Form ID: 0118

INVESTMENTS APPLICATION FORM FOR NEW INVESTORS Sl No.

INVESTMENTS	(Please read Product labeling details av		0 ,
Advisor ARN / RIA code Sub-broker/Branc	h Code Sub-broker ARN	Representative EUIN	For office use only
111873		025671	
The upfront commission on investment made by the investor, if any shall be pai Applicable only if ARN is mentioned but EUN hox is left blank: "I/We hereby person of the above distributor/sub broker or notwithstanding the advice of in- give you my/our consent to share/provide the transactions data feed/portfolio h	d to the ARN Holder (AMFI registered distributor) directly by the im confirm that the EUIN box has been intentionally left blank by me/us a ppropriateness, if any, provided by the employee/relationship mana- oldings/NAV etc. in respect of my/our investments under Direct Plan	restor, based on the investor's assessment of vau s this transaction is executed without any interac ger/sales person of the distributor/sub broker. of all Schemes managed by you, to the SEBI-Regis	rious factors including service rendered by the ARN Holder. tion or advice by the employee/relationship manager/sales Applicable only if RIA Code is mentioned: "1 / We hereby stered Investment Adviser whose code is mentioned herein."
TRANSACTION CHARGES (Refer instructions and tick the ap		rough distributors/agents/brokers wh al funds investor (Rs.100 will be de	1 0
DECLARATION		Date	Place
DECLARACIA ION Having read and understood the contents of the Statement of Additional Information (S, Scheme Documents) and after evaluating and acknowledging the risk factors, I / we he te terms and conditions mentioned in the Scheme Documents. Notwithstanding the ge my/our own and from legitimate sources (jiii) the tax residency status (FATCA/CRS) an schemes of various mutual funds falling in the category of scheme(5) being recommend We further agree to hold FTMF, Franklin Resources Inc. its subsidiary and associate e undertaken or activities performed by them in accordance with the Scheme Documents by me/us as also due to my/ our not intimating / delay in intimating such changes. I information as and when provided by me/ us alongwith the details of investment made administrative or judicial authorities / agencies without any obligation of advising / info mation and when provided by me/ us in splication. I/We hereby provide my/ou in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLJ and their Registrar and Transfer Agent (RTA), KRA(5) & Central KYC Registry for the pur-	Alj of Franklin Templeton Mutual Fund (FTMF), respective Scheme Informa reby apply to the Franklin Templeton Trustee Services PVC LuL, Trustees te- nerality of the aloresaid undertaking. J/We hereby confirm that (J1 / we an J100 details mentioned above are true and ororrect and (IV) the ARN holds do not full the another the service service and the alore particular being fails and for any consequences in case, draw of the above particulars being fails (We hereby authorise Franklin Templeton to use, disclose, share, remit in by me/us, to any of its agents, service providers, representatives or distribu- ming me/us of the same. J/ We hereby agree to keep the information prov r consent in accordance with Aadhaar Act, 2016 and regulations made ther L/We hereby provide my consent for sharing/disclosing of my/our Aadha pose of updating the same in the folios linked to my/our PAN.	tion Document (SID); key information Memorandur the schemes of FITM For units of scheme(s) of FTM /are not a 'US Person' and are not applying for Units fra as disclosed the details of commissions (in the for earlied intert) of index of him and the involution of the scheme of the scheme of the scheme of the earlied intert) of the scheme of the scheme of the linear scheme of the scheme of the scheme of the intor or any often parties located in India or outside ided to Franklin Templeton updated and to provide- under, for (1) collecting, storing and usage (ii) valida ar number including demographic information with	In (KIM), the Addenda issued therein till date [together referred as on behalf of any US Person [ii] the money used for investment is modern and the stress of the stress of the stress of the stress and are not in contravention or evasion of any applicable laws. I/s med by them in good faith or on the basis of information provided ation provided by me/ us, including all changes, updates to such findia or any indian or foreing povermmental, statutory, regulatory, any additional information / documentation that may be required information and the state of information provided ations provided by me/ us, including all changes, updates to such india or any indian or foreing povermmental, statutory, regulatory, any additional information / documentation that may be required the asset management companies of SEBI registered mutual fund
Sole / First Unit Holder	Second Unit Holder		Third Unit Holder
MY DETAILS (To be filled in Block Letters. Please pr	rovide the following details in full; Please refer ins	ructions)	
My Name (Should match with Aadhaar Card)		PAN/PE	KRN (1st Applicant) KYC
My Guardian's Name (if minor)/POA/Contact Person		PAN/PE	KRN (Guardian/POA)
On behalf of Minor Date (* Attach Mandatory Documents as per instructions).		Date of Birth Guardian na Proof attached * Father	med is : Mother Court Appointed
🖙 JOINT APPLICANTS (IF ANY) DETAILS		Mode of Operation : Single	Joint Either or Survivor(s) [Default]
2nd Applicant Name (Should match with Aadhaar Card)		PAN/PE	KRN (2nd Applicant) KYC
3rd Applicant Name (Should match with Aadhaar Card)		PAN/PE	KRN (3rd Applicant) KYC
IN MY CONTACT DETAILS (As per KYC records. To b	e filled in Block Letters)		
WY CONTACT DETAILS (As per KYC records. To be function of the sector of	e filled in Block Letters) Tel STD code) Image: STD code Image: STD code	State State	Address Type (Mandatory) a. Residential & Business b. Residential c. Business d. Registered Office
Email ID (in capital) +91 Mobile +91 Address Landmark	Tel STD Code) Tel Mandatory)		a. Residential & Business b. Residential c. Business d. Registered Office
Email ID (in capital) +91 Image: Comparison of the comparis	Tel STD Code) Tel Mandatory)		a. Residential & Business b. Residential c. Business d. Registered Office
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		Bank and Branch details		
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		Bank and Branch details		

