Form ID: 0118

## **APPLICATION FORM FOR NEW INVESTORS**

Sl No.

FRANKLIN TEMPLETON	(Please rea			NEW INVESTORS and instructions before filling this Form)			
Advisor ARN / RIA Code/ Portfolio Manager's Registration No. Sub-broker/ ARN-64917	Branch Code The university of	upfront commission on investmen stor's assessment of various factor: irm that the EUIN box has been in ager/sales person of the above d ager/sales person of the distributo	t made by the investor, if any, shall be paid to t s including service rendered by the ARN Holde tentionally left blank by me/us as this transa istributor/sub broker or notwithstanding the r / sub broker." Annicable only if RIA Code J	the ARN Holder (AMFI registered distributor) directly by the investor, based o er. Applicable only if ARN is mentioned but EUN box is left blank: "//We har tion is executed without any interaction or advice by the employee/relation he advice of in-appropriateness, if any, provided by the employee/relation <b>Fortfolio Manager's Registration Number is mentioned:</b> 1/ We hereby giv fetc. in respect of my/our investments under Direct Plan of all Schemes manage those code is mentioned herein."			
	my/c you,	our consent to share/provide the t to the SEBI-Registered Investment	ransactions data feed/portfolio holdings/NAV Adviser/SEBI Registered Portfolio Manager w	Vetc. In respect of my/our investments under Direct Plan of all Schemes manag vhose code is mentioned herein."			
Sub-broker ARN Represent							
For office use only		Sole / First Unit Holder	Second Uni	it Holder Third Unit Holder			
TRANSACTION CHARGES (Refer instructions and ti I am a first time investor in mutual funds (Rs.15			ons routed through distributors/agen kisting mutual funds investor (Rs	ents/brokers who have opted to receive transaction charges.			
				.100 will be deducted).			
MY DETAILS (To be filled in Block Letters. P. My Name (Should match with PAN Card)	lease provide the foll	owing details in full; Plea	se refer instructions)	PAN/PEKRN (1st Applicant)			
Ny Name (Should match with Phil Card)							
My Guardian's Name (if minor)/POA/Contact Pers	on			PAN/PEKRN (Guardian/POA)			
<b>On behalf of Minor</b> (* Attach Mandatory Documents as per instructions).	<b>Date of Birth</b> Minor's	D / M M / Y	Y Date of Birth Proof attached *	Guardian named is :			
🐼 JOINT APPLICANTS (IF ANY) DETAILS			Mode of Operation	1: Single Joint Either or Survivor(s) [Defau			
2nd Applicant Name (Should match with PAN Card	i)			PAN/PEKRN (2nd Applicant)			
3rd Applicant Name (Should match with PAN Card	)			PAN/PEKRN (3rd Applicant)			
TRE MY CONTACT DETAILS (As per KYC record	ls. To be filled in Bloc	:k Letters)					
Email ID (in capital)				Address Type (Mandatory)			
Mobile +91	Tel	(STD Code)		a. Residential & Business			
Email ID and Mobile number should pertain to firstholder on	y			b. Residential			
Address				d. Registered Office			
Landmark		Dire Carda					
City	(M	Pin Code Iandatory)	State				
I wish to receive Scheme Annual Report and Abridged Summ		rred & Default) Physical	Copy (Choose online mode to help us sa	ave paper and contribute towards a greener and cleaner environment.			
		· · · · □ · · · ·					
				sage of these contact details for any communication with FTMF.			
