

Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
157526			E286497	

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."

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

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 (PITCA/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. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder; for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my consent for sharing/disclosing of my/our Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA), KRA(s) & Central KYC Registry for the purpose of updating the same in the folios linked to my/our PAN.

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder
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MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name (Should match with Aadhaar Card)	PAN/PEKRN (1st Applicant)	<input type="checkbox"/> KYC
My Guardian's Name (if minor)/POA/Contact Person	PAN/PEKRN (Guardian/POA)	<input type="checkbox"/> KYC
On behalf of Minor (* Attach Mandatory Documents as per instructions).	Date of Birth Minor's <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"/>	Date of Birth <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"/>
	Guardian named is :	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed

JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation : Single Joint Either or Survivor(s) [Default]

2nd Applicant Name (Should match with Aadhaar Card)	PAN/PEKRN (2nd Applicant)	<input type="checkbox"/> KYC
3rd Applicant Name (Should match with Aadhaar Card)	PAN/PEKRN (3rd Applicant)	<input type="checkbox"/> KYC

INVESTMENT DETAILS: I/We would like to invest in the following schemes to meet my/our life goals (Please read Product labeling details available on cover page of KIM)

GOAL	Retirement	Child's Future	Wealth Builder
Additional Details		e.g. Deepa's Marriage	e.g. Home/Car
Scheme Name / Plan	Options	Amount in ₹ (SIP: per Installment)	Amount in ₹ (SIP: per Installment)
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		
Total Investment per Goal			
Total Investment in all Goals		(in figures)	

Amount Invested _____	(DD Charges) _____	Net Amount _____
Payment Details Cheque/DD No. _____	Bank _____	
Branch _____	Bank A/C No. _____	

Please register my Pay-in bank details also as one of the banks in my/our account/folio based on the payment instrument attached. Please refer the instruction for supporting document required for registering Bank Mandate. (Please tick if applicable) I / We do not wish to register this bank as additional bank in my/our account details.

ACKNOWLEDGEMENT SLIP

Sl. No. _____

Received from _____	Pin _____
Payment Details	
Amount _____	Cheque/DD No. _____
Date _____	Bank and Branch details _____

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

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

BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

My Bank Name															
Bank A/C No.											A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> 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	Aadhaar No.*	KIN No. (If KYC done via CKYC)	Date of Birth*	Gender
1st			DD / MM / YY	<input type="checkbox"/> M <input type="checkbox"/> F
2nd			DD / MM / YY	<input type="checkbox"/> M <input type="checkbox"/> F
3rd			DD / MM / YY	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA*			DD / MM / YY	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned. *G: Guardian; *POA: Power Of Attorney *If Aadhaar number is not assigned Aadhaar enrollment number and proof to be provided.

Details	2 nd Applicant	3 rd 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.

<input type="checkbox"/> NSDL: DP Name				DP ID	I	N	Beneficiary Ac No.			
<input type="checkbox"/> 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 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd 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"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<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		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF		Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Bank	<input type="checkbox"/> AOP	<input type="checkbox"/> FI/FII/FPI		Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)					Housewife	<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"/>
					Others (Please specify)				
Gross Annual Income Range (in Rs.)					Politically Exposed Person (PEP) details:				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	Is a PEP	Related to PEP	Not Applicable	
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<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"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on [DD][MM][YY]	as on [DD][MM][YY]	as on [DD][MM][YY]	as on [DD][MM][YY]	Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

☎ 1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday) ✉ service@franklintempleton.com 🌐 www.franklintempletonindia.com

<p>Instruction 1. For SIP investments with: (i) Current date - Please provide Single Cheque (for the first installment) with SIP ECS form. (ii) Future date - Please fill the SIP (ECS/Direct Debit) form along with the Application form. Note: SIP will start after 30 days. In case you are investing via both Regular and SIP simultaneously (where the SIP will start after 30 days), please provide a single cheque for the Regular amount, along with the completed SIP (ECS/Direct Debit) Mandate form. 3. Cheque for the investment should be made in favour of "Franklin Templeton Family Solutions" 4. For payments by demand draft please attach a certificate from the banker or Challan (instruction to bank) or passbook/bank statement evidencing the debit for issuance.</p>	<p>CHECK LIST: Please ensure the following</p> <ul style="list-style-type: none"> Application form is complete in all respects and signed by all Applicants. Enclosures: <ul style="list-style-type: none"> Supporting documents for bank account details furnished in the Form. For payment by Demand Draft - a certificate from banker in the prescribed format confirming the account from which the funds have been remitted. Proof of KYC for all application, guardians for minors and POA 	<p>Enclosures (if applicable)</p> <ul style="list-style-type: none"> Proof of relationship with minor Proof of identity & address Proof of DOB Multiple bank registration form Multiple nomination form
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