### FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM

Distributor inform	ation			For Office Use Only			
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received			
-14,1501 11111	535 Stoner, Branen Gode	out broker mitt					
The upfront comm	ission on investment made b	the investor, if any, sh	all be paid to the ARN Hol	der (AMFI registered distributor) directly by the			
investor, based on 1	the investor's assessment of v	various factors including	g service rendered by the AF	RN Holder.			
"I/We hereby confir	m that the EUIN box has been	ı intentionally left blank ahove distributor/sub h	by me/us as this transaction to	is executed without any interaction or advice by the advice of in-appropriateness, if any, provided by the			
employee/relationsh	up manager/sales person of the c	distributor/sub broker."	roice, or notwinsumum inc	weree of the appropriationess, if any, procedure by the			
o: 6.1 x			2				
Signature of the Inves	etor(s)  1. ———————————————————————————————————	d and the set A	_	3			
	sactions routed through dist		s who have opted to receive	transaction charges			
				g mutual funds investor (Rs.100 will be deducted).			
Existing Unitholde	rs (Please provide the following details	in full; Please refer Instruction	2)				
First Applicant Na	me						
Customer Folio No	o	A	Account No.				
Unit Holder Inform							
(To be filled in Block I	Letters. Use one box for one alphal	eet leaving one box blank be	tween name and surname)				
Name of First/Sole	Applicant		D of Pi-ul-#1D D 1M	M   y y y   Gender: □ Male □ Female			
DANING (Mandata)	7)\$	F	Date of Birth" D D M	M Y Y Y Y Y Y T Schael Make Temake			
				st □ Society □ HUF □ Bank □ AOP			
☐ Sole Proprietors	hip □ Minor through Gua	rdian# □ FI □ FII	☐ Others (Please specify	)			
				or Government Service Business			
				□ 1-5 lac □ 5-10 lac □ 10-25 lac □ 25-1cr			
				s( should not be older than 1 year)			
				ta / Trustees / Whole-time directors:			
☐ Politically Expo	sed Person (PEP)						
Applicable for Ind	<b>ividuals:</b> u are a resident only in India	for tay numbers Elect	alongo providos				
Foreign Tax ID Nu	mber						
Name of Second A	pplicant						
Country of birth_			Date of Birth# D D M	M   Y Y Y Y Gender: ☐ Male ☐ Female			
PAN No. (Mandatory	7)\$	Enc	losed: □ PAN Card Copy □ Pr	oof of Identity & Address ^ 🗆 Proof of KYC*			
Status:   Reside	nt Individual 🗆 NRI/PIO	☐ Others (Please spec	cify)				
Nationality		Count	ry of Residence				
				or   Government Service   Business			
	Agriculturist ☐ Retired ☐ I			□ 1-5 lac □ 5-10 lac □ 10-25 lac □ 25-1cr			
	· · · · · · · · · · · · · · · · · · ·	, 0 1					
$\square$ 1 cr- 5 cr $\square$ 5cr- 10cr $\square$ > 10 cr or Net-worth as on (date) $\square$							
□ Politically Exposed Person (PEP) □ Related to a Politically Exposed Person (PEP)							
Applicable for Individuals:  □ Please tick if you are a resident only in India for tax purposes. Else, please provide:							
Foreign Tax ID Nu	mber						
Name of Third Ap	plicant						
Country of birth_			Date of Birth# D D   M	M   Y Y Y   Gender: □ Male □ Female			
PAN No. (Mandatory				oof of Identity & Address ^   Proof of KYC*			
Nationality		Count	ry of Residence				
Occupation (please	tick any one and give brief d	etails) Mandatory: 🗆 I	Private Sector 🗆 Public Secto	or 🗆 Government Service 🗆 Business			
□ Professional □ Agriculturist □ Retired □ Housewife □ Student □ Others							
Gross Annual Income Details (please tick) Mandatory: Income range per annum: $\square$ Below Rs. 1lac $\square$ 1-5 lac $\square$ 5-10 lac $\square$ 10-25 lac $\square$ 25-1cr $\square$ 1 cr-5 cr $\square$ 5cr-10cr $\square$ > 10 cr or Net-worth as on (date) $ \square$							
		. ,		a / Trustees / Whole-time directors:			
* *	sed Person (PEP)						

