



APPLICATION FORM FOR NEW INVESTORS

(Please read Product labeling details available on cover page and instructions before filling this Form)

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

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).

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)		PAN/PEKRN (1st Applicant)		<input type="checkbox"/> KYC
My Guardian's Name (if minor)/POA/Contact Person		PAN/PEKRN (Guardian/POA)		<input type="checkbox"/> KYC
On behalf of Minor (* Attach Mandatory Documents as per instructions).	Date of Birth Minor's	Date of Birth	Guardian named is :	
	<div>D D / M M / Y Y</div>		Proof attached * <input type="checkbox"/> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed	

JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation : ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default]

2nd Applicant Name (Should match with PAN Card)	PAN/PEKRN (2nd Applicant)	<input type="checkbox"/> KYC
3rd Applicant Name (Should match with PAN Card)	PAN/PEKRN (3rd Applicant)	<input type="checkbox"/> KYC

MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) NRI Investors should mention their Overseas address

Email ID (in capital)			Address Type (Mandatory) <input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office
Mobile +91			
Tel	(STD Code)		
Email ID and Mobile number should pertain to firstholder only			
Address			
Landmark			
City	Pin Code (Mandatory)	State	

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 Email address and Mobile Number 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:			
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	Rs. Less DD charges	<input type="checkbox"/> Cheque/DD No. <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: A/c no.
Scheme Name:			
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	Rs. Less DD charges	<input type="checkbox"/> Cheque/DD No. <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch: 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 TWO SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR BOTH THE SIP'S. —> My Additional SIP Details

SIP Date:

D D (If left blank 10th will be considered as the default date)

 | Investment Frequency ☐ Monthly(default) ☐ Quarterly

SIP Period Start Date

m m / y y / y y

 End Date ☐ Continue Until Cancelled OR

m m / y y / y y

 First SIP Cheque Date:

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)

BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

My Bank Name		
Bank A/C No.	A/C Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Branch Address		
	City	Pin
IFSC code: (11 digit)	MICR code (9 digit)	(This is a 9 digit number next to your cheque number)

ACKNOWLEDGEMENT SLIP

Sl. No.

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

 ADDITIONAL INFORMATION

Applicant	KIN No. (If KYC done via CKYC)	Date of Birth*	Gender
1st	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div></div>	<div><input type="checkbox"/> M <input type="checkbox"/> F</div>
2nd	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div></div>	<div><input type="checkbox"/> M <input type="checkbox"/> F</div>
3rd	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div></div>	<div><input type="checkbox"/> M <input type="checkbox"/> F</div>
G or POA^	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div></div>	<div><input type="checkbox"/> M <input type="checkbox"/> F</div>

#Date of Birth - Mandatory if CKYC ID mentioned. ^G: Guardian; ^POA: Power Of Attorney

Details	2 nd Applicant	3 rd Applicant	G or POA
Mobile No.			
Email Id.			

 NOMINATION DETAILS

☐ I/We, the above-named unitholders in the referred Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the units held my/our folio(s) listed below in the event of my / our death and by cancelling the nomination(s) made by me / us previously in respect of the units held by me/ us in the indicated folio(s).

Name and address of Nominee(s) [Mandatory]	PAN** of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder	Date of Birth* [Mandatory]	Name and address of Guardian* [Mandatory if Nominee is Minor]	Signature of Nominee / Guardian*	Guardian's Relationship with Nominee* [attach proof]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%)
			DDMMYYYY			<div><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</div>	
			DDMMYYYY			<div><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</div>	
			DDMMYYYY			<div><input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian</div>	

* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate or School Leaving Certificate or Passport or Others equivalent proof)

** Applicable in case the Nominee is a Minor.

OR ☐ I/We DO NOT wish to nominate: I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.


Declaration & Signature(s) [to be signed by all unit holders including joint holders, irrespective of mode of holding]


I / We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my / our credits in the event of my / our death. Signature of the nominee(s) acknowledging receipt of my / our credit will constitute full discharge of liabilities of the indicated Mutual Fund.

Sole / First Unit Holder / Guardian


Second Unit Holder

Third Unit Holder

 1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)

 service@franklintempleton.com

 www.franklintempletonindia.com

Quick Checklist

☐ Name, Address are correctly mentioned

☐ Email ID / Mobile number are mentioned

☐ KYC information provided for each applicant

☐ FATCA/CRS details provided for each applicant

☐ Corporate Documents/ Trust Deed

☐ PoA Documents

☐ Full scheme name, plan, option is mentioned

☐ Pay-In bank details and supportings are attached

☐ Nomination facility opted

☐ Form is signed by all applicants

☐ Proof of relationship with minor

☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

☐ Non Individual investors should attach

☐ FATCA Details and Declaration Form

☐ UBO Declaration Form

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 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI (Repatriable) / NRI (Non-Repatriable) / Minor (Repatriable) / Minor (Non-Repatriable) / PIO / OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Trust <input type="checkbox"/> Bank	<input type="checkbox"/> Corporate <input type="checkbox"/> Society <input type="checkbox"/> AOP	<input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> FI/FII/FPI	
Others (Please specify)				

Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)				

Gross Annual Income Range (in Rs.)				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on <div></div>	as on <div></div>	as on <div></div>	as on <div></div>

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors/Turstee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Tax Residency 1#	If Yes: Mandatory to enclose FATCA / CRS Annexure			
Country of Tax Residency 2#				
Identification Type 1 [TIN or other, please specify]				
Identification Type 2 [TIN or other, please specify]				

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.

DECLARATION (SIGNATURE/S MANDATORY)

Date

Place

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