

APPLICATION FORM FOR NEW INVESTORS

TEMPLETON	(Please	read Product labeling details	available on cover page a	nd instructions before filling this Form)
Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative E	EUIN For office use only
ARN-134803			E225415	5
HARSHIL D MORJARIA The unfront commission on investment made by the invest	tor if any shall be naid to the ARN Hold	or (AMEI registered distributor) directly by the in		
only if ARN is mentioned but EUIN box is left blank: "I, above distributor/sub broker or notwithstanding the adv	/We hereby confirm that the EUIN box vice of in-appropriateness, if any, provi	has been intentionally left blank by me/us as this ded by the employee/relationship manager/sal	s transaction is executed without any int es person of the distributor/sub broker.	ent of various factors including service rendered by the ARN Holder. Applicable teraction or advice by the employee/relationship manager/sales person of the " Applicable only if RIA Code is mentioned " if NWe hereby give you my/our ed Investment Adviser whose code is mentioned herein."
				ed Investment Adviser whose code is mentioned herein." ts/brokers who have opted to receive transaction charges.
I am a first time investor in mutual fur	•• •		mutual funds investor (Rs.10	•
DECLARATION (SIGNATURE/S M.		, .	Dat	
Having read and understood the contents of the Statement	of Additional Information (SAI) of Fran	din Templeton Mutual Fund (FTMF), respective S	cheme Information Document (SID): Kev	r Information Memorandum (KIM), the Addenda issued therein till date (together
referred as Scheme Documents) and after evaluating and a applicable laws and the terms and conditions mentioned it	cknowledging the risk factors, I / we her in the Scheme Documents. Notwithstan	eby apply to the Franklin Templeton Trustee Serv ding the generality of the aforesaid undertaking,	ices Pvt. Ltd., Trustees to the schemes of I I/We hereby confirm that (i) I am/ we a	FTMF for units of scheme(s) of FTMF as indicated above, and agree to abide by all are not residents of Canada and <u>am/</u> are not applying for Units on behalf of any
resident of Canada (ii) I /we am/are not a 'US Person' and are true and correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the ARN holder has disclosed the correct and (v) the cor	are not applying for Units on behalf of a he details of commissions (in the form o	ny 'US Person' (iii) the money used for investment f trail commission or any other mode), offered by	is my/our own and from legitimate sour competing schemes of various mutual fur	rces (iv) the tax residency status (FATCA/CRS) and UBO details mentioned above inds falling in the category of scheme(s) being recommended to me/us and I /we
their employees, directors and key managerial persons (col	lectively referred as Franklin Templetor false, incorrect or incomplete or for the	unent and are not in contravention or evasion of a 1) harmless against any losses, costs, damages aris activities performed by them in good faith or on t	ny applicable laws. 17 we lurther agree to ing out of any actions undertaken or activ ne hasis of information provided by me/1	o note 1 Mr, Franklin Resources inc. its substitutry and associate entities including vities performed by them in accordance with the Scheme Documents and for any us as also due to my/our not intimating / delay in intimating such changes 1/We
hereby authorise Franklin Templeton to use, disclose, share by me/us, to any of its agents, service providers, represent	, remit in any form, mode or manner, all atives or distributors or any other part	/ any of the information provided by me/ us, incles located in India or outside India or any Indian	uding all changes, updates to such inform or foreign governmental, statutory, regu	nation as and when provided by me/ us alongwith the details of investment made alatory, administrative or judicial authorities / agencies without any obligation of
advising / informing me us of the same. I/ We hereby agre I/We confirm that I/we have provided my/our Aadhaar de	ee to keep the information provided to l tails for KYC purpose absolutely at our v	Franklin Templeton updated and to provide any a olition.	dditional information / documentation t	Information Memorandum (KIM), the Addenda issued therein till date (together FTMF for units of scheme(s) of FTMF as indicated above, and agree to abide by all are not residents of Canada and and are not applying for Units on behalf of any cress (iv) the tax residency status (FATCA/CRS) and UBO details mentioned above not salling in the category of scheme(s) being recommended to me/us and I we hold FTMF, Franklim Resources Inc. its subsidiary and associate entities including use as also due to my/ our not intimating / delay in intimating such changes. J/We attain as and when provided by me/ us alongwith the details of investment made lalatory, administrative or judicial authorities / agencies without any obligation of that may be required by Franklin Templeton, in connection with this application.