Applicable for Individuals:  ☐ Please tick if you are a resident only in	India for tax purposes. Flse, please	provide:			
Country of Tax Residence (Refer instructi	on)	provide.			
Foreign Tax ID Number					
Name of Guardian					
Country of birth	Da	nte of Birth# DD MM Y	Y Y   Gender: □ Male □ Female		
PAN No. (Mandatory)\$					
Status:   Resident Individual   NRI/					
Nationality					
Applicable for Individuals:  ☐ Please tick if you are a resident only in					
Country of Tax Residence (Refer instructi	* *	*			
Foreign Tax ID Number					
Occupation (please tick any one and give l	brief details) Mandatory: 🗆 Private	e Sector 🗆 Public Sector 🗆 Gov			
Gross Annual Income Details (please tick)	) Mandatory: Income range per ann	ium: □ Below Rs. 1lac □ 1-5 lac	□ 5-10 lac □ 10-25 lac □ 25-1cr		
$\square$ 1 cr- 5 cr $\square$ 5cr- 10cr $\square$ > 10 cr or Net					
Please tick, if applicable, for the applicant  ☐ Politically Exposed Person (PEP)	•		es / Whole-time directors:		
Relationship with Minor   Father   Mo		1.')			
Mode of Operation	(Please specify relati	onsnip)			
☐ Single ☐ Joint ☐ Either or Surv	ivor(a)				
-	ivor(s)				
Power of Attorney (POA) Details					
Name of POA Holder		Date of	of Birth   D D   M M   Y Y Y Y		
Enclosed □ Proof of KYC* □ Proof of Ident	ity & Address ^ 🗆 PAN Card Copy	PAN \$(Mandatory)			
Status:   Resident Individual   NRI/	PIO □ Others (Please specify)	, , ,	Gender: □ Male □ Female		
^ Allowed only for investments through Micro i all Investors (including Sikkim Resident) irresp required to be submitted #Date of Birth and E invest).**Please provide following documents for Parent's Name; Legal Guardian – Court Order through the guardian, should be the first and sole	ective of the amount of investment).For Document proof – mandatory for investion evidencing the relationship:- Father/N.  In case of investments held in the nan holder in the Folio/Account.	r investments through Micro investments through Minors and investments through Photocopy of the certificate ne of a minor, no joint holders / nor	nent route, address proof and identity proof is nts in FIPEP (in FIPEP, only individuals may mentioning the date of birth of the Minor and mination will be registered. The minor, acting		
	, 111 o process via o v 2, eise are address of the	130 110 dec as registered with 5 v 2 will be	autominicani, upanica in our records)		
Cin. I		Countries	Director		
City	State	Country	Pincode		
Overseas Address for NRIs/PIOs					
City	State	Country	Pin/Zip		
Contact Details (Please provide your contact detail	ls even if you have already submitted your KY0	C acknowledgement)			
If the Applicant is Sole Proprietorship Firm, please provide the Name	ne name of Sole Proprietor. If HUF, please provide	e the name of Karta. In case of other Non-Ind	ividuals, please provide the details of Contact Person.		
Tel					
STD Code Email	Office	Residence   Mobile	Fax		
	For payment through electronic mode, please		Alexander and a second		
(	ror payment through electronic mode, please	attach a cancelled cheque leaf of a copy of	ine cheque.		
Bank Name (Do not abbreviate)					
Account No.  Please provide the full account number		Branch/City			
Branch Address			Pin		
Account type For Residents   Savings   Current   For Non-Residents   NRO   NRE   Others					
		atriable □ Non-Repatriable			
*RTGS code	*NEFT code	*MI	CR code		

Please provide a cancelled, signed cheque of the bank account you wish to register. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) [ ]. Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. ] Multiple Bank Registration Form provided.

 $<sup>*</sup>Note: For more \ details \ on \ RTGS/NEFT/MICR \ codes, please \ refer \ detailed \ instructions \ on \ page \ no. \ 13.$ 

Please read Product la	beling details available	on cover page and	instructions before	filling this Form.
Investment Details		and the finger man		g
Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details Cheque/DD No. Bank,Bank A/c No. and Branch
		Less DD Charges:		
vestors in Franklin India Pension	Plan are requested to also fill in the	option exercise form availab	ole at the ISC.	the scheme name(s) and the plan/option you may refer to the KIM for more details.
				hirect Debit) form alongside and submit it together with the application form. If you h it. If you prefer to have a new account in the same scheme please tick here [
Mandatory for Non-I				
•	Owner Details (Refe ate Beneficial Owner(s) of	•		
* *	` '		Please submit the Decla	aration for 'Ultimate Beneficial Ownership' along with this form)
				unt/investor is the Ultimate beneficial owner
etails under FATCA	Foreign Tax Laws			
lease indicate all countries	in which the organization	is a resident for tax pu	rposes and the associate	ed Tax ID numbers below
C	Country of Tax Reside	ency		Tax ID Number
			AND	
<ul><li>☐ Form W8 BEN-E / Specifie</li><li>☐ Unable to Provide [Frankli</li></ul>	n Templeton will contact you in the second statement will	n due course to confirm y	our FATCA Status]	oplicant/investor currently is unable to confirm FATCA status and
Third Party Payment	Documents			
of natural love and affection Declaration - Attached  other than Guardian) on lo DD against Cash (Please a	☐ Payment by Guardian on or as gift ☐ Custodian Declaration from Benefic behalf of a minor in consic ttach): ☐ Banker Certifi	on behalf of an FII or iary □ Declaration f leration of natural lov cate	a Client □ Payment by rom Third Party (Custo e and affection or as gif	ed persons (other than Guardian) on behalf of a Minor in considerati y Employer on behalf of Employee - under Payroll deductions odian, Employer, Guardian or Parents/Grand-Parents/related perso ft).
Franklin Templeton 'I				The last of the second
<ul> <li>Franklin Templeton East and other information in</li> </ul>	<b>sy e-Update:</b> Receive accou 1stantly by Email *	int statements, annual		n Templeton Easy Call: Just call 1800 425 4255 or 6000 4255 to accest Count using TPIN □ Yes, I would like to receive my TI
Email Address:			4. Franklin transact	n Templeton Easy Mobile: Get instant SMS alerts to confirm your
☐ I / We wish to receive	,		I/We wish t	to register for SMS updates on my/our mobile phone. $\square$ Yes $\square$ No
2. Franklin Templeton Eas	receive the above by email by Web: Access your accour web by visiting our websit	at and transact online.	the applicat	ere the investor has not opted for any option or has opted for both opt iion will be processed as per the default option, i.e., receive the acc annual report and other correspondence by E-mail and receive SMS upo

