## Form ID: 0118 Sl No. APPLICATION FORM FOR NEW INVESTORS FRANKLIN TEMPLETON (Please read Product labeling details available on cover page and instructions before filling this Form) 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." Applicable only if RIA Code/ Portfolio Manager SRegistration Number is mentioned. "I/We hereby give you my/our consent to share/provide the transactions date edd/ portfolio holdings/ ANX etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/ SEBI Registered Portfolio Manager whose code is mentioned herein." Advisor ARN / RIA Code/ Portfolio Sub-broker/Branch Code Manager's Registration No. Sub-broker ARN Representative EUIN For office use only Sole / First Unit Holder Second Unit Holder Third Unit Holder 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 an existing mutual funds investor (Rs.100 will be deducted). I am a first time investor in mutual funds (Rs.150 will be deducted). 🖙 EXISTING UNITHOLDERS' FOLIO NUMBER (Please refer Instruction No. 1 on page 9) MY FOLIO NUMBER 🕼 MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions) My Name PAN/PEKRN (1st Applicant) KYC Should match with PAN card and preferably attach a copy of PAN card Date of Birth/Incorporation\* D D / M M / Y Y Others CKYC NO. Gender Male Female Guardian's Name (if minor<sup>#</sup>)/POA/Contact Person PAN/PEKRN (Guardian/POA) КУС Should match with PAN card and preferably attach a copy of PAN card Date of Birth Guardian named is : On behalf of Minor<sup>#</sup> Date of Birth Attach Mandatory Documents as per instructions). Father Mother Court Appointed of Guardian\* Proof attached \* \* DOB is a mandatory field. #Minor investments can be made only from the bank account where the minor is one of the holders or from the Parent/legal guardian bank account only. **IGP JOINT APPLICANTS (IF ANY) DETAILS** Mode of Operation : Single Joint Either or Survivor(s) [Default] 2nd Applicant Name **Date of Birth** D D / M M / Y Y \* DOB is a mandatory field. PAN/PEKRN (2nd Applicant) KYC **3rd Applicant Name Date of Birth** D D / M M / Y Y \*DOB is a mandatory field. PAN/PEKRN (3rd Applicant) КҮС 😰 MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) NRI Investors should mention their Overseas address (Refer instructions) Email ID Address Type (Mandatory) (in capital) a. Residential & Business +91 Mobile Tel (STD Code) b. Residential Email ID and Mobile number should pertain to firstholder only c. Business Address d. Registered Office Landmark Pin Code Citv State (Mandatory) I wish to receive Scheme Annual Report and Abridged Summary : Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.) I declare that Mobile Number in this form belongs to (tick one option) 🗌 Self 📃 Spouse 📄 Dependent Children 📄 Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. 🕼 MY INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy) Full Scheme/Plan/Option Amount / Each SIP Amount Payment Mode Drawn on Bank/Branch Scheme Name: Name/Branch: Lumpsum SIP Cheque/DD No. Rs. Plan: Regular Direct Less DD RTGS NEFT transfer charges Option: Growth Payout of IDCW Reinvestment of IDCW A/c no. Scheme Name: Name/Branch: Lumpsum SIP Cheque/DD No. Rs. Plan: Regular Direct Less DD Funds RTGS NEFT charges Option: Growth Payout of IDCW Reinvestment of IDCW transfer A/c no. Scheme Name: Name/Branch: Lumpsum SIP Cheque/DD No. Rs. Plan: Regular Direct Less DD RTGS NEFT Funds transfer charges Option: Growth Payout of IDCW Reinvestment of IDCW A/c no. Payment through NACH (Attach NACH form) | Documents attached to avoid Third Party Payment Rejection, if applicable: Bank Certificate, for DD 🗌 Third Party Declarations IF YOU OPT TO START SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR ALL THE SIP'S. ► My Additional SIP Details Investment Frequency Daily Monthly(default) Quarterly \$ Refer Page 29 for T & C Weekly MON TUE WED THU FRI considered as the default date SIP Date: D D for monthly and quarterly SIP Period Start Date M M / End Date M M First SIP Cheque Date: (in multiples of 5%) (Amount invested will Step-up my SIP annually by: Increase in %: OR

be rounded off to the nearest Rs. 100)

Increase in Rupee Value:

(in multiples of Rs. 500)

