N

Know Your Client (KYC) Application Form (For Non-Individuals Only)

CVL

Place for Intermediary Logo

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

Systematix ARN: 64917 EUIN: E-029678

A. Identity Details (please see guidelines overleaf)

1. **Name of Applicant** (Please write complete name as per Certificate of Incorporation / Registration; leaving one box blank between 2 words. Please do not abbreviate the Name).

2. **Date of Incorporation** d d / m m / y y y y **Place of Incorporation**

3. **Registration No. (e.g. CIN)** **Date of commencement of business** d d / m m / y y y y

4. **Status** Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Corporate ☐ Partnership ☐ Trust / Charities / NGOs ☐ HUF ☐ FI ☐ FII
☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government Organisation
☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLP ☐ Others (Please specify)

5. **Permanent Account Number (PAN) (MANDATORY)** Please enclose a duly attested copy of your PAN Card

B. Address Details (please see guidelines overleaf)

1. **Address for Correspondence**

City / Town / Village Postal Code
State Country

2. **Contact Details**

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) Fax (ISD) (STD)
E-Mail Id.

3. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) (Please specify)
*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. **Registered Address (If different from above)**

City / Town / Village Postal Code
State Country

5. **Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.**
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Bank Account Statement ☐ Registered Lease / Sale Agreement of Office Premises
☐ Any other proof of address document (as listed overleaf) (Please specify)
*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

C. Other Details (please see guidelines overleaf)

1. **Name, PAN, DIN/Aadhaar Number, residential address and photographs of Promoters/Partners/Karta/Trustees/whole time directors** (Please use the Annexure to fill in the details)

2. **Any other information:**

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.

Place:

Date:

NAME & SIGNATURE(S) OF AUTHORISED PERSON(S)

FOR OFFICE USE ONLY

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Systematix ARN: 64917 EUIN: E-029678

Name of Applicant _____ **PAN of the Applicant** | | | | | | | | | | |

Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph

Name & Signature of the Authorised Signatory(ies) Date d d / m m / y y y y

CVL

Place for Intermediary Logo

FRANKLIN TEMPLETON INVESTMENTS

Details of Ultimate Beneficial Owner including additional FATCA, GST & CRS information

Systematix ARN: 64917 EUIN: E-029678

Name of the entity

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

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

Customer ID / Folio Number

GSTN Number

PAN

Date of incorporation D D / M M / Y Y Y Y

City of incorporation

Country of incorporation

Entity Constitution Type
Please tick as appropriate

a *Partnership Firm* b *HUF* c *Private Limited Company* d *Public Limited Company* e *Society* f *AOP/BOI*
g *Trust H Liquidator* h *Limited Liability Partnership* i *Artificial Juridical Person* z *Others specify* _____

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes ✓ No ✓

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number[%]	Identification Type *(TIN or Other[%], please specify)*

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent[$].
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A *(to be filled by Financial Institutions or Direct Reporting NFEs)*

1. We are a,

Financial institution[6] ✓
or
Direct reporting NFE[7] ✓

(please tick as appropriate)

GIIN

Note: *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of sponsoring entity

GIIN not available *(please tick as applicable)* ✓ **Applied for**

If the entity is a financial institution, ✓ Not required to apply for - please specify 2 digits sub-category[10]

✓ Not obtained – Non-participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1.	Is the Entity a *publicly traded company*[1] *(that is, a company whose shares are regularly traded on an established securities market)*	Yes ✓ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange_____
2.	Is the Entity a *related entity*[2] of a publicly traded company *(a company whose shares are regularly traded on an established securities market)*	Yes ✓ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)* Name of listed company_____ Nature of relation: ☑ Subsidiary of the Listed Company or ☑ Controlled by a Listed Company Name of stock exchange_____
3.	Is the Entity an *active*[3] NFE	Yes ✓ *(If yes, please fill UBO declaration in the next section.)* Nature of Business_____ Please specify the sub-category of Active NFE *(Mention code – refer 2c of Part D)*
4.	Is the Entity a *passive*[4] NFE	Yes ✓ *(If yes, please fill UBO declaration in the next section.)* Nature of Business_____

[1]Refer 2a of Part D | [2]Refer 2b of Part D | [3]Refer 2c of Part D | [4]Refer 3(ii) of Part D | [6]Refer 1 of Part D | [7]Refer 3(vii) of Part D | [10]Refer1A of Part D