X	X		X	
^	^		^	
Sole / First Unit Holder		Second Unit Holder		Third Unit Holder
MY DETAILS (To be filled in Block	Letters. Please provide the	following details in full; Please ref	er instructions)	
My Name (Should match with PAN Card)				PAN/PEKRN (1st Applicant) KYC
My Guardian's Name (if minor)/POA/Co	ontact Person			PAN/PEKRN (Guardian/POA) KYC
On behalf of Minor	Date of Birth	D D / M M / Y Y	Date of Birth (Guardian named is :
(* Attach Mandatory Documents as per instructi	ons). Minor's		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				PAN/PEKRN (2nd Applicant) KYC
				, (, , , , , , , , , , , , , , , , , ,
2nd Applicant Name (Charled match with	DAN Cond)			DAN/DEVDN (2nd Applicant)
3rd Applicant Name (Should match with	i PAN Caruj			PAN/PEKRN (3rd Applicant) KYC
MY CONTACT DETAILS (As per	KYC records. To be filled in	Block Letters)		
Email ID				Address Type (Mandatory)
(in capital)		m.1 (cmp c-1-)		a. Residential & Business
Mobile +91 Email ID and Mobile number should pertain to f		Tel (STD Code)		b. Residential
Address	irstiloider only			c. Business
That ess				d. Registered Office
Landmark		Di C I		
City		Pin Code (Mandatory)	State	
I wish to receive Scheme Annual Report and Abr	ridged Summary : 🔲 Online (Pr	referred & Default) 🔲 Physical Copy (Choose online mode to help us save	e paper and contribute towards a greener and cleaner environment.)
I declare that Email address and Mobile Number	provided in this form belongs to	o (tick one option) Self (or) Fan	nily Member, and approve for usag	ge of these contact details for any communication with FTMF.
MY INVESTMENT DETAILS (Che	eque/DD should be in favour o	of "Scheme Name". Default plan/Optio	on will be applied incase of no i	information, ambiguity or discrepancy)
Full Scheme/Plan/0	Ontion	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
	an: Regular Direct		heque/DD	·
	u	1.0.		Name/Branch:
		sharges	0.	
		R	TGS NEFT	
Option: Growth Dividend Payout	Dividend Reinvestment	F	unds transfer	A/c no.
Lumpsum SIP Pl	an: Regular Direct	Rs.	heque/DD	Name/Branch:
				,
		charges	0.	
	_		TGS NEFT	
Option: Growth Dividend Payout	Dividend Reinvestment	F	unds transfer	A/c no.
Payment through NACH (Attach NAC	H form) Documents attac	ched 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 DET	AILS WILL BE APPLICABLE FOR I	BOTH THE SIP'S.	My Additional SIP Details
SIP Date: D D (If left blank 10 th will be	considered as the default date)	Investment Frequency M	onthly(default) Quarterl	ly
SIP Period Start Date m m / y			,	et SIP Cheque Date:
		n multiples of 5%) (Amount inve		the hearest Rs. 100]
or Inci	rease in Rupee Value:	(in multiples of Rs. 500)		
ACKNOWLEDGEMENT SLI	P			Sl. No.
Received from				Pin
Scheme Name	Plan/Option		Paymen	nt Details
		Amount	Cheque/DD N	lo Date
		Bank and Branch details		
		Amount	Cheque/DD N	lo Date
	1	Bank and Branch details		

ADDITIONAL INFORMATION Applicants ANY NO (FYD) Cooks of EXXT) And APPlicants ANY NO (FYD) Cooks of EXXT) ANY NO (FYD) APPLICANTS	BANK ACCOUNT D	ETAILS (Avail	Multiple Bank	Registration Fa	acility)					
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Applicant RONNALINFORMATION Applicant DONNALINFORMATION Applicant DONNALINFORMATION APPLICATION DONNALINFORM	nk A/C No.					A/C Type	SavingsCurr	rentNRE	NRO LFCNR L	Others
Applicant NN No. FINT: done vs. CNT) Date of Birsh* Gender	anch Address									
Applicant KIN No. (II NYC done via CNYC) Date of Birth' Gender					Ci	ty		Pin	1	
Applicant	SC code: (11 digit)				MIC	R code (9 digit)				
Applicant NW No. (FKW: done via CNT) Programme of the control of	ADDITIONAL INFO	RMATION							your eneque	bery
Zord Jan				KIN No. (If KYC d	lone via CKYC)			Date of Birth		Gender
See See Secondary CNY Description Control	1st						D D	/ M M	/ Y Y	□ M [
The control of the Section Process of Control of Contro	2nd						D D	/ M M	/ Y Y	□ M [
Postable CONCLID monimonic Contrains TON hourse Contrains T	3rd						D D	/ M M	/ Y Y	□ M [
Details 2" Applicant 3" Applic	G or POA						D D	/ M M	/ Y Y	□ M [
Nomine Name and Address	nte of Birth - Mandatory if CKY	C ID mentioned. G	: Guardian; ^POA: Po	ower Of Attorney						
NOMINATION DETAILS (the case of more than one nomines, please submit a separate nomination form available with any of our TSC or on our website). Refer instructions. For Minner Nomine (Manufactry to attack DOB Proof) DOB	Details	2 nd	Applicant			3 rd Applicant			G or POA	L
Nominee Name and Address Por Monor Nominee (Name and Address Por Monor Nominee (Manadatory to attack DOSI Proof) DOSI Guardian Name & Address Allocation Naminee (Jaurdian Signature DOSI DOSI Guardian Name & Address Allocation Naminee (Jaurdian Signature DOSI DOS	obile No.									