I declare that Email address and Mobile Number provided in WY INVESTMENT DETAILS (Cheque/DD sh				· ·			
MY INVESTMENT DETAILS (Cheque/DD sh     Full Scheme/Plan/Option	ould be in favour of "S			· ·			
WY INVESTMENT DETAILS (Cheque/DD sh Full Scheme/Plan/Option Scheme Name:	ould be in favour of "S	cheme Name". Default plan	/Option will be applied incase of n Payment Mode	o information, ambiguity or discrepancy) Drawn on Bank/Branch			
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Fwill Scheme /Plan/Option         Scheme Name:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distribution         Reinvestment of Income Distribution         Cumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distribution         Cum capital withdrawal option         Scheme Name:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distribution         capital withdrawal option         Reinvestment of Income Distribution         Cum capital withdrawal option         Reinvestment of Income Distribution         Cum capital withdrawal option         Payment through NACH (Attach NACH form)         IF YOU OPT TO START TWO SIP'S, THE BELOW M         SIP Pate:       D         D       (If left blank 10 <sup>th</sup> will be considered at SIP Period Start Date         SIP Period Start Date       Increase in %         or       Increase in Ru         Wy Bank Name       Increase in Ru         Bank A/C No.       Increase in Ru	stribution astribution gular Direct Rs Les cha stribution cion Cum Rs Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les cha contin cion Cum Les contin cion Cum Les cion Cum Les cio	cheme Name". Default plan nount / Each SIP Amount 	<pre> //Option will be applied incase of n Payment Mode</pre>	o information, ambiguity or discrepancy)  Drawn on Bank/Branch  Name/Branch:  A/c no.  Bank Certificate, for DD Third Party Declarations My Additional SIP Details erly rst SIP Cheque Date: to the nearest Rs. 100)  Current NRE NRO FCNR Others Pin			
Full Scheme/Plan/Option         Scheme Name:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distributicapital withdrawal option         Reinvestment of Income Distributicapital withdrawal option         Scheme Name:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distributicapital withdrawal option         Scheme Name:       Plan:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distributicapital withdrawal option         Reinvestment of Income Distributicapital withdrawal option         Reinvestment of Income Discum capital withdrawal option         Reinvestment of Income Distributicapital withdrawal option         Stip Date:       D         O       (If left blank 10° will be considered is         SIP Period Start Date       M         Y       Y         Step-up my SIP annually by:       Increase in %         Or       Increase in Ru         Bank A/C No.       Increase	stribution astribution gular Direct Rs Les cha stribution cion Cum Rs Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les cha contin cion Cum Les contin cion Cum Les cion Cum Les cio	cheme Name". Default plan nount / Each SIP Amount is. ss DD srges d to avoid Third Party Pay S WILL BE APPLICABLE investment Frequency ue Until Cancelled OR [ ultiples of 5%) (Amoun (in multiples of R on Facility)	<pre> //Option will be applied incase of n Payment Mode</pre>	o information, ambiguity or discrepancy)          Drawn on Bank/Branch         Name/Branch:         A/c no.         Name/Branch:         A/c no.         Bank Certificate, for DD         Third Party Declarations         My Additional SIP Details         erly         rst SIP Cheque Date:         to the nearest Rs. 100)			
Full Scheme/Plan/Option         Scheme Name:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distributi         capital withdrawal option         Reinvestment of Income Distributi         capital withdrawal option         Scheme Name:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distributi         capital withdrawal option         Scheme Name:         Lumpsum       SIP         Plan:       Ref         Option:       Growth         Payout of Income Distributi         capital withdrawal option         Reinvestment of Income Di         cum capital withdrawal option         Reinvestment of Income Di         cum capital withdrawal option         IF YOU OPT TO START TWO SIP'S, THE BELOW M         SIP Date:       D         (If left blank 10° will be considered is         SIP Period Start Date       M         My Bank Name       Increase in %         Bank A/C No.       