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www.franklintempletonindia.com

## **Depository Account Details** The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' below. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. ☐ National Securities Depository Limited (Please tick) ☐ Central Depository Services (India) Limited (Please tick) Depository Name Depository Participant Name DP ID Ι (16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below) Beneficiary Account Number Note: Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of demat account statement should be within 90 days of the application Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in demat form for the current purchase, may get their existing unit holding converted into demat form as well. The existing holding will be credited to the same demat account as that of the current purchase. $\square$ I / We wish to convert my/our existing unit holding into demat form. ☐ I/We do not wish to convert my/our existing unit holding into demat form. Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., NOT to convert the existing holding in demat form. Nomination Details (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website). Refer instruction on page no.13 Nominee Name & Address Guardian name & address (if nominee is a minor) Signature of Nominee / Guardian (optional) Nominee Date of Birth (mandatory for minor) ☐ Proof of minor DOB submitted, Witness Name and Address Signature of Witness ☐ I/We do not wish to nominate any person for my investments. Signature of Investor(s) Peclaration Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information (SMI) of the scheme(s) and the Addenda issued to the SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of FTMF as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and I/we have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our rinks appetite and investment horizon. \*\*I/We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and I/we hereby further confirm that the monies are venitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines. I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/We further agree not to hold Franklin Templeton Investments or their responsible for any lonses, cursos, changes arising out of any consequences in case of any other above particulars being false, incorrect or incomplete. J/We hereby undertake to promphyly inform FTMF of any changes for responsible for any lonses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us, including all changes, undertaken or activities performed by them on the basis of First/Sole Applicant/Guardian Second Applicant Third Applicant Date: Place Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock - in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded. For investment related enquiries, please contact: Franklin Templeton Investments Service Centres Ph: 1-800-425 4255 or 6000 4255 (If calling from a mobile phone, please prefix the city STD code; local call rates apply for both numbers) from 8am to 9pm, Monday to Saturday. FRANKLIN TEMPLETON Email: service@franklintempleton.com INVESTMENTS www. franklintempletonindia.com

CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of Scheme name e.g. "Franklin India Bluechip Fund". • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)

Acknowledgement

Received from Pin						
Scheme Name	Plan/C	Option		Payment Details		
	☐ Lumpsum ☐ Systematic		AmountBank and Branch details	Cheque/DD No	Date	
	Investment Plan		AmountBank and Branch details	Cheque/DD No	Date	
	_		AmountBank and Branch details	Cheque/DD No	Date	
	_		AmountBank and Branch details	Cheque/DD No	Date	

# Franklin Templeton Mutual Fund

Customer Folio

SIP Amount (Rs.)