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ADDITIONAL INFO	DRMATION									
Applicant	Aadhaa	r No.⁺		KIN No. (I	f KYC done via CKY	C)		Da	te of Birth [#]	Gender
1st								DD/	M M / Y	Y 🛛 M 🕞 F
2nd								DD/	M M / Y	Y DM DF
3rd								DD/	M M / Y	Y DM DF
G or POA								DD/	M M / Y	Y DM DF
#Date of Birth - Mandatory if CKY	C ID mentioned. [^] G	: Guardian; ^POA: Po	ower Of Attorney ⁺ I	f Aadhaar number is not	assigned Aadhaar enroll	lment number ar	nd proof to be pro	wided.		
Details	2 nd	Applicant			3 rd Appl	licant			G or POA	1
Mobile No.										
Email Id.										
R NOMINATION DET	AILS (In case o	f more than one r	nominee, please	submit a separate	nomination form a	available wit	h any of our I	SCs or on our v	website). Refer in	structions.
			1]
Nominee	Name and Addr	ess	DOB		tory to attach DOB ardian Name & Add	-	Allocatio	n Nomi	inee/ Guardian Si	gnature
			000		iruian Name & Auu	11035				
							100 %	X		
OR I/We DO NOT wish (To be signed by all		-	he mode of hold	ings)						
(,	Ĩ		8.)						
B DEPOSITORY ACCO	OUNT DETAIL	S (Optional. To	be filled if inv	vestor wishes to	hold the units in	Demat mo	ode). Refer in	nstructions.		
NSDL: DP Name			DP				Popoficiary	Ac No		
			Dr	ID I N			Beneficiary			
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	of names as mentic	oned in this Applicati			ames in the Demat acco	ount. Enclosed	Beneficiary	Ac No.	st OR DP stater	nent
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1800	425 4255 or 6000 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