🕼 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)
Image: ADDITIONAL INFORMATION
SECOND APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory. Please tick)       Residential Individual       NRI-Repatriation       NRI-Non Repatriation         I wish to receive Scheme Annual Report and Abridged Summary :       NRI-Repatriation       NRI-Non Repatriation
Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
THIRD APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory. Please tick)       Residential Individual       NRI-Repatriation       NRI-Non Repatriation         I wish to receive Scheme Annual Report and Abridged Summary :       Online (Preferred & Default)       Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option)       Self       Spouse       Dependent Children       Dependent Siblings         Dependent Parents       Guardian       PMS       Custodian       POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option)       Self       Spouse       Dependent Children       Dependent Siblings         Dependent Parents       Guardian       PMS       Custodian       POA, and approve for usage of these contact details for any communication with FTMF.
GUARDIAN OR POA APPLICANT'S DETAILS
CVVC NO
CKYC NO.     Gender     Male     Female     Others
EMAIL ID
TAX STATUS (Mandatory. Please tick)       Residential Individual       NRI-Repatriation       NRI-Non Repatriation         I wish to receive Scheme Annual Report and Abridged Summary :       Online (Preferred & Default)       Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
🕼 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 Client Master List OR DP statement

KNOW YOUR CUSTOMER (KYC) DETAILS (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					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/Body □ Corporate □ Partnership □ HUF □ Bank			hip	Retired				
		□ FI/FII/	FPI		Housewife				
		Society y under "Non-Pro	ofit Organization	" [NPO] which	Student				
	We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).         □ YES □ NO       If yes, please quote the NPO Registration Number provided by DARPAN portal.         [(fnot registered aready, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register year entity on the said portal and/or report to the relevant authorities a applicable.)			able purposes 1come-tax Act,	Others (Please specify)				
Non Individual				Politically Exposed Per	son (PEP) detail	s: Is a PEP	Related to PEP	Not Applicable	
					y 2 <sup>ad</sup> Applicant e 3 <sup>rd</sup> Applicant				
				er provided by					
				l confirm with the					
				entity on the said	Guardian				
Others (Please specify)				,	Authorised Signatories				
others (r lease specify)					Promoters				
Gross Annual Income Range (in Rs.) Partners		Partners							
Below 1 lac					Karta				
1-5 lac					Whole-time Directors/T	urstee			
5-10 lac									
10-25 lac									
25 lac- 1 cr									
1 -5 cr									
5 - 10 cr									
> 10 cr									
<b>OR Networth in Rs.</b> (Mandatory for Non Individual) (not older than 1 year)	as on	as on	as on	as on					

## 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					
Father's Name					
Are you a tax resident of any country other than India?	Yes No	Yes No	Yes No	Yes No	
	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.

R ACKNOWLEDGEMENT SLIP				
Received from				Pin
Scheme Name	Plan/Option		Payment Details	
		Amount	Cheque/DD No	Date
	-	Bank and Branch details		
		Amount	Cheque/DD No	Date
		Bank and Branch details		

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death						
Nomination can be made upto three nominees in the account.		Details of 1 <sup>st</sup> Nominee	Details of 2 <sup>nd</sup> Nominee	Details of 3 <sup>rd</sup> Nominee		
		Mandatory Details				
Name of the nominee(s) (M	ſr./Ms.)*					
Share of each Nominee	Equally [If not equally,	%	%	%		
please specify percentage]		Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
Relationship With the Applicant ( If Any)						
Date of Birth		D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y		
Name of Guardian						
* Date of Birth and Name of Guardian to be provided in case of minor nominee(s)						
Non-Mandatory Details						
Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:						
Pincode						
Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor						

Email ID of nominee(s)/ Guardian in case of Minor			
Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]	<ul> <li>Photograph &amp; Signature</li> <li>PAN</li> <li>Aadhaar (masked - only last 4 digits visible)</li> <li>Saving Bank account no.</li> <li>Proof of Identity</li> <li>Demat Account ID</li> </ul>	<ul> <li>Photograph &amp; Signature</li> <li>PAN</li> <li>Aadhaar (masked - only last 4 digits visible)</li> <li>Saving Bank account no.</li> <li>Proof of Identity</li> <li>Demat Account ID</li> </ul>	<ul> <li>Photograph &amp; Signature</li> <li>PAN</li> <li>Aadhaar (masked - only last 4 digits visible)</li> <li>Saving Bank account no.</li> <li>Proof of Identity</li> <li>Demat Account ID</li> </ul>

**OR** 1 / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Date

## **DECLARATION (SIGNATURE/S MANDATORY)**

NOMINATION DETAIL

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 am/ we are not residents of Canada and am/ are not applying for Units on behalf of any resident of Canada (ii) I /we am/are not a 'US Person' and are not applying for Units on behalf 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 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 confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition. By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder

Place

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

<b>2</b> 1	800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)	Service@franklintempleton.com	🔥 www. franklintempletonindia.com
Quic Chec	k Name, Address are correctly mentioned Exhist Email ID / Mobile number are mentioned along with declaration KYC information provided for each applicant FATCA/CRS details provided for each applicant Corporate Documents/ Trust Deed PoA Documents	<ul> <li>Full scheme name, plan, option is mention</li> <li>Pay-In bank details and supportings are at</li> <li>Nomination facility opted</li> <li>Form is signed by all applicants</li> <li>Proof of relationship with minor</li> </ul>	—