#### Systematix ARN: 64917 EUIN: E-029678 **Know Your Client (KYC)** Application New Application Form (For Individuals only) Type\* ☐ Update KYC Number\* (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 (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) Maiden Name (If any\*) Father / Spouse Name\* Mother Name\* Date of Birth\* **Photo** Gender\* ☐ M- Male ☐ F- Female ☐ T-Transgender Marital Status\* Married Unmarried Others Citizenship\* ☐ IN- Indian Country Code ☐ Others – Country Residential Status\* Resident Individual ■ Non Resident Indian Foreign National Person of Indian Origin Occupation Type\* S-Service Private Sector Public Sector Government Sector Student O-Others Professional Self Employed Retired Housewife **B-Business** X-Not Categorised 2. Proof of Identity (Pol)\* (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 [Pol] 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 Residential Address Type\* Residential / Business 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

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4. Contact Details (All communications will be sent on provided Mobile no. / B	mail-ID) (Please refer instruction <b>F</b> at the end)
Email ID	
Mobile Tel. (Off)	Tel. (Res)
_	Courage of the state of th
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Additional Details Required* (Mandatory only if above option (5) is tick 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 I	irth* Country Code as per ISO 3166
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* Count	y* 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')
_	ber of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee	Authorized Representative
Prefix First Name	Middle Name Last Name
Name*	
(If KYC number and name are provided, below details on Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the	· · ·
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submit	
A- Passport Number	Passport Expiry Date
B- Voter ID Card	
C- PAN Card	
☐ D- Driving Licence	Driving Licence Expiry Date DD MM - YYYYY
□ E- Aadhaar Card	g
F- NREGA Job Card	
Z- Others (any document notified by the central government)	Identification Number
7. Remarks (If any)	
8. Applicant Declaration	
<ul> <li>I hereby declare that the details furnished above are true and correct to the best of my knowledge and therein, immediately. In case any of the above information is found to be false or untrue or misleadin liable for it. I hereby declare that I am not making this application for the purpose of contraventic legislation or any notifications/directions issued by any governmental or statutory authority from time to</li> </ul>	g or misrepresenting, I am aware that I may be held n of any Act, Rules, Regulations or any statute of
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above	registered number/email address.
Date: DD - M M - Y Y Y Y Place:	Signature / Thumb Impression of Applicant
9. Attestation / For Office Use Only	
Documents Received ☐ Certified Copies	
KYC Verification Carried Out by (Refer Instruction I)	Institution Details
Date DD - MM - YYYY	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
In-Person Verification (IPV) Carried Out by (Refer Instruction J)  Date	Institution Details
	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	

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## 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.

For office use only (To be filled by financial institution)	Application Type* Ne	w Update/Change	(Mandatory for KYC update request)
1. Correspondence / Local	Address Details (Please see i	nstruction E at the end) Enclose relevant	t documentary proof
☐ Same as Current / Perman	ent / Overseas Address deta	ails	
Line 1*			
Line 2			
Line 3			City / Town / Village*
District*	Zip / Post 0	Code* Sta	ate/UT Code as per Indian Motor Vehicle Act, 1988
State/UT		Country*	Country Code as per ISO 3166
2. Contact Details (All comm	unications will be sent on prov	ded Mobile no. / Email-ID) (Please refer	instruction <b>F</b> at the end)
Email ID Mobile	Tel. (Off)		el. (Res)
Fax			
3. Applicant Declaration			
therein, immediately. In case any of the a liable for it. I hereby declare that I am legislation or any notifications/directions i	above information is found to be false or not making this application for the purp assued by any governmental or statutory a	my knowledge and belief and I undertake to inform yountrue or misleading or misrepresenting, I am aware to see of contravention of any Act, Rules, Regulations uthority from time to time.  Email on the above registered number/email address.	that I may be held or any statute of [Signature / Thumb Impression]
Date: DD-MM-YY	Place:		Signature / Thumb Impression of Applicant

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## Annexure B1 - Addition/Deletion of Related Persons

Fields marked with '\*' are mandatory fields.

Please fill the form in English and in BLOCK letters.