Form ID: 0118

FORM ID: 0118 FRANKLIN TEMPLETON | APPLICATION FORM FOR NEW INVESTORS

INVESTMENTS	(Please read Product labeling	uctuins available on cover pag	ge and instructions bef	ore filling this Form)
Advisor ARN / RIA code Sub-broker/Brand	ch Code Sub-broker ARN	Representative	EUIN	For office use only
The upfront commission on investment made by the investor, if any, shall be pai Applicable only if ARN is mentioned but EUIN box is left blank: "J/We hereby person of the above distributor/sub broker or notwithstanding the advice of in- give you my/our consent to share/provide the transactions data feed/portfolio h	d to the ARN Holder (AMFI registered distributor) di confirm that the EUIN box has been intentionally left b	irectly by the investor, based on the investor's lank by me/us as this transaction is executed y	assessment of various factors inclu vithout any interaction or advice by t	ding service rendered by the ARN Holder. he employee/relationship manager/sales
person of the above distributor/sub broker or notwithstanding the advice of in-a give you my/our consent to share/provide the transactions data feed/portfolio h	oppropriateness, if any, provided by the employee/rel oldings/NAV etc. in respect of my/our investments ur	lationship manager/sales person of the distril nder Direct Plan of all Schemes managed by you	outor/sub broker." Applicable only 1, to the SEBI-Registered Investment	if RIA Code is mentioned: "I / We hereby Adviser whose code is mentioned herein."
TRANSACTION CHARGES (Refer instructions and tick the ap			, ,	o receive transaction charges.
I am a first time investor in mutual funds (Rs.150 will b	e deducted).	isting mutual funds investor (Rs.1		[
DECLARATION Having read and understood the contents of the Statement of Additional Information (S.	AI) of Franklin Templeton Mutual Fund (FTMF), respective		nte nation Memorandum (KIM), the Adden	da issued therein till date (together referred as
Scheme Documents) and after evaluating and acknowledging the risk factors, I / we he the terms and conditions mentioned in the Scheme Documents. Notwithstanding the ge my/our own and from legitimate sources (iii) the tax residency status (FATCA/CRS) and my/our own and from legitimate sources (iii) the tax residency status (FATCA/CRS) and	reby apply to the Franklin Templeton Trustee Services Pv nerality of the aforesaid undertaking, I/We hereby confirr d UBO details mentioned above are true and correct and (t. Ltd., Trustees to the schemes of FTMF for units of n that (i) 1 /we am/are not a 'US Person' and are no iv) the ARN holder has disclosed the details of cor duration whether are offer directly on identifying the second by any substance of the directly on identifying the second by any substance of the directly and the second second by any substance of the directly and the second second by any substance of the directly and the second second by any substance of the directly and the second sec	If scheme(s) of FTMF as indicated above of applying for Units on behalf of any 'U nmissions (in the form of trail commiss	e, and agree to abide by all applicable laws and S Person' (ii) the money used for investment is sion or any other mode), offered by competing
We further agree to hold FIMF, Franklin Resources Inc. its subsidiary and associate e undertaken or activities performed by them in accordance with the Scheme Documents by me/us as also due to mv / our not intimating of delay in initiating such changes 1	and the stand of the second of	agerial persons (collectively referred as Franklin ticulars being false, incorrect or incomplete or for the schare remit in any form mode or manner all	Templeton) harmless against any loss he activities performed by them in goo	ses, costs, damages arising out of any actions d faith or on the basis of information provided ne/ us including all changes undates to such
Having read and understood the contents of the Statement of Additional Information (S. Scheme Documents) and after evaluating and acknowledging the risk factors, I / we he the terms and conditions mentioned in the Scheme Documents'. Notwithstanding the ge my/our own and from legitimate sources (iii) the tax residency status (FATCA/CRS) and schemes of various mutual funds falling in the category of scheme(s) being recommende We further agree to hold FTMF, Franklin Resources (iii) the tax residency status (FATCA/CRS) and undertaken or advivities performed by them in accordance with the Scheme Documents by form the as also the my/or to the more scheme of various and advising / info administrative of which on by/or notifies (switch and advising / info in accordance with the Adheme of the regulations made thereunder) and PML and their Registrar and Transfer Agent (RTA), KRA(s) & Central KYC Registry for the purp	by me/us, to any of its agents, service providers, represen rming me/us of the same. I/ We hereby agree to keep the ar consent in accordance with Aadhaar Act, 2016 and regu	tatives or distributors or any other parties located information provided to Franklin Templeton upda lations made thereunder, for (i) collecting, storing a	in India or outside India or any Indian ted and to provide any additional infor and usage (ii) validating/authenticating	or foreign governmental, statutory, regulatory, mation / documentation that may be required and (ii) updating my/our Aadhaar number(s)
in accordance with the Aadhaar Act, 2016 (and regulations made thereurider) and PML/ and their Registrar and Transfer Agent (RTA), KRA(s) & Central KYC Registry for the pur-	A. I/We hereby provide my consent for sharing/disclosing pose of updating the same in the folios linked to my/our P/	of my/our Aadhaar number including demograph AN.	ic information with the asset managem	ent companies of SEBI registered mutual fund
Sole / First Unit Holder	Second Unit F	Joldon	Thind II	nit Holder
MY DETAILS (To be filled in Block Letters. Please pi				int Holder
My Name (Should match with Aadhaar Card)			PAN/PEKRN (1st App	blicant) KYC
My Guardian's Name (if minor)/POA/Contact Person			PAN/PEKRN (Guardia	an/POA) KYC
Out to the future and the future of the futu	- (Di. th	Date of Birth	Guardian named is :	
On behalf of Minor Date (* Attach Mandatory Documents as per instructions). Minor	of Birth r's D D / M M / Y Y	Proof attached *	Father Mother	Court Appointed
IS JOINT APPLICANTS (IF ANY) DETAILS		Mode of Operation	Single Joint	Either or Survivor(s) [Default]
2nd Applicant Name (Should match with Aadhaar Card)			PAN/PEKRN (2nd Ap	plicant) KYC
3rd Applicant Name (Should match with Aadhaar Card)			PAN/PEKRN (3rd Ap	plicant) KYC
MY CONTACT DETAILS (As per KYC records. To be	e filled in Block Letters)			
Email ID (in capital)			Addres	s Type (Mandatory)
Mobile +91	Tel (STD Code)			sidential & Business sidential
Address			c. Bu	siness
			d. Re	egistered Office
Landmark				gistereu onite
	Pin Code			
City	Pin Code (Mandatory)	State		
City MY INVESTMENT DETAILS (Cheque/DD should be	(Mandatory)			
	(Mandatory)		information, ambiguity or d	
MY INVESTMENT DETAILS (Cheque/DD should be	(Mandatory) (Mandatory)	ı/Option will be applied incase of no	information, ambiguity or d	iscrepancy)
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Image: Structure Structur	(Mandatory) Image: Imag	<pre>n/Option will be applied incase of no Payment Mode Cheque/DD No. RTGS NEFT Funds transfer Cheque/DD No. RTGS NEFT Funds transfer Funds transfer Funds transfer ment Rejection, if applicable:</pre>	information, ambiguity or d Drawn on Name/Branch: A/c no.	iscrepancy) Bank/Branch Discrepancy Discre
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Received from				Pin
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		Amount	Cheque/DD No	Date
		Bank and Branch details		

