

FRANKLIN  
TEMPLETON**APPLICATION FORM FOR EXISTING INVESTORS**  
(Please use separate Transactions Form for each Scheme / Plan and Transaction)**FINANCIAL  
TRANSACTIONS**

Advisor ARN / RIA Code/ Portfolio Manager's Registration No. <b>ARN-64917</b>	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. <b>Applicable only if ARN is mentioned but EUIN box is left blank:</b> "I/We hereby confirm that the EUIN 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." <b>Applicable only if RIA Code/ Portfolio Manager's Registration Number is mentioned:</b> "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 EUIN <b>E434563</b>	
For office use only		

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder

**MY DETAILS** (To be filled in Block Letters. Please provide the following details in full. Please refer instructions)

My Name

My Folio Number

Scheme Name/Plan/Option\*

\*Scheme name for Additional Purchase Order, Redemption, SIP &amp; SWP. Source scheme name for Switch, STP &amp; Transfer of IDCW Plan. Nomination details will be replicated as per the last transaction in this folio. You may attach a separate nomination form in case of change in nomination.

**I WISH TO MAKE A LUMP SUM INVESTMENT** (Cheque/DD should be in favour of Scheme name, eg. Franklin India Bluechip Fund)

Amount in Figures Rs. Amount in Words

Payment by:  RTGS  NEFT  Funds transfer  Cheque/Draft No. Date DD / MM / YYPayment from Bank A/c no.: Pay in A/c No. A/c. Type:  Savings  Current  NRE  NRO  FCNR  Others

Bank name &amp; Branch:

 Payment by Auto Debit: If Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below.

Bank name Account No.

Documents Attached to avoid Third Party Payment Rejection, where applicable:  Bank Certificate, for DD  Third Party Declarations**I WISH TO START AN SIP** (Please attach SIP Auto Debit Slip for NACH registration)

Each SIP amount (minimum Rs. 500 for other than daily frequency) Rs. SIP Date: DD (If left blank 10th will be considered as the default date for monthly and quarterly)

SIP Period Start Date MM / YY End Date MM / YY

Investment Frequency  Daily\$  Weekly\$  MON  TUE  WED  THU  FRI  Monthly (default)  Quarterly First SIP Cheque Date: Cheque No.

Drawn on Bank/Branch

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) Tick here if Auto Debit Form (ADF) is already registered in the Folio. Please mention in space provided below the Bank Name and Account Number:

Bank Name Account No.

 Tick here if attaching a New Auto Debit Form.**I WISH TO UPDATE MY KNOW YOUR CUSTOMER (KYC) & GST DETAILS**

GSTN No.

KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement for this folio, you need not provide the same again.

Applicant	PAN No. / PEKRN (Mandatory)	KIN No. (Mandatory if KYC done via CKYC)	Date of Birth
1st			DD / MM / YY
2nd			DD / MM / YY
3rd			DD / MM / YY
G or POA <sup>^</sup>			DD / MM / YY

<sup>^</sup>G: Guardian; <sup>^</sup>POA: Power Of Attorney**ACKNOWLEDGEMENT SLIP**

Sl. No.

Date DD / MM / YY Received from

Customer Folio No.  Additional Purchase / SIP (Rs.) Cheque No.(s) SWP  STP  Transfer of IDCW Plan  Redemption or Switch : Amount (Rs.) OR UnitsService Centre Signature  
& Stamp

**I WISH TO WITHDRAW MY INVESTMENT (REDEMPTION)** (Subject to Lock-in, If any)

Amount/Units in Figures

Amount/Units in Words

Tick to Redeem all units

Rs.

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

**I WISH TO TRANSFER MY INVESTMENT TO ANOTHER SCHEME (SWITCH)** (Subject to Lock-in, If any)

(DOB: \_\_\_/\_\_\_/\_\_\_\_\_, Mandatory for investment in FIPEP)

Switch-in To Scheme / Plan / Option

Account No. (Mention only if Transferring into Existing Scheme)

Tick to switch all units

Amount/Units in Figures

Amount/Units in Words

Rs.

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

**I WISH TO TRANSFER FIXED AMOUNTS FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (STP)** (Subject to Lock-in, If any)

STP in To Scheme/Plan/option

Account No. (Mention only if Transferring into Existing Scheme)

Transfer Amount:  Fixed Sum of Rs.

(Minimum Rs. 1000/-)

OR  Capital Appreciation, subject to Minimum of Rs.1000/-

Frequency:  Daily<sup>\$</sup> OR  Weekly<sup>\$</sup> Dates: 7th, 14th, 21st, 28th  
 MON  TUE  WED  THU  FRI OR  Monthly\* \_\_\_ day of the month OR  Quarterly \_\_\_ day of the month  
\$ Refer Page 9 for T & C

Transfer Period (Minimum 2 STP transactions) From DD / MM / YY To DD / MM / YY

Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable. The following schemes/plans/options are not available as Source Scheme: • FIPEP • FIGSE. STP-out allowed in FIT subject to availability of free units ie post completion of 3 years lock in period.

**I WISH TO WITHDRAW FIXED AMOUNTS FROM MY CURRENT INVESTMENT AT A SET FREQUENCY (SWP)** (Subject to Lock-in, If any)

Withdrawal Amount  Fixed Sum of Rs.

(Minimum Rs. 500/-)

OR  Capital Appreciation (Applicable only on last business day of the selected frequency)

Frequency  Monthly\*  Quarterly  
 Semi-Annual  Annual

Withdrawal Period (Minimum 1 SWP transaction) From DD / MM / YY To DD / MM / YY

**I WISH TO TRANSFER DISTRIBUTIONS RECEIVED FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (Transfer of IDCW Plan)**

To Target Scheme/Plan/Option (To where Dividend (Income Distribution cum capital withdrawal) is to be transferred)

Account No. (Mention only if Transferring into Existing Scheme)

\*Default Option may be applied in case of no information, ambiguity or discrepancy.