UBO Declaration

Category *(Please tick applicable category):* ✓ Unlisted Company ✓ Partnership Firm ✓ Limited Liability Partnership Company

✓ Unincorporated association / body of individuals ✓ Public Charitable Trust ✓ Religious Trust ✓ Private Trust

✓ Others (please specify_____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's[5] should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - *Beneficial owner / Controlling person* **Country -** *Tax Residency** **Tax ID No. -** *Or functional equivalent for each country[%]*	**Tax ID Type -** *TIN or Other, please specify* **Beneficial Interest -** *in percentage* **Type Code[11]-** *of Controlling person*	**Address -** *Include State, Country, PIN / ZIP Code & Contact Details* **Address Type -**
1. Name	Tax ID Type	Address
Country	Type Code	
Tax ID No.[%]	AddressType ○ Residence ○ Business ○ Registered office	ZIP State: Country:
2. Name	Tax ID Type	Address
Country	Type Code	
Tax ID No.[%]	AddressType ○ Residence ○ Business ○ Registered office	ZIP State: Country:
3. Name	Tax ID Type	Address
Country	Type Code	
Tax ID No.[%]	AddressType ○ Residence ○ Business ○ Registered office	ZIP State: Country:

 # If passive NFE, please provide below additional details. *(Please attach additional sheets if necessary)*

PAN / Any other Identification Number *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type -** *Service, Business, Others* **Nationality** **Father's Name -** *Mandatory if PAN is not available*	**DOB -** *Date of Birth* **Gender -** *Male, Female, Other*
1. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender Male ✓ Female ✓
Country of Birth	Father's Name	Others ✓
2. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender Male ✓ Female ✓
Country of Birth	Father's Name	Others ✓
3. PAN	Occupation Type	DOB DD/MM/YYYY
City of Birth	Nationality	Gender Male ✓ Female ✓
Country of Birth	Father's Name	Others ✓

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

[%]In case Tax Identification Number is not available, kindly provide functional equivalent

[4]Refer 3(iii) of Part D | [5]Refer 3(vi) of Part D | [11]Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax 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.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

[$]It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and

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.

Name

Designation

Signature Signature Signature

Place _____

Date __/ __/ _____

FRANKLIN TEMPLETON INVESTMENTS

REQUEST FOR AADHAAR NUMBER LINKING FOR NON- INDIVIDUAL ACCOUNTS WITH FRANKLIN TEMPLETON MUTUAL FUND INVESTMENTS

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. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

Please fill in the details below:

Folio number(s) ☐☐☐☐☐☐☐☐ PAN of Non-Individual investor ☐☐☐☐☐☐☐☐☐☐

Name of Non-Individual investor ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Details of Aadhaar Number and PAN for our Authorised Signatories (ASL)and their consent:
I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my consent for sharing/disclosing of my/our 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 the folios linked to my/our PAN.

Name of ASL	Aadhaar Number	PAN	Date of Birth	Gender	Mobile No.	Pin Code	Signature of ASL
			dd/mm/yy	☐M ☐F			
			dd/mm/yy	☐M ☐F			
			dd/mm/yy	☐M ☐F			
			dd/mm/yy	☐M ☐F			
			dd/mm/yy	☐M ☐F			
			dd/mm/yy	☐M ☐F			
			dd/mm/yy	☐M ☐F			

Certificate from Company Secretary/any other competent Authority of the organization

I/We _____, Company Secretary/Competent Authority to issue this certificate on behalf of the Organization, hereby confirm the correctness of the above information. The details provided above covers details of all the authorized signatories of our organization. In case of any change in the aforesaid information same shall be shared with Franklin Templeton Investments.

Signature x _____ x _____ x _____

Date _____ Place _____ Seal of the Organisation _____

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.
2) 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 details provided herein shall be utilized. The application is subject to rejection in case of discrepancy in information.
3) In case ASL list is more than the rows provided please provide annexure in the same format.

☞ ACKNOWLEDGEMENT: Received request for Aadhaar Number linking with Franklin Templeton Fund investments

Name _____

PAN ☐☐☐☐☐☐☐☐☐☐ Date _____ Place _____

Linking of Aadhaar Number with Franklin Templeton Mutual Fund Folio is subject to sucessful verification with UIDAI

Stamp