

**Know Your Client (KYC)  
Application Form (For Individuals only)**

(Please fill the form in English and in BLOCK Letters)  
Fields marked with '\*' are mandatory fields

Systematix ARN: 64917 EUIN: E-029678



Application  New  
Type\*  Update KYC Number\*

KYC Type\*  Normal (PAN is mandatory)  PAN Exempt Investors (Refer instruction K)

**1. Identity Details** (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth\*   -   -

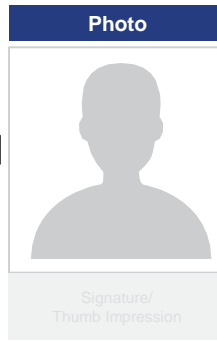
Gender\*  M- Male  F- Female  T-Transgender

Marital Status\*  Married  Unmarried  Others

Citizenship\*  IN- Indian  Others - Country  Country Code

Residential Status\*  Resident Individual  Non Resident Indian  
 Foreign National  Person of Indian Origin

Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector  
 O-Others  Professional  Self Employed  Retired  Housewife  Student  
 B-Business  X-Not Categorised



**2. Proof of Identity (PoI)\*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date   -   -

B- Voter ID Card

D- Driving Licence  Driving Licence Expiry Date   -   -

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

**3. Proof of Address (PoA)\***

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

**Address**

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

Address Type\*  Residential / Business  Residential  Business  Registered Office  Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

**Proof of Address\***

Passport Number  Passport Expiry Date   -   -

Voter ID Card

Driving Licence  Driving Licence Expiry Date   -   -

Aadhaar Card

NREGA Job Card

Others (any document notified by the central government)  Identification Number

3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1\*

Line 2

Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID   
Mobile  -  Tel. (Off)  -  Tel. (Res)  -

**5. FATCA/CRS Information** (Tick if Applicable)  Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)  
Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166  
Tax Identification Number or equivalent (If issued by jurisdiction)\*   
Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166  
Address  
Line 1\*   
Line 2   
Line 3  City / Town / Village\*   
District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988  
State/UT\*  Country\*  Country Code  as per ISO 3166

**6. Details of Related Person** (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)   
Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
Name\* Prefix  First Name  Middle Name  Last Name   
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [Pol] of Related Person\* (Please see instruction **(H)** at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

A- Passport Number  Passport Expiry Date   
 B- Voter ID Card   
 C- PAN Card   
 D- Driving Licence  Driving Licence Expiry Date   
 E- Aadhaar Card   
 F- NREGA Job Card   
 Z- Others (any document notified by the central government)  Identification Number

**7. Remarks (If any)**

**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]  
Signature / Thumb Impression of Applicant

Date:  Place:

**9. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by** (Refer Instruction I)

Date   
Emp. Name   
Emp. Code   
Emp. Designation   
[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
[Institution Stamp]

**In-Person Verification (IPV) Carried Out by** (Refer Instruction J)

Date   
Emp. Name   
Emp. Code   
Emp. Designation   
[Employee Signature]

**Institution Details**

Name   
Code   
Emp. Branch   
[Institution Stamp]

**Annexure A1 – Addition/Modification/Change of Address – Correspondence/Local Address**

Fields marked with "\*" are mandatory fields.  
Please fill the form in English and in BLOCK letters.

<b>For office use only</b> <small>(To be filled by financial institution)</small>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change	
	KYC Number <input style="width: 100px;" type="text"/>	(Mandatory for KYC update request)

**1. Correspondence / Local Address Details** (Please see instruction E at the end) Enclose relevant documentary proof

Same as Current / Permanent / Overseas Address details

Line 1*	<input style="width: 100%;" type="text"/>	
Line 2	<input style="width: 100%;" type="text"/>	
Line 3	<input style="width: 100%;" type="text"/>	City / Town / Village*
District*	<input style="width: 150px;" type="text"/>	Zip / Post Code* <input style="width: 100px;" type="text"/>
		State/UT Code <input style="width: 50px;" type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT	<input style="width: 150px;" type="text"/>	Country* <input style="width: 100px;" type="text"/>
		Country Code <input style="width: 50px;" type="text"/> as per ISO 3166

