

## APPLICATION FORM FOR NEW INVESTORS

TEMPLETON	(Please	read Product labeling de	tails available on cover page a	nd instructions before filling this Form	)					
Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	oker/Branch Code	The upfront commission on investment investor's assessment of various factors confirm that the EUIN box has been intranager/sales person of the above described to the salver of the above described in the salver of the salver of the above described in the salver of the	t made by the investor, if any, shall be paid to the sincluding service rendered by the ARN Holder. A tentionally left blank by me/us as this transaction is tributor/sub broker or potyuthstanding the	ARN Holder (AMFI registered distributor) directly by the inve Applicable only if ARN is mentioned but EUIN box is left bla on is executed without any interaction or advice by the emple advice of in-appropriateness if any provided by the emple	stor, based on the nk: "I/We hereby byee/relationship					
Sub-broker ARN Repr	resentative EUIN	manager/sales person of the distributo my/our consent to share/provide the tr you, to the SEBI-Registered Investment.	r/sub brokes:"Applicable only if RIA Code/Por ransactions data feed/portfolio holdings/NAV et Adviser/SEBI Registered Portfolio Manager who	advice of in-appropriateness, if any, provided by the emple tfolio Manager's Registration Number is mentioned: "I / W. c. in respect of my/our investments under Direct Plan of all Schose code is mentioned herein."	'e hereby give you emes managed by					
For office use only										
For office use only  Sole / First 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 a first time investor in mutual funds (Rs.150 will be deducted).  I am an existing mutual funds investor (Rs.100 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 Should match with PAN card and pre	ferably attach a co	py of PAN card		PAN/PEKRN (1st Applicant)	KYC					
Date of Birth/Incorporation*	M M / Y Y	Gender Male Fema	others CKYC NO.							
Guardian's Name (if minor")/POA/Contact Pe				PAN/PEKRN (Guardian/POA)						
Should match with PAN card and pre, On behalf of Minor* (* Attach Mandatory Documents as per instructions). * DOB is a mandatory field. #Minor investments can be	Date of Birth of Guardian*	D D / M M / Y Y  Date of Birth Proof attached * Father Mother Court Apparently Brown of the holders or from the Parent/legal guardian bank account only.								
IS JOINT APPLICANTS (IF ANY) DETA	AILS		Mode of Operation :	Single Joint Either or Survivor(	s) [Default]					
2nd Applicant Name		ld match with PAN card	and preferably attach a cop		32 3					
Date of Birth D D / M M / Y	√ * DOB is a mandate			Кус						
3rd Applicant Name	*		and preferably attach a cop							
Date of Birth         D         D         /         M         M         /         Y	Y * DOB is a mandate			КУС						
MY CONTACT DETAILS (As per KYC 1	records. To be filled in	Block Letters) NRI Investors	should mention their Overseas add	ress (Refer instructions).						
Email ID (in capital)  Mobile +91  Email ID and Mobile number should pertain to firsthole  Address		Tel (STD Code)		Address Type (Mandate a. Residential & Busin b. Residential c. Business d. Registered Office	• •					
Landmark										
City		Pin Code (Mandatory)	State							
I wish to receive Scheme Annual Report and A Online (Preferred & Default) Phys		no mode to help us save na	aor and contribute towards a green	or and cleaner environment)						
I declare that Mobile Number in this form bel	•• •		Dependent Children Dependent							
			age of these contact details for any	_						
I declare that Email address provided in this  Dependent Parents Guardian F	form belongs to (tick o PMS Custodian		nge of these contact details for any	Dependent Siblings communication with FTMF.						
MY INVESTMENT DETAILS (Cheque/	DD should be in favour	of "Scheme Name". Default plan	n/Option will be applied incase of no i	nformation, ambiguity or discrepancy)						
Full Scheme/Plan/Optio	n	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch						
Scheme Name:		Rs.	Cheque/DD No.	Name/Branch:						
Plan: Regular Direct		Less DD	RTGS NEFT Funds	runie/ Brancii.						
Option: Growth Payout of IDCW R	Reinvestment of IDCW	charges	transfer	A/c no.						
Scheme Name:		p-	Chagus /DD No	Name/Branch:						
Lumpsum SIP   Plan: Regular Direct		Rs. Less DD	Cheque/DD No.	Name/Branch:						
Option: Growth Payout of IDCW R	Reinvestment of IDCW	charges	RTGS NEFT transfer	A/c no.						
Scheme Name:				V (D 1						
Lumpsum   SIP   Plan:   Regular   Direct		Rs. Less DD	Cheque/DD No.	Name/Branch:						
	Reinvestment of IDCW	charges	RTGS NEFT Funds	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.										
SIP Period Start Date   m   m   /   y   y   y   End Date   m   m   /   y   y   y   First SIP Cheque Date:   m   m   /   y   y   y   y   Step-up my										
SIP annually by: Increase in %:		f to the nearest Rs 100)	OR Increase in Rupe	e Value: (in multiples of Rs. 500	ונ					