Income Sime         Branch Address       Income Sime         IFSC code:	stribution astribution gular Direct Rs Les cha stribution cion Cum Rs Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les cha contin cion Cum Les contin cion Cum Les cion Cum Les cio	cheme Name". Default plan nount / Each SIP Amount is. ss DD srges d to avoid Third Party Pay S WILL BE APPLICABLE investment Frequency ue Until Cancelled OR [ ultiples of 5%) (Amoun (in multiples of R on Facility)	A/Option will be applied incase of n Payment Mode  Payment Mode  Cheque/DD No. RTGS NEFT Funds transfer  For Both THE SIP'S. Monthly(default) Quarte Monthly(default) Quarte Monthly(default) Quarte A/C Type Savings A/C Type Savings	o information, ambiguity or discrepancy)  Drawn on Bank/Branch  Name/Branch:  A/c no.  Name/Branch:  A/c no.  Bank Certificate, for DD Third Party Declarations  My Additional SIP Details erly rst SIP Cheque Date: to the nearest Rs. 100)  Current NRE NRO FCNR Others  Current NRE NRO FCNR Others			
Full Scheme/Plan/Option         Scheme Name:         Lumpsum       SIP         Plan:       Reg         Option:       Growth         Payout of Income Distributi         capital withdrawal option         Reinvestment of Income Distributi         capital withdrawal option         Scheme Name:         Lumpsum       SIP         Plan:       Reg         Option:       Growth         Payout of Income Distributi         capital withdrawal option         Reinvestment of Income Distributi         capital withdrawal option         Reinvestment of Income Distributi         capital withdrawal option         Reinvestment of Income Di         cum capital withdrawal option         Reinvestment of Income Di         Cum capital withdrawal option         Cum capital withdrawal option <td>stribution astribution gular Direct Rs Les cha stribution cion Cum Rs Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les cha contin cion Cum Les contin cion Cum Les cion Cum Les cio</td> <td>cheme Name". Default plan nount / Each SIP Amount is. ss DD srges it to avoid Third Party Pay S WILL BE APPLICABLE investment Frequency nue Until Cancelled OR [ ultiples of 5%) (Amoun (in multiples of R on Facility)</td> <td>A/Option will be applied incase of n Payment Mode  Payment Mode  Cheque/DD No. RTGS NEFT Funds transfer  For Both THE SIP'S. Monthly(default) Quarte Monthly(default) Quarte Monthly(default) Quarte A/C Type Savings A/C Type Savings</td> <td>o information, ambiguity or discrepancy)  Drawn on Bank/Branch  Name/Branch:  A/c no.  Bank Certificate, for DD Third Party Declarations My Additional SIP Details erly rst SIP Cheque Date: to the nearest Rs. 100)  Current NRE NRO FCNR Others</td>	stribution astribution gular Direct Rs Les cha stribution cion Cum Rs Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les Les cha stribution cion Cum Les cha stribution cion Cum Les cha contin cion Cum Les contin cion Cum Les cion Cum Les cio	cheme Name". Default plan nount / Each SIP Amount is. ss DD srges it to avoid Third Party Pay S WILL BE APPLICABLE investment Frequency nue Until Cancelled OR [ ultiples of 5%) (Amoun (in multiples of R on Facility)	A/Option will be applied incase of n Payment Mode  Payment Mode  Cheque/DD No. RTGS NEFT Funds transfer  For Both THE SIP'S. Monthly(default) Quarte Monthly(default) Quarte Monthly(default) Quarte A/C Type Savings A/C Type Savings	o information, ambiguity or discrepancy)  Drawn on Bank/Branch  Name/Branch:  A/c no.  Bank Certificate, for DD Third Party Declarations My Additional SIP Details erly rst SIP Cheque Date: to the nearest Rs. 100)  Current NRE NRO FCNR Others			
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Amount

Bank and Branch details

Cheque/DD No.\_

Date\_

C ADDITIONAL INFORMATION													
Applicant KIN No. (If KYC done via CKYC)							Date of Birth" Gender						
1st							D D / M M / Y Y						
2nd						D D	/ M M	/ Y Y	M DF				
3rd							/ M M	/ Y Y					
G or POA <sup>^</sup>							/ M M						
#Date of Birth - Mandatory if CKY	C ID mentioned ^G	- Guardian: ^POA: Po	wer Of Attorney				/   1º1   1º1						
			wer Of Hitoliney		ord A								
Details	2	Applicant			3 <sup>rd</sup> Applicant			G or POA					
Mobile No.													
Email Id.													