For office use only (To be filled by financial institution)	Application Type* KYC Number	□ New □ U	Jpdate/Change		(Ma	andato	ry for	KYC	иро	date	requ	est)				
1. Details of Related Pe	erson (In case of additional	related persons, pleas	se fill 'Annexure B1	') (pleas	se refe	r instru	uction (	at t	he e	end)						
Addition of Related Pers	on Deletion of Related	Person KYC Nur	mber of Related Pe	rson (if	availab	ole*)										
Related Person Type*	Guardian of Minor	Assignee		uthoriz		resent	ative									
Name*	Prefix F	e provided, below details		ddle Nar al)	ne						ast N	ame				
Proof of Identity [PoI] of Rel	ated Person* (Please see ir	nstruction (H) at the en	nd)													
☐ A- Passport Number ☐ B- Voter ID Card			F	'asspo	rt Expi	ry Da	te		D	]-[1	л M	-[	YY	Υ	Υ	
☐ C- PAN Card																
☐ D- Driving Licence			С	riving	Licenc	е Ехр	iry Da	te 🗖	D	<b> </b> -	/I M	-[	YY	Υ	Υ	
☐ E- Aadhaar Card																
☐ F- NREGA Job Card																
Z- Others (any docume	nt notified by the central	government)		ld	entific	ation	Numbe	er [								
2. Applicant Declaration																
liable for it. I hereby declare that	of the above information is found to be I am not making this application for tions issued by any governmental or	e false or untrue or misleadi r the purpose of contraventi statutory authority from time	ng or misrepresenting, I a ion of any Act, Rules, Ro to time.	am aware egulations	that I ma s or any	y be hel	d		[Sig	nature	/ Thun	nb Im	pressio	on]		
Date: DD — MM — Y	Y Y Y Plac	e:						Sigr	nature	e / Thui	mb Imp	ress	ion of	Applic	ant	
3. Attestation / For Office	Use Only															
Documents Received [	Certified Copies															
KYC	Verification Carried Out by					Inst	itution	Detai	s							
Date		]	Name					$\top$			П	Т			$\top$	٦
Emp. Name Emp.			Code													
Code			] [													7
Emp. Designation			]													
Emp. Branch			]			[lr	nstitution	Stamp								
	[Employee Signature]															

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# **Supplementary CKYC Form**

# **Know Your Client (KYC) Application Form**

For Individuals Only

(Please fill the form in English and in BLOCK Letters)

KYC Ty

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

/pe:	□ Normal (PAN is mandatory)

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 $\ \square$  PAN Exempt Investors Fields marked with \* are mandatory fields

1. Identity Details (Please r	efer instruction <b>A</b> 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)		
Maiden Name (If any*)		
Mother Name*		
Residential Status*  Occupation Type*	□ Resident Individual       □ Non Resident Indian         □ Foreign National       □ Person of Indian Origin         □ S-Service       □ Private Sector       □ Public Sector       □ Government Sector         □ O-Others       □ Professional       □ Self Employed       □ Retired       □ Hou         □ B-Business       □ X-Not Categorised	_
2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside In	ndia (Please refer instruction <b>B</b> at the end)
Country of Jurisdiction of Tax Identification Number Place / City of Birth*  Address Line 1* Line 2 Line 3 District* State/UT*  3. Details of Related Perso Related Person Related Person Type*	or equivalent (If issued by jurisdiction)*  Country of Birth*	Country Code as per ISO 3166  own / Village* as per Indian Motor Vehicle Act, 1988 Country Code as per ISO 3166  ease fill 'Annexure B1')
_	he following Proof of Identity[Pol] needs to be submitted)	
□ A- Passport Number □ B- Voter ID Card □ C- PAN Card □ D- Driving Licence □ E- Aadhaar Card □ F- NREGA Job Card □ Z- Others (any document)	Passport Expiry Date  Driving Licence Expire  at notified by the central government)	iry Date DD — MM — Y Y Y Y
4. Remarks (If any)		
5. Applicant Declaration		
therein, immediately. In case any o liable for it. I hereby declare that legislation or any notifications/direc I hereby consent to receiving inform	hished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes f the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute o tions issued by any governmental or statutory authority from time to time.	d [Signature / Thumb Impression]
Date: DD — M M —	<u>Y Y Y Y</u> Place:	Signature / Thumb Impression of Applicant