☐ Frequency: ☐ Monthly (Default)
☐ Quarterly

Scheme:\_

### Sl. No.





Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative	e EUIN	the investor, if an	nission on investment made by ny, shall be paid to the ARN
					the investor, base	gistered distributor) directly by d on the investor's assessment
					the ARN Holder.	including service rendered by
"I/We hereby confirm that manager/sales person of the	ıt the EUIN box has been intentio ne above distributor/sub broker or 1	mally left blank by me/us a notwithstanding the advice o	s this transaction is f in-appropriatenes	s executed with ss, if any, provi	hout any interaction or ided by the employee/rel	advice by the employee/relationship lationship manager/sales person of the
distributor/sub broker."						
Signature of the Investo	r(s) 1. —		2		3. —	
Application for Nort	mal SIP □ (For M	Iicro SIP, Please provide required p				
Name of Sole/First Account Existing Unitholders' Folio			Account No.			
	complete and submit a Common Applicat	tion Form)	Regn. No.			(For office use only)
SIP Details (Please note t	hat a minimum of 30 days is required to s	et up the ECS/Direct Debit) (Ple	ase read Product labeli	ing details availal	ble on cover page and instru	ctions before filling this Form)
Scheme Plan				Option		
	ment)	50,000	ramount		requency   Monthly (De	efault) SIP Date 🗆 1st 🗆 20th
First SIP Cheque Date		Cheque No.			Quarterly	□ 7th □ 25th □ 10th (Default)
(If Cheque is given) ECS Period ^ECS S	d d m m y y	i i		C. 4 1 E 1 4	(please tick as a discontinue your ECS C	ppireasie)
ECS Period ECS S	Start Date m m y y y	y till you instruct Fra	nklin Templeton M	lutual Fund to	discontinue your ECS C	m m y y y y
	per 31, 2099. In case the 'End Date' is not me	•			cember, 2099 by default.	
*	Account from which ECS/Direct Debit is authorize Franklin Templeton Mutual Fund	,		count listed		(If 1st installment is nor by cheque)
, ,	Clearing Services) / Direct Debit for collection	1.7			Blank cancelled cheq	ue   Copy of cheque
Document proofs for Mi	cro SIP (Please provide any one of the nan	ne of identification document as m	entioned in the instruc	tions)		
Identification document		_ Field Issuing Authority		Doc	cument Identification No	
Depository Account Det The units are offered for sub-		cal form. If you wish to subscrib	oe to units in electroni	ic form, please fi	ll the 'DEPOSITORY ACC	COUNT DETAILS' form available at any
	office or on our website www.franklintem			71		,
Bank Details					9 Digit MICR Code	ı
Bank Name						
Branch Name Address					Account Type	
City					☐ Savings ☐ Current	□ CC/OD □ NRE/NRO (please ✔)
Account Number Account Holder Name					Please provide the MIC	R Code of the bank branch from where the
as in Bank Account					ECS/Direct Debit is to	be effected.
Authorisation of the Bar					-	nk Account holders
in Franklin Templeton Mutua	ave registered for RBI's Electronic Clearing S all Fund shall be made from my/our below	mentioned bank account number	with your bank. I/We	authorize Franklin	1st Holder/Guard	lian
representative carrying this EC	at (India) Pvt. Ltd. (Investment Manager of CS mandate form to get it verified and exec	uted. Mandate verification charges i	acting through their ser f any, may be charged to	o my/our account	2nd Holder	
Bank Account Number					3rd Holder	
Having read and understood scheme(s) and the Addenda is	the contents of the Statement of Additional I ssued to the SID and KIM till date, I/we her	Information (SAI) of Franklin Tem eby apply to the Trustees of Frankli	pleton Mutual Fund (FT n Templeton Mutual Fu	IMF), Scheme Inf	ormation Document (SID) ar n of Systematic Investment Pla	nd Key Information Memorandum (KIM) of the in (SIP) through ECS / Direct Debit as indicated
I/We hereby declare that the		plete. If the transaction is delayed o	r wrongly effected or n	ot effected at all fo	or reasons of incomplete or in	acorrect information, I/we will not hold Franklin alk details will be informed to FTMF immediately.
						duced by any rebate or gifts, directly or indirectly
		e(s) and associated risk factors and	I have satisfied myself/	ourselves about s	suitability of the scheme(s) for	or my/our investment in light of my/our risk
*I/We confirm that I am/we 1933, or as defined by the U	are Non-resident Indians/ Persons of Indi J.S. Commodity Futures Trading Commi-	ssion, as amended from time to t	ime or residents of Car	States persons with nada and that I/w	hin the meaning of Regulation we hereby confirm that the fur	on(S) under the United States Securities Act of nds are remitted from abroad through approved
The ARN holder has disclose	our funds in my/our domestic account main d to me/us all the commissions (in the forn			or the different co	ompeting schemes of various n	nutual funds from amongst which the Scheme is
being recommended to me/us I/We hereby authorise Frankli	in Templeton Investments to disclose, share,	remit in any form, mode or manner	; all / any of the informa	ition provided by r	me/us, including all changes, up	pdates to such information as and when provided
authorities and other investiga with this application.	tion agencies without any obligation of advi-	sing me/us of the same. I hereby ag	autnorities / agencies in ree to provide any additi	onal information /	documentation that may be r	gence Unit-India (FIU-IND), the tax / revenue required by the Authorised Parties, in connection
**I/We confirm that I/we do vear, Further, I/we understand	not have any other existing investment in the	e schemes of Franklin Templeton N Mutual Fund processes this investr	Mutual Fund which toget nent / first SIP instalmer	ther with this prop nt and the applicat	oosed investment will result in ion is subsequently found to b	aggregate investments exceeding Rs.50,000/- in a be incomplete in any respect or not supported by
no refund shall be made for th	the existing aggregate investment together w ne units already allotted.	ith this proposed investment excee	ds Rs.50,000/- in a year, 1	the SIP registration	n under the Micro investment	route will be cancelled for future instalments and
* Applicable to NRI / PIO / 0	QFI ** Applicable to Micro-investments					
Date	Signature of the Investor(s)	1. ————		2		3
Banker's Attestation (For b Certified that the signature of	rank use only) of account holder and the details of					
Bank account and its MICR	code are correct as per our records	Si	gnature of Authorised (	Official from Bank	k (Bank Stamp and Date)	Bank Account No.
	Acknowle	dgement Slip for SIP throug	h ECS/Direct Debit (	To be filled in b	by investor)	
Investor's Name						Franklin Templeton Investor
Customer Folio		Account No				Service Centre Signature & Stamp