<b>NOMINATION DET</b>	AILS (In case o	f more then one r	ominoo nlooco	submit a conarato	nomination form availab	alo with any of our	ISC or on our u	reheite) Pofer inc	tructions				
IS NOMINATION DET	AILS (III case o	i more than one i	iominee, pieases	submit a separate	nomination form availa	ble with any of our	ISCS OF ON OUT W	ebsitej. Refer ins	cructions.				
Nominee	Name and Addr	ess			ory to attach DOB Proof	) Allocati	ion Nomin	ee / Guardian Sig	nature				
			DOB	Guardian Name & Address Allocation Nominee / Guardian Signature									
				100 % X									
OR I/We DO NOT wish		-											
(To be signed by all the joint holders irrespective of the mode of holdings.)													
<b>DEPOSITORY ACCOUNT DETAILS</b> (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.													
DEPUSITURY ACCO	JUNI DE IAIL	<b>S</b> (Optional. 10	be filled if inve	estor wisnes to	nota the units in Dem	at modej. Refer	instructions.						
NSDL: DP Name			DP I	D I N		Beneficiar	ry Ac No.						
CDSL: DP Name						Beneficiar	Beneficiary Ac No.						
Please ensure that the sequence	of names as mentio	ned in this Applicati	on Form matches wi	ith the sequence of na	ames in the Demat account	Enclosed Client N	Master List OR	DP statement					
								Di statement					
Reg KNOW YOUR CUST	TOMER (KYC)		se Tick/ Specify. 7	The application is	liable to get rejected if d	etails not filled.)							
Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation details for	or 1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian				
Resident Individual					Private Sector								
NRI/PIO/OCI Sole Proprietorship		-	-		Public Sector								
Minor through Guardian		-	-	-	Government Service								
	□ Company/B	ody 🗆 Corpora	te 🗆 Partnersh	ip	Business Professional								
Non Individual	🗆 Trust	□ Society	🗆 HUF		Agriculturist								
	🗆 Bank	□ AOP	□ FI/FII/FP	I	Retired								
Others (Please specify)					Housewife								
	('				Student								
Gross Annual Income Ra	ange (in Rs.)				Others (Please specify	)							
Below 1 lac 1-5 lac					Politically Exposed P		Is: Is a PEP	Related to PEP	Not Applicable				
5-10 lac					1 <sup>st</sup> Applicant	ci son (i Ei ) uctai							
10-25 lac					2 <sup>nd</sup> Applicant								
25 lac- 1 cr 1 -5 cr					3 <sup>rd</sup> Applicant								
5 - 10 cr					Guardian Authorised Signatories	3							
> 10 cr					Promoters	<u> </u>							
OR Networth in Rs. (Mandatory for Non					Partners								
Índividual) (not older	as on	as on	as on	as on	Karta	( <b>m</b> ) .							
than 1 year)	D D M M Y Y	DDMMYY	D D M M Y Y	D D M M Y Y	Whole-time Directors	Turstee							
FATCA/CRS/UBO D	ETAILS: For In	dividuals (Man	datory). Non Ind	dividual Investo	rs including HUE NRIs	should mandato	rily fill separate	FATCA/CRS/U	BO details form				
Details		Sole/ 1st Appl	lcant	2nd App	licant	3rd Applicant	t	Guardian/	PUA				
Place & Country of Birth													
Nationality			_		_								
Are you a tax resident of a	ny	Yes	No	Yes	No	Yes	No	Yes	No				
country other than India?				IT Yes	: Mandatory to enclose FATC	A /CRS Annexure							
<b>DECLARATION (SIGNA</b>	ATURE/S MAI	NDATORY)				Date		Place					
Having read and understood the conter referred as Scheme Documents) and all applicable laws and the terms and con resident of Canada (ii) 1 /we am/are nc are true and correct and (v) the ARN the have not received nor been induced by their employees, directors and key man consequences in case of any of the abov hereby autorise Franklin Templeton to by me/us, to any of its agents, service I advising / informing me/us of the sam I/We confirm that I/we have provided mobile number irrespective of its registra such modification. I acknowledge that DN	nts of the Statement of A ter evaluating and ackn	Additional Information (S owledging the risk factor	SAI) of Franklin Templet s, I / we hereby apply to	on Mutual Fund (FTMF), the Franklin Templeton	respective Scheme Information Do Trustee Services Pvt. Ltd., Trustees	cument (SID); Key Informa to the schemes of FTMF for	tion Memorandum (KIN units of scheme(s) of F	<ol> <li>the Addenda issued the TMF as indicated above,</li> </ol>	nerein till date (together and agree to abide by all				
