Form ID: 0118

Sl No.

Date_

FRANKLIN TEMPLETON				W INVESTORS d instructions before filling this Form)	
	coker/Branch Code	Sub-broker ARN	Representative EU	IIN For office use only	
ARN-112623	ann ab all ba naid sa sha ADN Haldan	(AMPI	E161330		N 11-1-1
Applicable only if ARN is mentioned but EUIN box is left blank person of the above distributor/sub broker or notwithstanding t give you my /our consent to share /provide the transactions data	\mathbf{x} "1/We hereby confirm that the EUI". the advice of in-appropriateness, if alford hortfolio holdings / NAV etc. in 1	(AMP) registered distributor) directly by v box has been intentionally left blank by r ny, provided by the employee/relationshi respect of my/our investments under Dire	refuses on the investor's assessment on the investor's as ne/us as this transaction is executed with p manager/sales person of the distribut ct Plan of all Schemes managed by you to	sessment of various factors including service rendered by the ARN out any interaction or advice by the employee/relationship manag or/sub broker." Applicable only if RIA Code is mentioned : "I / W the SEBI-Registered Investment Adviser whose code is mentioned	ger/sales dereby
TRANSACTION CHARGES (Refer instructions a	nd tick the appropriate option	n) Applicable for transactions rou	ted through distributors/agents	/brokers who have opted to receive transaction charg	
I am a first time investor in mutual funds (R	,	I am an existing	mutual funds investor (Rs.10		_
DECLARATION (SIGNATURE/S MANDA Having read and understood the contents of the Statement of Addition Scheme Documents) and after stratuling and acknowledging the rick	al Information (SAI) of Franklin Temple	ton Mutual Fund (FTMF), respective Scheme	Date Information Document (SID); Key Informati	Place on Memorandum (KIM), the Addenda issued therein till date (together rr name(s) of ETME as indicated above and arrea to abide by all applicable	referred as
the terms and conditions mentioned in the Scheme Documents. Notwi not a 'US Person' and are not applying for Units on behalf of any 'US Per disclosed the details of commissions (in the form of trail commission o	ithstanding the generality of the aforesa rson' (iii) the money used for investmer or any other mode), offered by competin	id undertaking, I/We hereby confirm that (i) it is my/our own and from legitimate sources g schemes of various mutual funds falling in	I am/ we are not residents of Canada and an s (iv) the tax residency status (FATCA/CRS) the category of scheme(s) being recommend	nd metodo and applying for Units on behalf of any resident of Canada [iii] //w nd UBO details mentioned above are true and correct and (v) the ARN h led to me /us and I / we have not received nor been induced by any rebal	ve am/are holder has ate or gifts,
directly or indirectly in making this investment and are not in contrave: referred as Franklin Templeton) harmless against any losses, costs, dat incomplete or for the activities performed by them in good faith or on to manage all (any of the information provided by may use including all	ntion or evasion of any applicable laws. mages arising out of any actions undert the basis of information provided by me changes unders to such information	I/ We further agree to hold FTMF, Franklin Reaken or activities performed by them in accordure as also due to my/ our not intimating / decay and when provided by mg/ us and upon stating / decay and when performed used as a set of the set o	esources Inc. its subsidiary and associate en rdance with the Scheme Documents and fo lelay in intimating such changes. I/We herel the dotails of investment made by making the	on Memorandum (KIM), the Addenda issued therein till date (together n neme(s) of FTMF as indicated above, and agree to abide by all applicable of an ot applying for Units on behalf of any resident of Canada (ii) 1 /w nd UBO details mentioned above are true and correct and (v) the ARM he let to me/us and 1 / we have not received nor been induced by any rebal ray consequences in case of any of the above particulars being false, in y authorities Franklin Templeton to use, disclose, share, remit in any form //s of the same I / We have agree to keep the information provided tu tit in accordance with Aadhaar Act, 2016 and regulations made thereun where here y provide my consent for sharing/disclosing of my/our Aadhaa of oupdating the same in the folios linked to my/our PAN.	ollectively correct or 1, mode or
Templeton updated and to provide any additional information / docur collecting, storing and usage (ii) validating/authenticating and (ii) upd	mmental, statutory, regulatory, administ mentation that may be required by Fran ating my/our Aadhaar number(s) in ac	rative or judicial authorities / agencies witho Iklin Templeton, in connection with this appl cordance with the Aadhaar Act, 2016 (and re	ut any obligation of advising / informing me ication. I/We hereby provide my/our conse egulations made thereunder) and PMLA. I/V	I so that again the same. I/ We hereby agree to keep the information provided to the accordance with Aadhaar Act, 2016 and regulations made thereund We hereby provide my consent for sharing/disclosing of my/our Aadhaa	o Franklin der, for (i) ar number
including demographic information with the asset management compa	anies of SEBI registered mutual fund and	l their Registrar and Transfer Agent (RTA), Kl	RA(s) & Central KYC Registry for the purpose	of updating the same in the folios linked to my/our PAN.	
Sole / First Unit Holder		Second Unit Holder		Third Unit Holder	
MY DETAILS (To be filled in Block Lette My Name (Should match with Aadhaar Card)	rs. Please provide the follo	wing details in full; Please refe	er instructions)	PAN/PEKRN (1st Applicant)	KYC
My Name (Should match with Radiaal Card)					
My Guardian's Name (if minor)/POA/Contact	Person			PAN/PEKRN (Guardian/POA)	КҮС
On behalf of Minor	Date of Birth		Date of Birth G	uardian named is :	
(* Attach Mandatory Documents as per instructions).	Minor's	D / M M / Y Y		Father Mother Court Appointed	
🕼 JOINT APPLICANTS (IF ANY) DETA	ILS		Mode of Operation :	Single Joint Either or Survivor(s) [De	efault]
2nd Applicant Name (Should match with Aadh	haar Card)			PAN/PEKRN (2nd Applicant)	KYC
3rd Applicant Name (Should match with Aadh	naar Card)			PAN/PEKRN (3rd Applicant)	КҮС
ora apprease sume (onotice match with radi	iaar Garaj				
IST MY CONTACT DETAILS (As per KYC re	ecords. To be filled in Block	: Letters)			
Email ID (in capital)				Address Type (Mandatory))
(in capital) Mobile +91	Tel	(STD Code)		Address Type (Mandatory) a. Residential & Business b. Residential)
(in capital)	Tel	(STD Çode)		a. Residential & Business b. Residential c. Business)
(in capital) Mobile +91	Tel	(STD Çode)		a. Residential & Business	
(in capital) Mobile +91 Address	Pi	n Code	State	a. Residential & Business b. Residential c. Business	
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Amount Cheque/DD No. Bank and Branch details_