#### SIP Payment through Electronic Clearing Services/Direct Debit

- This facility is offered to investors having Bank accounts in select cities mentioned below. The cities in the list may be modified/updated/ changed/removed at any time in future entirely at the discretion of Franklin Templeton Investments without assigning any reasons or prior notice. SIP instructions for investors in such cities via ECS/Direct Debit route will be discontinued.
- The bank branch provided for ECS/Direct Debit should participate in the local MICR clearing. The investor shall inform their Bankers about the ECS/Direct Debit mandate and Franklin Templeton will not liable for any transaction failures due to rejection by the investors bank/branch.
- SIP through ECS/Direct Debit is available only on 1st / 7th / 10th / 20th / 25th of the month. In case these days are non business days for the scheme, then SIP will be processed on the next business day.
- The investor agrees to abide by the terms and conditions of ECS/Direct Debit facility of Reserve Bank of India (RBI).
- Investor will not hold Franklin Templeton Investments and its service providers responsible if the transaction is delayed or not effected by the investor Bank or if debited in advance or after the specific SIP date due to various reasons.
- Franklin Templeton reserves the right to reverse allotments in case the ECS debit is rejected by the bank for any reason whatsoever.
- Franklin Templeton Investments shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the ECS/Direct Debit facility and takes full responsibility for the same.
- The AMC/Trustees reserve the right to discontinue or modify the SIP facility at any time in future on a prospective basis.
- Franklin Templeton Investments reserves the right to discontinue the SIP in case of Direct Debit through ECS / Direct Debit routes are rejected by the investor bank for any reasons.
- 10) For load details, please refer to the Key Information Memorandum and the ddendum issued from time to time
- 11) Franklin Templeton Investments reserves the right to reject any application without assigning any reason thereof.
- 12) For intimating the change in bank particulars, please tick the box provided

overleaf under the 'Bank Details'. Also fillup all the relevant details as applicable.

- Changes in the ECS Bank Mandate request should be submitted 30 days in advance and cancellation of ECS should be submitted 15 days in advance
- 13) Please contact Franklin Templeton ISC / visit www.franklintempletonindia.com for updated list of banks / branches eligible for Direct Debit Facility.
- 14.) In case of micro SIPs, please provide any one of the following photoidentification documents as mentioned below:

Occurrents as mentioned below:

Voter Identity Card, Driving License, Government / Defense identification card, Passport, Photo Ration Card, Photo Debit Card (Credit card will not be accepted), Employee ID cards issued by companies registered with Registrar of Companies, Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks, Senior Citizen / Freedom Fighter ID card issued by Onversities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI, Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL), Any other photo ID card issued by Central subscribers by CRA (NSDL), Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO.

#### Terms and Conditions for Systematic Investment Plan through ECS / Direct Debit (please read this with General Instructions)

- Minimum Investments: 12 installments of Rs.500/- (or) 6 installments of Rs.1000/-. All Instalments should be of the same amount. In FILSF 12 installments of Rs.2000/- (or) 6 installments of Rs.4000/-, in FIDPEF 12 installments of Rs.1000/- (or) 6 installments of Rs.2000/- and in FIGSF-PF Plan 12 installments of Rs.100, 000/- or 6 installments of Rs.200, 000/-.
- To effect ECS/Direct debit, investors must provide a cancelled cheque or copy thereof or the first investment must be by means of cheque from that account, Banker's attestation is recommended for Payable at par cheque.
- Existing investors must provide their Folio Number / Account number and need not fill up a Common Application Form.
- New investors who wish to enroll for SIP through ECS/Direct Debit should also fill up the Common Application form in addition to this form
- The SIP through ECS/Direct Debit Form, and the Common Application Form (in case of new investors), along with the necessary cheque of should be submitted at least 30 days in advance of the date of the first ECS/Direct

For further details of the Scheme features like minimum amounts, risk factors etc, investors should, before investment, refer to the Scheme Information Document(s), Key Information Memorandum and Addenda issued till date available free of cost at any of the Investor Service Centers or distributors or from the website www.franklintempletonindia.com.