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ADDITIONAL INFO	DRMATION									
Applicant	Aadhaa	r No.⁺		KIN No. (I	f KYC done via CKY	C)		Da	te of Birth [#]	Gender
1st								DD/	M M / Y	Y 🛛 M 🕞 F
2nd								DD/	M M / Y	Y DM DF
3rd								DD/	M M / Y	Y DM DF
G or POA								DD/	M M / Y	Y DM DF
#Date of Birth - Mandatory if CKY	C ID mentioned. [^] G	: Guardian; ^POA: Po	ower Of Attorney ⁺ I	f Aadhaar number is not	assigned Aadhaar enroll	lment number ar	nd proof to be pro	wided.		
Details	2 nd	Applicant			3 rd Appl	licant			G or POA	1
Mobile No.										
Email Id.										
R NOMINATION DET	AILS (In case o	f more than one r	nominee, please	submit a separate	nomination form a	available wit	h any of our I	SCs or on our v	website). Refer in	structions.
			1]
Nominee	Name and Addr	ess	DOB		tory to attach DOB ardian Name & Add	-	Allocatio	n Nomi	inee/ Guardian Si	gnature
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OR I/We DO NOT wish (To be signed by all		-	he mode of hold	ings)						
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B DEPOSITORY ACCO	OUNT DETAIL	S (Optional. To	be filled if inv	vestor wishes to	hold the units in	Demat mo	ode). Refer in	nstructions.		
NSDL: DP Name			DP				Popoficiary	Ac No		
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CDSL: DP Name Please ensure that the sequence KNOW YOUR CUST Status details for Resident Individual NRI/PIO/OCI	TOMER (KYC) 1 st Applicant □ □	DETAILS (Man 2 nd Applicant	ion Form matches v datory. Please Ti 3 rd Applicant	vith the sequence of na ck/ Specify. The ap Guardian	Occupation det Occupation det Private Sector Public Sector	to get rejecterails for 1 st	Beneficiary d (Mandatory) d if details no Applicant	Ac No. Client Master Lis ot filled.) 2 nd Applicant	3 rd Applicant	Guardian
CDSL: DP Name Please ensure that the sequence KNOW YOUR CUST Status details for Resident Individual	TOMER (KYC) 1 st Applicant	DETAILS (Mand 2 nd Applicant	ion Form matches v datory. Please Ti 3 rd Applicant	vith the sequence of na ck/ Specify. The ap Guardian	Optication is liable t Occupation det Private Sector Public Sector Government Ser	to get rejecterails for 1 st	Beneficiary d (Mandatory) d if details no d if	Ac No. Client Master Lis ot filled.) 2 nd Applicant	3 rd Applicant	Guardian
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1800	425 4255 or 6000 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