FRANKLIN TEMPLETON INVESTMENTS

SIP THROUGH NACH FORM

(Please use separate Transactions Form for each Scheme / Plan and Transaction)

Sl No.

Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
ARN 111873			E 025671	

MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name

My Folio Number **Scheme** (Account Number)

SIP DETAILS (Please note that 30 Business days are required to set up the Auto debit. Default plan/Option will be applied incase of no information, ambiguity or discrepancy)

Scheme Name/Plan/Option

Each SIP Amount (minimum Rs. 500) Rs. **SIP Date:** D D (If left blank 10th will be considered as the default date)

SIP Period Start Date M M / Y Y Y Y End Date ☐ Continue Until Cancelled **OR** ☐ M M / Y Y Y Y

Investment Frequency ☐ Monthly (default) ☐ Quarterly **First SIP Cheque Date:** **Cheque No.**

Drawn on Bank/Branch

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)

☐ Tick here, if an Open Mandate - Auto Debit Form (ADF) is already registered in the Folio. Please mention in space provided below the Bank Name and Account Number:

Bank Name **Account No.**

☐ Tick here if attaching a New Auto Debit Form.

DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

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 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 whose code is mentioned herein.

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date ofthis application. I/We confirm that the funds invested legally belong to me/us and that 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 laws in force. I/We declare that all the particulars given herein are true, correct and complete tothe best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties')are not liable or responsible for any losses, costs,damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I authorize the mutualfund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicialauthorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of thesame.

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder

SIP Auto Debit Form

|ADF |

FRANKLIN TEMPLETON INVESTMENTS

UMRN F o r o f f i c e u s e **Date** 1

Sponsor Bank Code For Office Use **Utility Code** For Office Use

Tick (✓) 2

CREATE	✓
MODIFY	☒
CANCEL	☒

I/We hereby authorize **Franklin Templeton Mutual Fund** **to debit (tick ✓)** SB CA CC SB-NRE SB-NRO Other 3

Bank a/c number 4

with Bank Bank Name 5 IFSC 6 or MICR

an amount of Rupees ₹ 7

FREQUENCY ~~☒ Mthly~~ ~~☒ Qtly~~ ~~☒ H-Yrly~~ ~~☒ Yrly~~ ☑ As & when presented 8 **DEBIT TYPE** ~~☒ Fixed Amount~~ ☑ Maximum Amount 9

Reference 1 Folio Number 10 Phone No. 12

Reference 2 Application Number 11 Email ID 13

PERIOD

From

~~**To**~~ ☒ ☒ ☒ ☒ ☒ ☒ ☒ ☒

Or ☑ Until Cancelled

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.

Signature Primary Account holder	Signature of Account holder	Signature of Account holder	15
1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank 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'

ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO DEBIT (To be Filled In by Investor)

Investor's Name

Customer Folio **Account No.**

SIP Amount (Rs.) **Frequency** ☐ Monthly ☐ Quarterly **Scheme:**

Franklin Templeton InvestorService Centre Signature & Stamp