FRANKLIN TEMPLETON

APPLICATION FORM FOR EXISTING INVESTORS
(Please use separate Transactions Form for each Scheme / Plan and Transaction)

FINANCIAL TRANSACTIONS

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code
Sub-broker ARN	**Representative EUIN**
For office use only	

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 / Portfolio Manager's Registration Number 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/SEBI Registered Portfolio Manager whose code is mentioned herein."

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder

☞ MY DETAILS (To be filled in Block Letters. Please provide the following details in full. Please refer instructions)

My Name

My Folio Number

Scheme Name/Plan/Option*

*Scheme name for Additional Purchase Order, Redemption, SIP & SWP. Source scheme name for Switch, STP & Transfer of IDCW Plan. **Nomination details will be replicated as per the last transaction in this folio. You may attach a separate nomination form in case of change in nomination.**

☞ I WISH TO MAKE A LUMPSUM INVESTMENT (Cheque/DD should be in favour of Scheme name. eg. Franklin India Bluechip Fund)

Amount in Figures
Rs.

Amount in Words

Payment by: ☐ RTGS ☐ NEFT ☐ Funds transfer ☐ Cheque/Draft No. _____ **Date** D D / M M / Y Y

Payment from Bank A/c no.: _____ Pay in A/c No. _____ **A/c. Type:** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others_____

Bank name & Branch:

☐ **Payment by Auto Debit:** If Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below.

Bank name _____ **Account No.** _____

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

☞ I WISH TO START AN SIP (Please attach SIP Auto Debit Slip for NACH registration)

Each SIP amount (minimum Rs. 500 for other than daily frequency) Rs. _____ **SIP Date:** D D (If left blank 10th will be considered as the default date for monthly and quarterly)

SIP Period Start Date M M / Y Y Y Y End Date M M / Y Y Y Y

Investment Frequency
$ Refer Page 9 for T & C
☐ Daily$ ☐ Weekly$ ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI
☐ Monthly (default) ☐ Quarterly

First SIP Cheque Date: _____ **Cheque No.** _____

Drawn on Bank/Branch

Step-up my SIP annually by: ☐ Increase in %: _____ (in multiples of 5%) (Amount invested will be rounded off to the nearest Rs. 100)
or ☐ Increase in Rupee Value: _____ (in multiples of Rs. 500)

☐ Tick here if Auto Debit Form (ADF) is already registered in the Folio. Please mention in space provided below the Bank Name and Account Number:

Bank Name _____ **Account No.** _____

☐ Tick here if attaching a New Auto Debit Form.

☞ I WISH TO UPDATE MY KNOW YOUR CUSTOMER (KYC) & GST DETAILS ▶ GSTN No. _____

KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement for this folio, you need not provide the same again.

Applicant	PAN No. / PEKRN (Mandatory)	KIN No. (Mandatory if KYC done via CKYC)	Date of Birth
1st			D D / M M / Y Y
2nd			D D / M M / Y Y
3rd			D D / M M / Y Y
G or POA^			D D / M M / Y Y

^G: Guardian; ^POA: Power Of Attorney

☞ ACKNOWLEDGEMENT SLIP

Sl. No.

Date D D / M M / Y Y **Received from** _____

Customer Folio No. _____ **Additional Purchase / SIP (Rs.)** _____ **Cheque No.(s)** _____

☐ SWP ☐ STP ☐ Transfer of IDCW Plan ☐ Redemption or Switch : Amount (Rs.) _____ OR Units _____

Service Centre Signature & Stamp

IDCW : Income Distribution cum capital withdrawal

☞ I WISH TO WITHDRAW MY INVESTMENT (REDEMPTION) (Subject to Lock-in, If any)

Amount/Units in Figures	Amount/Units in Words	☐ Tick to Redeem all units
Rs.		

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

☞ I WISH TO TRANSFER MY INVESTMENT TO ANOTHER SCHEME (SWITCH) (Subject to Lock-in, If any)   (DOB: ___/ ___/ _____, Mandatory for investment in FIPEP)

Switch-in To Scheme / Plan / Option

Account No. (Mention only if Transferring into Existing Scheme)

Amount/Units in Figures	Amount/Units in Words	☐ Tick to switch all units
Rs.		

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

☞ I WISH TO TRANSFER FIXED AMOUNTS FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (STP) (Subject to Lock-in, If any)

STP in To Scheme/Plan/option

Account No. (Mention only if Transferring into Existing Scheme)

Transfer Amount: ☐ Fixed Sum of Rs. _____ (Minimum Rs. 1000/-)   **OR**   ☐ Capital Appreciation, subject to Minimum of Rs.1000/-

Frequency:
$ Refer Page 9 for T & C
☐ **Daily**$ OR ☐ **Weekly**$ Dates: 7th, 14th, 21st, 28th ☐ **MON** ☐ **TUE** ☐ **WED** ☐ **THU** ☐ **FRI** OR ☐ **Monthly*** ___ day of the month OR ☐ **Quarterly** ___ day of the month

Transfer Period (Minimum 2 STP transactions) From [D D / M M / Y Y] To [D D / M M / Y Y] **OR** **No.of installment** [____]

Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable. The following schemes/plans/options are not available as Source Scheme: • FIPEP • FIGSF. STP-out allowed in FIT subject to availability of free units ie post completion of 3 years lock in period.

☞ I WISH TO WITHDRAW FIXED AMOUNTS FROM MY CURRENT INVESTMENT AT A SET FREQUENCY (SWP) (Subject to Lock-in, If any)

Withdrawal Amount ☐ Fixed Sum of Rs. _____ (Minimum Rs. 500/-)   **OR**   ☐ Capital Appreciation (Applicable only on last business day of the selected frequency)

Frequency ☐ Monthly* ☐ Quarterly ☐ Semi-Annual ☐ Annual   **Withdrawal Period** (Minimum 1 SWP transaction) From [D D / M M / Y Y] To [D D / M M / Y Y]

☞ I WISH TO TRANSFER DISTRIBUTIONS RECEIVED FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (Transfer of IDCW Plan)

To Target Scheme/Plan/Option (To where Dividend (Income Distribution cum capital withdrawal) is to be transferred)

Account No. (Mention only if Transferring into Existing Scheme)

*Default Option may be applied in case of no information, ambiguity or discrepancy.

☞ 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 (Mandatory) ☐ Client Master List OR ☐ DP statement

DECLARATION (SIGNATURE/S MANDATORY)   Date _____ | Place _____

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 theTrustees of Franklin Templeton Mutual Fund for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date ofthis application. 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 and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete tothe best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties')are not liable or responsible for any losses, costs,damages arising out of any actions undertaken or as a result of this investment 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 authorize the mutualfund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicialauthorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of thesame. 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