BANK A	CCOUNT DETAILS (Avail Multiple Bank R	egistration Faci	lity)				
My Bank Nam	e						
Bank A/C No.			F	/C Type Saving	s Current	NRE NRO FCNR O	thers
Branch Addres	ss						
			City			Pin	
IFSC code: (11	digit)		MICR code (9 digit			(This is a 9 digit r your cheque num	
R ADDITI	ONAL INFORMATION						
Applicant	Aadhaar No.⁺		KIN No. (If KYC done via	СКҮС)		Date of Birth [#]	Gender
1st						D D / M M / Y Y	M F
2nd						D D / M M / Y Y	M DF
3rd						D D / M M / Y Y	□M □F
G or POA [^]						D D / M M / Y Y	M F
#Date of Birth - M	andatory if CKYC ID mentioned. ^G: Guardian; ^POA: Powe	er Of Attorney ⁺ If Aad	lhaar number is not assigned Aadhaar	enrollment number and p	roof to be provide	ed.	
Details	2 nd Applicant		3 rd	Applicant		G or POA	
Mobile No.							
Email Id.							
R NOMINA	ATION DETAILS (In case of more than one no	minee, please sub	omit a separate nomination f	orm available with a	ny of our ISCs	s or on our website). Refer instru	ctions.
Nominee Name and Address For Minor No		minee (Mandatory to attach DOB Proof)					
DOB		Guardian Name & Address Allo		Allocation	Nominee/ Guardian Signat	ture	
					100 %	Х	
OR I/We D	00 NOT wish to nominate and sign here						

(To be signed by all the joint holders irrespective of the mode of holdings.)_

The provide the second					
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 (Mandatory) Client Master List OR DP statement

Es KNOW FOOK COSTOMEK (KTC) DETAILS (Manuatory, Please fick) Specify. The application is hable to get rejected in details not med.)									
Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Resident Individual					Private Sector				
NRI/PIO/OCI					Public Sector				
Sole Proprietorship		-	-	-	Government Service				
Minor through Guardian		-	-	-	Business				
	Company/B	ody 🛛 Corporat	te 🗌 Partnersh	ip	Professional				
Non Individual	🗆 Trust	🗆 Society	🗆 HUF		Agriculturist				
	🗆 Bank	□ AOP	□ FI/FII/FP	I	Retired				
Others (Please specify)					Housewife				
Gross Annual Income Ra	ngo (in Pc)	1	1		Student				
					Others (Please specify)				
Below 1 lac									NY 1 A 12 11
1-5 lac					Politically Exposed Pers	on (PEP) detail		Related to PEP	Not Applicable
5-10 lac					1 st Applicant				
10-25 lac					2 nd Applicant				
25 lac- 1 cr					3 rd Applicant				
1 -5 cr					Guardian				
5 - 10 cr					Authorised Signatories				
> 10 cr					Promoters				
OR Networth in Rs.									
(Mandatory for Non					Partners				
Individual) (not older	as on	as on	as on	as on	Karta				
than 1 year)	D D M M Y Y	D D M M Y Y	DDMMYY	D D M M Y Y	Whole-time Directors/Tu	ırstee			

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	Yes No	Yes No	Yes No	Yes No
country other than India?	If Yes: Mandatory to enclose FATCA /CRS Annexure			

anto 9 pm, Monday to Saturday)	Service@franklintempleton.com	🕂 www. franklintempletonindia.com
Quick Name, Address are correctly mentioned Checklist 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