# 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 Occupation Type Gender **PAN** 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 **Business** Registered Office Residential or Business Permissible documents are O Passport O Election ID Card O PAN Card O Govt. ID Card O Driving License O UIDAI Card O NREGA Job Card O Others Date of Birth Place of Birth Country of Birth Nationality Are you a tax resident of any country other than India? If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. **Identification Type** Country# Tax Identification Number<sup>%</sup> (TIN or Other, please specify) \*To also include USA, where the individual is a citizen / green card holder of The USA \*In case Tax Identification Number is not available, kindly provide its functional equivalent \$ Second applicant Name Gender PAN Occupation Type 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 O Passport O Election ID Card O PAN Card O Govt. ID Card O Driving License O UIDAI Card O NREGA Job Card O Others Permissible documents are Date of Birth Place of Birth Country of Birth Nationality Are you a tax resident of any country other than India? If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. **Identification Type** Country<sup>#</sup> Tax Identification Number% (TIN or Other, please specify)  $^{\sharp}$ To also include USA, where the individual is a citizen / green card holder of The USA

\*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

	Third applicant	
Name		
Gender M F O	PAN Occu	upation Type Service Business Others
Father's Name		
Cust ID / Folio No.		
Address of tax residence would be taken as availa	able in KRA database. In case of any change please app	roach KRA & notify the changes
Type of address given at KYC	Residential or Business 🗸 Residential 🔻	Business Registered Office
Permissible documents are O Passport O	Election ID Card O PAN Card O Govt. ID Card O Driving Lice	ense O UIDAI Card O NREGA Job Card O Others
Date of Birth	Place of Birth	
Country of Birth		
Nationality		
Are you a tax resident of any country oth	ner than India? Yes V	
	n which you are resident for tax purposes and the	associated Tay ID Numbers below
		Identification Type
Country*	Tax Identification Number <sup>%</sup>	(TIN or Other, please specify)
*To also include USA, where the individual is  *In case Tax Identification Number is not ava	a citizen / green card holder of The USA allable, kindly provide its functional equivalent \$	
	Certification	
	mation requirements of this Form (read	
complete. I / We also confirm that below and hereby accept the same.	hat the information provided by me/us on the last of t	
Signatures		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date ddmmyyyyy	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.



Name

Aadhaar number with UIDAI.

PAN/PEKRN Date

# REQUEST FOR AADHAAR NUMBER LINKING WITH FRANKLIN TEMPLETON MUTUAL FUND INVESTMENTS

Systematix ARN: 64917 EUIN: E-029678

#### Information to Investors/ Authorised Signatory

As per the recent amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005, mutual fund account/folio holders (in case of individual investor) and managers, officers or employees holding an attorney to transact on behalf of non-individual investor are required to update their Aadhaar numbers by 31st December 2017, failing which the said account/folio will cease to be operational.

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations.

Please fill in the details below:
Folio number(s) (Please submit these details separately for All Holders/ Authorised Signatories)
PAN/PEKRN
Name
Aadhaar Number
Enrollment Number (In case Aadhaar number has not been issued)
□ Aadhaar Enrollment proof Gender □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Mobile Number         Email id
Consent
I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.
I hereby provide my consent for sharing/disclosing of my Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my folios linked to my PAN.
Signature X Date Place
Instructions
1) Aadhaar number shall be updated in all folios held with Franklin Templeton Mutual Fund in your capacity as sole/joint investor, guardian or authorized signatory based on PAN match only post successful validation with UIDAI.
signatory based on PAN match only post successful validation with UIDAI.
signatory based on PAN match only post successful validation with UIDAI.  2) This form should be submitted separately for each account holders/ Authorised Signatory  3) Validation of Aadhaar number with UIDAI shall be done basis identity information already recorded in the existing folios. If the same is not available, the
signatory based on PAN match only post successful validation with UIDAI.  2) This form should be submitted separately for each account holders/ Authorised Signatory  3) Validation of Aadhaar number with UIDAI shall be done basis identity information already recorded in the existing folios. If the same is not available, the
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signatory based on PAN match only post successful validation with UIDAI.  2) This form should be submitted separately for each account holders/ Authorised Signatory  3) Validation of Aadhaar number with UIDAI shall be done basis identity information already recorded in the existing folios. If the same is not available, the

ACKNOWLEDGEMENT: Received request for Aadhaar Number linking with Franklin Templeton Mutual Fund Investments

Linking your Aadhaar with Franklin Templeton Mutual Fund folio will be subject to successful verification of your

Place

Stamp