#### List of cities where SIP through ECS Debit is available:

Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneshwar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Jaipur, Jalandhar, Lungur, Lung Haldia, Hasain, Hubii, Hyderiada, imphai, indore, jadapiir, japiir, jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shimla, Shillong, Shimoga, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Tirchur, Tirchy, Tirunelveli, Tirvandrum, Tumkur, Udaipur, Udipi, Varansai, Vijaywada and Vizag. In Tamil Nadu & Karnataka, ECS can be accepted from all locations where the bank branch has core banking facility. banking facility

List of banks / branches for SIP through Direct Debit /Standing Instructions

Banks	Branches
IDBI Bank, Union Bank of India, Corporation Bank, Allahabad Bank, Federal Bank, UCO Bank, ING Vysya Bank, IndusInd bank, Kotak Mahindra Bank & Axis Bank	All Branches
Royal Bank of Scotland (RBS) (only for Royal Bank of Scotland (RBS) Customers)	All Branches
<ul> <li>Bank of India, Bank of Baroda, State Bank of India, &amp; Punjab National Bank, Union Bank of India, Corporation Bank, Allahabad Bank, Federal Bank, UCO Bank and ING Vysya Bank</li> </ul>	Branches where core banking facility is available
• ICICI Bank	Branches not covered under ECS Locations

### FRANKLIN TEMPLETON BRANCH OFFICES

Ahmedabad: 202 Abhijit-III, Opp.Mayor'sBunglow, Mithakhali Six Roads Navrangpura, Ahmedabad 380009Fax: (079) 26462685 Bangalore: 11, Niton Compound, Palace Road, Near Mount Carmel College, Entrance from Cunningham Road, Bangalore 560052Fax: (080) 22385886 Bhubaneswar: 77, Kharavel Nagar, Unit III, Janpath, Bhubaneswar 751001Fax: (0674) 2531026 Chandigarh: 5.C.O. 373-374, First Floor, Apaigh Road, Ernakulam, Cochin 682035Fax: (048) 42927470277 Dehradun: Upto June 30, 2014: Office No. 10, Ground Floor, S. P. Rajan Road, Benradun -24801We, E. July 1, 2014: Shop No. 5, 1st Floor, Swaraj Complex, Opp. Hotel Madhuban, Rajapur Road, Dehradun -24801We, E. July 1, 2014: Shop No. 5, 1st Floor, Swaraj Complex, Opp. Hotel Madhuban, Rajapur Road, Dehradun -24801We, E. July 1, 2014: Shop No. 5, 1st Floor, Swaraj Complex, Opp. Hotel Madhuban, Rajapur Road, Dehradun -24801We, E. July 1, 2014: Shop No. 5, 1st Floor, Swaraj Complex, Opp. Hotel Madhuban, Rajapur Road, Dehradun -24801We, E. July 1, 2014: Shop No. 5, 1st Floor, Swaraj Complex, Opp. State Bank of Indore Head Office, 29/1 Y. N. Road, Indore 452001Fax: (0731) 4201507 Jaipur: 250 Ganpati Plaza, M. I. Road, Jaipur 302001Fax: (014) 5114178 Jalandhar: BX III 455, Shakit Tower, Upper Basement, Below Vishal Mega Mart, G. T. Road, Jalandhar 144001Fax: (0181) 5080783 Kanpur: Office No. 208-09, 14/113 KAN Chambers Civil Lines, Kanpur 208001Fax: (0522) 2231104/069 Ludhiana: SCO-37, First Floor, Fercia and Towers, M. G. Road, Koidalbail, Mangalore 5 First Floor, 28-A, A, JC. Bose Road, Kolkata 700020Fax: (0452) 2350144 Mangalore: First Floor, Manara Towers, M. G. Road, Koidalbail, Mangalore 5 First Floor, 28-A, A, IV, Nariman Point, Mumbai 400021Fax: (0452) 2350144 Mangalore: First Floor, Manara Towers, M. G. Road, Koidalbail, Mangalore 5 First Floor, Sandar Hander Centre, Tower 2, 13th Floor, Senapatilapat Marg, Elphinstone Road (West), Mumbai 400013Fax: (022) 2649062227 Nagpur: Shop No. 3 & 4, Forund Floor, MaharshiShiyad Complex, Plot No. 262, West High Court Road, Baig Nagar

For any queries, our investor line is available to assist you at 1-800-425-4255 or 60004255 (if calling from a mobile phone, please prefix the city STD code; local call rates apply for both numbers) from 8 a.m to 9 p.m, Monday to Saturday. Alternatively, you can also e-mail us at service@franklintempleton.com.

