

**FRANKLIN
TEMPLETON****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. ARN-64917	Sub-broker/Branch Code	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 EUN box is left blank: "I/We hereby confirm that the EUN 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."		
Sub-broker ARN	Representative EUN E434563			
For office use only		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 :
	D D / M M / Y Y	Proof attached * <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed

JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation : <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> 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)

Email ID (in capital)	Address Type (Mandatory)
Mobile +91	<input type="checkbox"/> a. Residential & Business
Tel (STD Code)	<input type="checkbox"/> b. Residential
Email ID and Mobile number should pertain to firstholder only	<input type="checkbox"/> c. Business
Address	<input type="checkbox"/> d. Registered Office
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 (or) Family Member, and approve for usage of these contact details for any communication with FTME.

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 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.
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct			
Scheme Name:			
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP 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.
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct			

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	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
Bank A/C No.	
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

Received from	Sl. No.	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