POR DANIK ACCOUNTED PERALLO (A. SIAM John D. J. D. Standing P. Sing )								
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)								
IST 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:  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								
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.								
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 det	tails for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Resident Individual					Private Sector					
NRI (Repatriable) / NRI					Public Sector					
(Non-Repatriable) / Minor (Repatriable) /					Government Ser	vice				
Minor (Non-Repatriable) / PIO / OCI					Business					
Sole Proprietorship		-	-	-	Professional					
Minor through Guardian		-	-	-	Agriculturist					
	□ Company/	Body □ Corpor □ Bank	rate Partnership		Retired					
	□ AOP □ FI/FII/FPI				Housewife					
		☐ Trust ☐ Society  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								
	has been coi referred to in					specify)				
Non Individual	the Societies I	Registration Act, 1	.860 (21 of 1860)	) or any similar	Politically Expo	sed Pers	on (PEP) detail	s: Is a PEP	Related to PEP	Not Applicable
		s Act, 2013 (18 of			1 <sup>st</sup> Applicant					
	I	quote the NPO Re	gistration Numb	er provided by	2 <sup>nd</sup> Applicant □					
	(If not registered above informati	l already, please regis on. In absence of rec	eipt of the Darpan p	ortal registration	3 <sup>rd</sup> Applicant					
	details, MF / AM	C/RTA will be requi port to the relevant a	red to register your	entity on the said	Guardian					
Others (Please specify)					Authorised Signatories					
					Promoters					
Gross Annual Income Ra					Partners Karta					
Below 1 lac					Whole-time Dire	ectors/Tu	rstee			
5-10 lac					Tribic dine Bire		15000			
10-25 lac										
25 lac- 1 cr										
1 -5 cr										
5 - 10 cr										
> 10 cr										
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on	as on  [D]D[M]M[Y]Y]	as on	as on						
r≆ FATCA/CRS/UBO D	ETAILS: For In	ıdividuals (Man	datory). Non In	ıdividual Investo	ors including HUF	should 1	mandatorily fi	ll separate FA	ΓCA/CRS/UBO α	letails form
Details		Sole/ 1st App	licant	2nd Ap	plicant		3rd Applicant		Guardiai	n/POA
Place & Country of Birth										
Nationality										
Father's Name										
Are you a tax resident of any country other than India?		Yes No		Yes	Yes No Yo			No	Yes	☐ No
Country of Tax Residency#	E			II les	. Mandatory to fin bei	JW PATCA /	CRS Details			
Identification Type [TIN or other, please speci	fy]									
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.  Sl. No.										

\_Pin\_

Date

Date

Payment Details

Cheque/DD No.

Cheque/DD No.

Received from

Scheme Name

Plan/Option

Bank and Branch details\_

Bank and Branch details\_

Amount

rg	NOMINATION DET	AILS										
	I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).											
	Nomination Details											
jee		Mandatory Details								Additional Details***		
Nominee	Name of nominee	Share of nominee (%)*	Relationship	Postal A	Address	Mobile number	& E-mail	Identity Number**	D.O.B. of nominee	Guardian		
1.												
2.												
3.												
	<ul> <li>Date of Birth (DOB): please provide, only if the nominee is minor:</li> <li>Guardian: It is optional for you to provide, if the nominee is minor:</li> <li>I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)</li></ul>											
Doo (ii) (FA sch invokey Sch pro info rep obli req her	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 / an											
		Sole / First Holder (Mr./Ms.)  Second Holder (Mr./Ms.)							Third Holder (Mr./Ms.)			
Т	ignature / humb mpression											
*	Signature of two witr	iess(es), al	ong with name	and address are req	uired, if the acco	unt holder affixes thum	b impression,	instead of wet sign	ature.			
	Witness 1 ame & Address					*Witness 2 Name & Address						
	*Witness 1 Signature  *Witness 2 Signature											
are	OR I / 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.											
2	<b>≅</b> 1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)				⊠ service@fra	nklintempleton.com		www. franklintempletonindia.com				
Qui Che	cklist Email ID / M	obile numb ation provid details pro ocuments/	led for each appl vided for each ap	d along with declarati licant	ion.	ne name, plan, option is r nk details and supporting on facility opted igned by all applicants elationship with minor		is not pre-prin  Demand Draft  Non Individua	nted on payment t is used. al investors shou ails and Declara	ıld attach		