### KARVY COLLECTION CENTRES

Anand (Gujarat): F-6, Chitrangana Complex, Opp. MotikakaChawl, Vidyanagar Road, Anand 388001 Aurangabad (Maharashtra): Ramkunj, Railway Station Road, Near Osmanpura Circle, Aurangabad 431005 Balasore (Odisha): M S Das Street, Gopalgaon, Balasore 756001 Bankura (West Bengal): Ground Floor, Ambika Market Complex, Natunganj, Bankura 722101 Bellary (Karnataka): No. 1, K H B Colony, Gandhi Nagar, Bellary 583101 Bhavnagar (Gujarat): Surabhi Mall, 301, 3rd Floor, Waghawadi Road, Bhavnagar 364001 Bhopal (Madhya Pradesh): Kay Kay Business Centre, 133, Zone 1, M. P. Nagar, Bhopal 462011 Calicut (Kerala): Ilnd Floor, SowbhagyaShoping Complex, Areyadathupalam, Mavoor Road, Calicut 673004 Chinsurah-Hooghly (West Bengal): J. C. Ghosh Sarani, Near Bus Stand, Chinsura 712101 Erode (Tamil Nadu): No. 4, KMY Salai, Veerappan Traders Complex, Opp. Erode Bus Stand, Sathy Road, Erode 638003 Gurgaon (Haryana): Shop No. 18, Ground Floor, Sector 14, Opp. ARD Tower, Near Huda Office, Gurgaon 122001 Jalgaon (Maharashstra): 148 NaviPeth, Opp. Vijaya Bank, Near Bharat Dudhalay, Jalgaon 425001 Jamnagar (Gujarat): 108 Madhav Plaza, Opp SBI Bank, Near LalBangalow, Jamnagar 361001 Korba (Chatisgarh): 1st Floor, 35 Indira Complex, T. P. Nagar, Korba 495677 Kurnool (Andhra Pradesh): Shop No. 43, S V Complex, R S Road, Kurnool 518004 Pondicherry: First Floor, No. 7, Thiayagaraja Street, Pondicherry 605001 Shillong (Meghalaya): Mani Bhawan, Thana Road, Lower Police Bazar, Meghalaya 739001 Trichur (Kerala): 2nd Floor, Brother's Complex, Near DhanaLaxmi Bank Head Office, Naikkanal Junction, Trichur 680001 Trivandrum (Kerala): 2nd Floor, Akshaya Towers, Sasthamangalam, Trivandrum 695010

### **CAMS COLLECTION CENTRES**

Agra (Uttar Pradesh) No. 8, 2nd Floor, Maruii Tower, Sunjay Place, Agra 282002 Ahmedabad (Gujarat): 111-113, 1-150or - Docynib Building, Off. C.G. Road, Behind Lal Bungdow, Ells Bridge, Ahmedabad – 380006 Andread (Bungard): 100 (1997) (1997

# Franklin Templeton Mutual Fund

Customer Folio

SIP Amount (Rs.)