applicable laws and the terms and con resident of Canada (ii) I /we am/are no	ditions mentioned in the ot a 'US Person' and are	he Scheme Documents. I not applying for Units on details of commissions (ii	Notwithstanding the ger 1 behalf of any 'US Person 1 the form of theil comm	nerality of the aforesaid u n' (iii) the money used for	indertaking, I/We hereby confirm t r investment is my/our own and fro affered by comparing schemes of	hat (i) I am/ we are not n om legitimate sources (iv) 1	esidents of Canada and the tax residency status	am/ are not applying for (FATCA/CRS) and UBO c	r Units on behalf of any letails mentioned above				
have not received nor been induced by a their employees, directors and key man	any rebate or gifts, direct agerial persons (collect	ctly or indirectly in makin tively referred as Franklir	ig this investment and ar Templeton) harmless a	e not in contravention or	evasion of any applicable laws. I/ W	le further agree to hold FTI ndertaken or activities per	MF, Franklin Resources 1 formed by them in acco	nc. its subsidiary and ass rdance with the Scheme	ociate entities including				
consequences in case of any of the above hereby authorise Franklin Templeton to	ve particulars being fals o use, disclose, share, re	e, incorrect or incomplet mit in any form, mode or	e or for the activities per manner, all / any of the	formed by them in good information provided by	faith or on the basis of information me/ us, including all changes, upda	provided by me/us as also tes to such information as	o due to my/ our not inti and when provided by r	mating / delay in intimatine ne/ us alongwith the det	ting such changes. I/We ails of investment made				
by me/us, to any of its agents, service p advising / informing me/us of the sam	providers, representativ e. I/ We hereby agree to	es or distributors or any o keep the information p	v other parties located in provided to Franklin Ten	n India or outside India o upleton updated and to p	r any Indian or foreign governmen rovide any additional information ,	tal, statutory, regulatory, ac documentation that may	Iministrative or judicial be required by Franklir	authorities / agencies w 1 Templeton, in connection	ithout any obligation of on with this application.				
mobile number irrespective of its registra such modification. Lacknowledge that DN	ition in Do Not Disturb (I ID registration/ont-out w	DND) registry of TRAL I have a contract to the second	ave opted to receive updated averages	tes from Franklin Templeto	on via SMS and WhatsApp. I am awai	e about the option to opt-ou	it from all our promotion	al messages at my choice	and the timeline to effect				
Sole / Fi	rst Unit Holder			Second Un	it Holder		Third	Unit Holder					
Sole / First Unit Holder     Second Unit Holder     Third Unit Holder													
☎ 1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)				klintempleton.com									
T800 425 4255 or 1800 2	58 4255 (from 8 am to	o 9 pm, Monday to Saturd	lay)	service@frai	nklintempleton.com		<b>~</b> ∪ www. trank	iintempletonindia.coi	n				
Quick 🗌 Name, Add	ress are correctl	y mentioned	🗌 Full s	cheme name, plai	n, option is mentioned	Add	itional documen	ts provided if inv	estor name is				
Checklist Email ID / Mobile number are mentioned Pay-In bank details and s					-	option is mentioned       Additional documents provided if investor name is         supportings are attached       not pre-printed on payment cheque or if							
KYC information provided for each applicant       Nomination facility opted       Demand Draft is used.													
FATCA/CRS details provided for each applicant Form is signed by all applicants Non Individual investors should attach													
Corporate Documents/ Trust Deed Proof of relationship with minor								n					
Corporate Documents/ Trust Deed       Proof of relationship with minor       Image: Corporate Documents and Declaration Form         PoA Documents       Image: Documents and Declaration Form													