**2. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID	<input style="width: 100%;" type="text"/>
Mobile	<input style="width: 50px;" type="text"/> - <input style="width: 150px;" type="text"/> Tel. (Off) <input style="width: 50px;" type="text"/> - <input style="width: 150px;" type="text"/> Tel. (Res) <input style="width: 50px;" type="text"/> - <input style="width: 150px;" type="text"/>
Fax	<input style="width: 50px;" type="text"/> - <input style="width: 150px;" type="text"/>

**3. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

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Signature / Thumb Impression of Applicant

Date:   -   -     Place:

**Annexure B1 – Addition/Deletion of Related Persons**

Fields marked with "\*" are mandatory fields.  
Please fill the form in English and in BLOCK letters.

<b>For office use only</b> <small>(To be filled by financial institution)</small>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change	
	KYC Number	<small>(Mandatory for KYC update request)</small>

**1. Details of Related Person** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

Addition of Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

**Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)**

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- Aadhaar Card			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)	Identification Number		

**2. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

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Signature / Thumb Impression of Applicant

Date:  Place:

**3. Attestation / For Office Use Only**

**Documents Received**  Certified Copies

**KYC Verification Carried Out by**

Date

Emp. Name Emp.

Code

Emp. Designation

Emp. Branch

[Employee Signature]

**Institution Details**

Name

Code

[Institution Stamp]

# Supplementary CKYC Form

## Know Your Client (KYC) Application Form For Individuals Only

(To be additionally filled by customers using old KYC form)



(Please fill the form in English and in BLOCK Letters)  
Fields marked with \* are mandatory fields

KYC Type:  Normal (PAN is mandatory)  
 PAN Exempt Investors

### 1. Identity Details (Please refer instruction A at the end)

PAN  Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Mother Name*				

Residential Status\*  Resident Individual  Non Resident Indian  
 Foreign National  Person of Indian Origin

Occupation Type\*  S-Service  Private Sector  Public Sector  Government Sector  
 O-Others  Professional  Self Employed  Retired  Housewife  Student  
 B-Business  X-Not Categorized

### 2. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required\* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence\*  Country Code of Jurisdiction of Residence  as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*  Country of Birth\*  Country Code  as per ISO 3166

Address Line 1\*   
 Line 2   
 Line 3  City / Town / Village\*

District\*  Zip / Post Code\*  State/UT Code  as per Indian Motor Vehicle Act, 1988

State/UT\*  Country\*  Country Code  as per ISO 3166

### 3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person  Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative

Name\*

(If KYC number and name are provided, below details of section 6 are optional)

### Proof of Identity [PoI] of Related Person\* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

A- Passport Number  Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence  Driving Licence Expiry Date

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government)  Identification Number

### 4. Remarks (If any)

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### 5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date:  Place:



FRANKLIN TEMPLETON  
INVESTMENTS

# FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Systematix ARN: 64917 EUIN: E-029678

## First / Sole Applicant / Guardian

Name

Gender  M  F  O  PAN  Occupation Type  Service  Business  Others

Father's Name

Cust ID / Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KYC  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth

Nationality

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## Second applicant

Name

Gender  M  F  O  PAN  Occupation Type  Service  Business  Others

Father's Name

Cust ID / Folio No.

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KYC  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Date of Birth  Place of Birth

Country of Birth

Nationality

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Third applicant

Name																											
Gender	M	F	O	PAN													Occupation Type	Service	Business	Others							
Father's Name																											
Cust ID / Folio No.																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KYC	<input checked="" type="checkbox"/>	Residential or Business	<input checked="" type="checkbox"/>	Residential	<input checked="" type="checkbox"/>	Business	<input checked="" type="checkbox"/>	Registered Office																			
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																										
Date of Birth							Place of Birth																				
Country of Birth																											
Nationality																											

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

#### Signatures

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First / Sole Applicant / Guardian

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Second Applicant

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Third Applicant

Date

Place

### FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Franklin Templeton Asset Management (India) Pvt. Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

