diameter in the second	fal. VVC also della considerable CV	1 1
be rejected. If you have already provided a MIN/KYC			L. Investments without valid K1C may
Proof of KYC enclosed: 🗆 1st Holder 🗀 2	2nd Holder □ 3rd Holder □ Gu	ardian 🗆 POA Holder	
PAN Details - (Mandatory for all Investors regard	Ů	ction including joint holders, guardians in ca	se of minors, PoA holders and NRIs)
Please Provide your PAN details if you have not regi: Sole/First Applicant/Guardian	stered them before Second Applicant	Third Applicant	PoA Holder
PAN			
Enclosed: Copy of PAN Card/KYC ack. Mandatory Enclosures: PAN card copy or copy of F	☐ Copy of PAN Card/KYC ack.	☐ Copy of PAN Card/KYC ack.	☐ Copy of PAN Card/KYC ack
Change of Address	TO acknowledgment. Transactions not in	the individual characteristics in ay	be rejected
New Address			
iew riddress			
City			
tate			Pin
Addition of Bank Account (Mandatory - Fo	or new investors) - For payment through e	lectronic mode, please attach a cancelled c	cheque leaf or a copy of the cheque.
☐ Addition of bank account ☐ Change of de:	fault bank account#		
cheme Account No.			☐ All Schem
Bank Account Number (Please provide the full			
Account type ☐ Savings ☐ Current ☐ NRO	,		Repatriable 🗆 Non Repatriab
	ranch Name		
RTGS code			
	WHO I code	TVET T code	
Occument attached (Any one) Cancelled Cheque with name of 1st unit hole	dar pro printed	nd cancelled cheque	nd cancelled cheque
	der pre-printed 🗀 bank Statement a	ind cancelled cheque	nd cancened cheque
Others please specify			
Note: There will be a cooling period 10 calendar days for regis nto this bank account only, for more information please refer Please provide a cancelled, signed cheque of the bank account nto default bank only through electronic payment facility. I/	tering the COB requests. This new bank will be tre the "Registration of bank mandate" instruction. * ; you wish to register. # If not ticked then the reg We DO NOT wish to avail Electronic Payment I	For more details on RTGS/NEFT/MICR codes, p stered bank will be the default bank and all reden Facility (Please tick) Please verify and ensure t	please refer detailed instructions in the KIM nptions / dividends proceeds will be proce he accuracy of the bank details provided al
Note: There will be a cooling period 10 calendar days for regis not this bank account only, for more information please refer Please provide a cancelled, signed cheque of the bank account not default bank only through electronic payment facility. I/ and as shown in your account statement. Franklin Templeton	tering the COB requests. This new bank will be tree the "Registration of bank mandate" instruction. * 1 tyou wish to register. # If not ticked then the reg We DO NOT wish to avail Electronic Payment I cannot be held responsible for delays or errors in present the second of the seco	For more details on RTGS/NEFT/MICR codes, p istered bank will be the default bank and all reden Facility (Please tick) Please verify and ensure the occassing your request if the information provided	please refer detailed instructions in the KIN aptions / dividends proceeds will be proceed the accuracy of the bank details provided at it is incomplete or inaccurate.
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