☐ Frequency: ☐ Monthly (Default)
☐ Quarterly

Scheme:\_

### Sl. No.





Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative	e EUIN	the investor, if an	nission on investment made by ny, shall be paid to the ARN
					the investor, base	gistered distributor) directly by d on the investor's assessment
					the ARN Holder.	including service rendered by
"I/We hereby confirm that manager/sales person of the	ıt the EUIN box has been intentio ne above distributor/sub broker or 1	mally left blank by me/us a notwithstanding the advice o	s this transaction is f in-appropriatenes	s executed with ss, if any, provi	hout any interaction or ided by the employee/rel	advice by the employee/relationship lationship manager/sales person of the
distributor/sub broker."						
Signature of the Investo	r(s) 1. —		2		3. —	
Application for Nort	mal SIP □ (For M	Iicro SIP, Please provide required p				
Name of Sole/First Account Existing Unitholders' Folio			Account No.			
	complete and submit a Common Applicat	tion Form)	Regn. No.			(For office use only)
SIP Details (Please note t	hat a minimum of 30 days is required to s	et up the ECS/Direct Debit) (Ple	ase read Product labeli	ing details availal	ble on cover page and instru	ctions before filling this Form)
Scheme Plan				Option		
	ment)	50,000	ramount		requency   Monthly (De	efault) SIP Date 🗆 1st 🗆 20th
First SIP Cheque Date		Cheque No.			Quarterly	□ 7th □ 25th □ 10th (Default)
(If Cheque is given) ECS Period ^ECS S	d d m m y y	i i		C. 4 1 E 1 4	(please tick as a discontinue your ECS C	ppireasie)
ECS Period ECS S	Start Date m m y y y	y till you instruct Fra	nklin Templeton M	lutual Fund to	discontinue your ECS C	m m y y y y
	per 31, 2099. In case the 'End Date' is not me	•			cember, 2099 by default.	
*	Account from which ECS/Direct Debit is authorize Franklin Templeton Mutual Fund	,		count listed		(If 1st installment is nor by cheque)
, ,	Clearing Services) / Direct Debit for collection	1.7			Blank cancelled cheq	ue   Copy of cheque
Document proofs for Mi	cro SIP (Please provide any one of the nan	ne of identification document as m	entioned in the instruc	tions)		
Identification document		_ Field Issuing Authority		Doc	cument Identification No	
Depository Account Det The units are offered for sub-		cal form. If you wish to subscrib	oe to units in electroni	ic form, please fi	ll the 'DEPOSITORY ACC	COUNT DETAILS' form available at any
	office or on our website www.franklintem			71		,
Bank Details					9 Digit MICR Code	ı
Bank Name						
Branch Name Address					Account Type	
City					☐ Savings ☐ Current	□ CC/OD □ NRE/NRO (please ✔)
Account Number Account Holder Name					Please provide the MIC	R Code of the bank branch from where the
as in Bank Account					ECS/Direct Debit is to	be effected.
Authorisation of the Bar					-	nk Account holders
in Franklin Templeton Mutua	ave registered for RBI's Electronic Clearing S all Fund shall be made from my/our below	mentioned bank account number	with your bank. I/We	authorize Franklin	1st Holder/Guard	lian
representative carrying this EC	at (India) Pvt. Ltd. (Investment Manager of CS mandate form to get it verified and exec	uted. Mandate verification charges i	acting through their ser f any, may be charged to	o my/our account	2nd Holder	
Bank Account Number					3rd Holder	
Having read and understood scheme(s) and the Addenda is	the contents of the Statement of Additional I ssued to the SID and KIM till date, I/we her	Information (SAI) of Franklin Tem eby apply to the Trustees of Frankli	pleton Mutual Fund (FT n Templeton Mutual Fu	IMF), Scheme Inf	ormation Document (SID) ar n of Systematic Investment Pla	nd Key Information Memorandum (KIM) of the in (SIP) through ECS / Direct Debit as indicated
I/We hereby declare that the		plete. If the transaction is delayed o	r wrongly effected or n	ot effected at all fo	or reasons of incomplete or in	acorrect information, I/we will not hold Franklin alk details will be informed to FTMF immediately.
						duced by any rebate or gifts, directly or indirectly
		e(s) and associated risk factors and	I have satisfied myself/	ourselves about s	suitability of the scheme(s) for	or my/our investment in light of my/our risk
*I/We confirm that I am/we 1933, or as defined by the U	are Non-resident Indians/ Persons of Indi J.S. Commodity Futures Trading Commi-	ssion, as amended from time to t	ime or residents of Car	States persons with nada and that I/w	hin the meaning of Regulation we hereby confirm that the fur	on(S) under the United States Securities Act of nds are remitted from abroad through approved
The ARN holder has disclose	our funds in my/our domestic account main d to me/us all the commissions (in the forn			or the different co	ompeting schemes of various n	nutual funds from amongst which the Scheme is
being recommended to me/us I/We hereby authorise Frankli	in Templeton Investments to disclose, share,	remit in any form, mode or manner	; all / any of the informa	ition provided by r	me/us, including all changes, up	pdates to such information as and when provided
authorities and other investiga with this application.	tion agencies without any obligation of advi-	sing me/us of the same. I hereby ag	autnorities / agencies in ree to provide any additi	onal information /	documentation that may be r	gence Unit-India (FIU-IND), the tax / revenue required by the Authorised Parties, in connection
**I/We confirm that I/we do vear, Further, I/we understand	not have any other existing investment in the	e schemes of Franklin Templeton M Mutual Fund processes this investr	Mutual Fund which toget nent / first SIP instalmer	ther with this prop nt and the applicat	oosed investment will result in ion is subsequently found to b	aggregate investments exceeding Rs.50,000/- in a be incomplete in any respect or not supported by
no refund shall be made for th	the existing aggregate investment together w ne units already allotted.	ith this proposed investment excee	ds Rs.50,000/- in a year, 1	the SIP registration	n under the Micro investment	route will be cancelled for future instalments and
* Applicable to NRI / PIO / 0	QFI ** Applicable to Micro-investments					
Date	Signature of the Investor(s)	1. ————		2		3
Banker's Attestation (For b Certified that the signature of	rank use only) of account holder and the details of					
Bank account and its MICR	code are correct as per our records	Si	gnature of Authorised (	Official from Bank	k (Bank Stamp and Date)	Bank Account No.
	Acknowle	dgement Slip for SIP throug	h ECS/Direct Debit (	To be filled in b	by investor)	
Investor's Name						Franklin Templeton Investor
Customer Folio		Account No				Service Centre Signature & Stamp