

SIP THROUGH NACH FORM
parate Transactions Form for each Scheme / Plan and Transaction)

TEMILETON	(Please use separate Transactions Form for each Scheme / Plan and Transaction)								
Advisor ARN / RIA Code/ Portfolio Manager's Registration No. Sub-broker,	/Branch Code	Sub-broker ARN	Representative EUIN		For office use only				
manager s registration no.									
MY DETAILS (To be filled in Block Letters. Pl	ease provide the following o	details in full; Please refer i	nstructions)						
My Name									
		1 (4 1)							
My Folio Number	50	:heme (Account Number)							
SIP DETAILS (Please note that 30 Business da	ys are required to set up the A	Auto debit. Default plan/Opti	ion will be applied incas	se of no information, ar	mbiguity or discrepancy)				
	SIP Instaln	nent Frequen	cy SI	IP Period*	SIP Step Up				
Scheme Name/Plan/Option	Date Amou		f T (C)		Amount: 5% OR in Multiple of ₹500/-				
		Daily ^s Monthly	Weekly From						
		Quartely	WED THU						
		Monthly 🗆	Weekly ^S From						
		Quartely _	WED □THU FRI TO						
		Daily ^s	Weekly ^s From						
		Monthly Quartely	MON TUE WED THU						
		Quant sesty 🔲	FRI To						
			First SIP (Cheque Date:	Cheque No.				
Drawn on Bank/Branch									
Tick here, if an Open Mandate - Auto Debit Fo	orm (ADF) is already regist	tered in the Folio. Please	mention in space pro	ovided below the Ba	ank Name and Account Number:				
Bank Name		Account No.							
Tick here if attaching a New Auto Debit Form	. Change in B	ank for Existing SIP.							
DECLARATION & SIGNATURES (To be signatures)	•		Date		Place				
☐ Tick here 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.									
Tick here only if RIA Code/ Portfolio Manager's Reg respect of my/our investments under Direct Plan of all Sch									
Having read and understood the contents of the Statement hereby apply to the Trustees of Franklin Templeton Mutua	nt of Additional Information, S	cheme Information Documen	nt of the Fund, the Key Ir	nformation Memorandı	um and the Addenda issued till date, I/we				
instructions issued by any Indian or foreign governmental on the date of this application. I/We confirm that the fun	or statutory or judicial or regul	latory authorities/ agencies ar	nd the terms, conditions,	, rules and regulations o	of the Fund and the aforesaid facility(ies) as				
investment and are not in contravention or evasion of an promptly inform FTI about any changes thereto. I/ we her	y laws in force. I/We declare tl	hat all the particulars given h	erein are true, correct ai	nd complete tothe best	t of my/our knowledge and belief and will				
authorised agents, representatives, distributors its spon damages arising out of any actions undertaken or as a re	sor, AMC, trustees, their empl	oyees, service providers, rep	resentatives ('the Autho	orised Parties')are not l	liable or responsible for any losses, costs,				
intimating such changes. I authorize the mutual fund to deforeign governmental or statutory or judicial authorities /									
Sole / First Unit Holder	Sec Sec	cond Unit Hol	der	Third	d Unit Holder				

ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO DEBIT (To be Filled In by Investor)								
Investor's Name								
Customer Folio	Account No.	Franklin Templeton InvestorService Centre						
SIP Amount (Rs.)	Scheme:	Signature & Stamp						
Frequency Daily Weekly Meekly	ON TUE WED THU FRI Monthly (default) Quarterly							

FRANKLIN	SIP A		ADF					
TEMPLETON UMRN	F o r o f f	i c e u s	е	Date				
Sponsor Ba	ank Code For Office U	se Utili	ty Code	For Office Use				
CREATE / I/We hereby authorize	Franklin Templeton	n Mutual Fund	to debit (tick	SB CA CC SB-NRE	SB-NRO Other			
MODIFY X CANCEL X Bank a/c number					4			
with Bank Ban	nk Name	IFSC	6 0	r MICR				
an amount of Rupees 7								
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount								
Reference 1 Folia	o Number	Phone No.			12			
Reference 2 Applica	ntion Number	Email ID			13			
PERIOD Maximum period of validity of this mandate is 40 years only. 14 I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.								
To	Signature Primary A	.ccount holder Sig	nature of Account holder	Signature of Acc				
	1. Name as in Ban	k records 2.	lame as in Bank records	3. Name as in Ba	ank records 16			

This is to confirm that I/we have carefully read, understood and agree to abide by the Terms and conditions and instructions. I am authorizing Franklin Templeton to debit my account. I/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to Franklin Templeton or the bank where I have authorized the debit'