Nominee Name and Address For Minor Nominee (Mandatory to attach DOB Proof) DOB Out of the Nominee of Guardian Signature	nail Id.									
Numinee Name and Address	NOMINATION DET	AHC						100	1 11 2 12 5 1	
							with any or our	iscs or on our w	/ebsitej. Reier ins	structions.
The positive in the positive	Nominee	Name and Addr	ess				Allocati	ion Nomin	nee/ Guardian Sig	gnature
The signed by all the joint holders irrespective of the mode of holdings.							100.0	v V		
To be signed by all the joint holders irrespective of the mode of holdings.] **DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions. **NSDL: DP Name							100 %	% X		
DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions. Default										
To be signed by all the joint holders irrespective of the mode of holdings.	I/We DO NOT wish	to nominate and	l sion here							
See ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demot account. Enclosed Namouron Client Master List OR DP statement	DEPOSITORY ACCO	DUNT DETAIL	S (Optional. To	be filled if inv	estor wishes to	hold the units in Demat	mode). Refer	instructions.		
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Private Sector	NOW YOUR CUST	OMER (KYC)	DETAILS (Mand	datory. Please Tic	k/ Specify. The a	upplication is liable to get rei	oatod if dotaila v	ot filled)		
sident Individual						pplication is hable to get rej	ected if details if	iot iiileu.j		
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nor through Guardian	sident Individual	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant		
Individual	sident Individual I/PIO/OCI	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for Private Sector Public Sector	1 st Applicant	2 nd Applicant		
In Individual Trust	sident Individual I/PIO/OCI e Proprietorship	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for Private Sector Public Sector Government Service	1 st Applicant	2 nd Applicant		
Bank AOP FI/FII/FPI Retired	sident Individual II/PIO/OCI le Proprietorship	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for Private Sector Public Sector Government Service Business	1st Applicant	2 nd Applicant		
Housewife	sident Individual I/PIO/OCI e Proprietorship nor through Guardian	1st Applicant	2 nd Applicant ody Corpora	3 rd Applicant te Partnersh	Guardian	Occupation details for Private Sector Public Sector Government Service Business Professional	1st Applicant	2 nd Applicant		
Student Others (Please specify) Others (sident Individual I/PIO/OCI e Proprietorship nor through Guardian	1st Applicant	2 nd Applicant ody Corpora Society	3 rd Applicant te Partnersh	Guardian ip	Occupation details for Private Sector Public Sector Government Service Business Professional Agriculturist	1st Applicant	2 nd Applicant		
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If Yes: Mandatory to enclose FATCA /CRS Annexure If Yes: Mandatory to enclose FATCA /CRS Annexure	sident Individual I/PIO/OCI e Proprietorship nor through Guardian In Individual ners (Please specify) oss Annual Income Ra low 1 lac 5 lac 10 lac -25 lac lac-1 cr 5 cr 10 cr 10 cr 10 cr 10 cr 10 the tworth in Rs. andatory for Non lividual) (not older in 1 year) FATCA/CRS/UBO D Details ce & Country of Birth	as on	2nd Applicant	as on DDMMYY	Guardian	Occupation details for Private Sector Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others (Please specify) Politically Exposed Pers 1st Applicant 2st Applicant 3st Applicant Guardian Authorised Signatories Promoters Partners Karta Whole-time Directors/Telestors including HUF sho	1st Applicant	2 nd Applicant	Related to PEP	Not Applica
ick Name, Address are correctly mentioned Full scheme name, plan, option is mentioned Additional documents provided if investor name not pre-printed on payment cheque or if KYC information provided for each applicant Nomination facility opted Demand Draft is used. Non Individual investors should attach	sident Individual II/PIO/OCI le Proprietorship nor through Guardian In Individual hers (Please specify) TOSS Annual Income Ravelow 1 lac 5 lac 10 la	1st Applicant	2nd Applicant	as on DIMMYY	Guardian	Occupation details for Private Sector Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others (Please specify) Politically Exposed Pers 1stapplicant 2stapplicant 3stapplicant Guardian Authorised Signatories Promoters Partners Karta Whole-time Directors/Tustors plicant	1st Applicant	2 nd Applicant	Related to PEP	Not Applica D D D D D D D D D D D D D D D D D D
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