**DEPOSITORY ACCOUNT DETAILS** (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.

NSDL: DP Name

DP ID I N

Beneficiary Ac No.

CDSL: DP Name

Beneficiary Ac No.

Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. Enclosed (Mandatory)  Client Master List OR  DP statement

**DECLARATION (SIGNATURE/S MANDATORY)**

Date \_\_\_\_\_ Place \_\_\_\_\_

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence Unit-India (FIU-IND) without any obligation of advising me/us of the same. I/We confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition. By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

\_\_\_\_\_  
Sole / First Unit Holder

\_\_\_\_\_  
Second Unit Holder

\_\_\_\_\_  
Third Unit Holder



Advisor ARN / RIA Code / Portfolio Manager's Registration No.      Sub-broker/Branch Code      Sub-broker ARN      Representative EUIN      For office use only

**ARN-64917**

**E434563**

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 EUIN box is left blank:** "I/We hereby confirm that the EUIN 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 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." By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

First/Sole Applicant/Guardian

Second Applicant

Third Applicant

**MY DETAILS** (To be filled in Block Letters. Please provide the following details in full.)

**My Name** \_\_\_\_\_

**My Folio Number** \_\_\_\_\_

**I WISH TO CHANGE MY ADDRESS**

**FOR KYC COMPLIED FOLIO ACCOUNT:** Change of address should be submitted in KYC change form. **FOR NON KYC FOLIOS ACCOUNT:** Attach self attested **1. Proof of address** (Passport, Ration card, Driving license, Voter ID, Registered lease / Sale agreement of residence/ Latest bank statement / Electricity bill / Landline bill / Gas bill) and **2. PAN Card** (For Pan except cases: Attach Identity proof - Passport / Driving license / Voter ID / Aadhaar). Copies of all documents submitted should be accompanied by originals for verification or they should be attested by a KYD complied distributor or personnel / entities authorized for attesting as per KYC guidelines.

**Landmark** \_\_\_\_\_

**City** \_\_\_\_\_ **Pin Code (Mandatory)** \_\_\_\_\_ **State** \_\_\_\_\_

**I WISH TO UPDATE MY CONTACT DETAILS** (All existing details will be updated with details provided below.)

**Email ID (in capital)** \_\_\_\_\_

**Mobile** +91 \_\_\_\_\_ **Tel. (Off)** (STD Code) \_\_\_\_\_ **Fax** (STD Code) \_\_\_\_\_

**Tel. (Resi)** (STD Code) \_\_\_\_\_

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 FTMF. Please note all kinds of investor communication will be sent through email only instead of physical, for investors who provide their email address. Should they wish to have a hard copy, email request can be sent to service@franklintempleton.com

**I WISH TO CHANGE MY BANK MANDATE DETAILS** (Please allow 10 calendar days for registering the Change of Bank request.)

Attach any one of the following documents of your old and new bank account:  Canceled Cheque with name & account number pre-printed  Latest Bank statement  Latest Pass book  Bank Letter. Submit originals of any one of the documents mentioned above, or Bank Attested Copy or Originals should be produced for verification. All supporting documents should clearly evidence the bank name, bank account number and names of all account holders. This new bank will be treated as your default bank account. All future Redemption and Dividends (income distribution cum capital withdrawal) payments will be made into this bank account.

**Bank name** \_\_\_\_\_

**Core Bank Account No.:** \_\_\_\_\_ **A/c. Type:**  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_

**Branch Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Pin** \_\_\_\_\_ **IFSC Code (11 digit)** \_\_\_\_\_

**I WISH TO UPDATE MY PAN, KYC & GST DETAILS**

**GST No.** \_\_\_\_\_

KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement for this folio, you need not provide the same again.

Applicant	PAN No. / PEKRN (Mandatory)	KIN No. (Mandatory if KYC done via CKYC)	Date of Birth
1st			D D / M M / Y Y
2nd			D D / M M / Y Y
3rd			D D / M M / Y Y
G or POA			D D / M M / Y Y

#Date of Birth - Mandatory if CKYC ID mentioned. ^ G: Guardian; ^ POA: Power Of Attorney

**PoA (Power of Attorney) REGISTRATION DETAILS** (Refer instructions)

**Name of the PoA holder** \_\_\_\_\_

**PAN of the PoA holder** \_\_\_\_\_ **Attached**  KYC Letter (Mandatory)  Notarized copy of PoA

**ACKNOWLEDGMENT SLIP**

Sl. No.

**Investor Name** \_\_\_\_\_

**Folio Number/s** \_\_\_\_\_

- Change of Address  Change of Bank Mandate  PoA Registration  Contact Details  PAN and KYC Updation  Change in Mode of Holding  Consolidation of Folios  Nomination Details  Cancellation for Systematic Transactions:  SIP  STP  SWP  Transfer of IDCW Plan - Cancellation  ISC Stamp & Signature

**I WISH TO CHANGE MY MODE OF HOLDING (All Joint Holders should sign as per existing unit holding, even in case of "Any one or Survivor")**

New Mode of Holding (please tick✓)  Anyone or Survivor  Joint Holding

**I WISH TO CANCEL MY SYSTEMATIC TRANSCATIONS (SIP/ SWP/ STP)**

Scheme Name/Plan/option

Transaction Type (Please ✓)  Installment / Transfer Dates OR  Weekly Dates: 7th, 14th, 21th, 28th  MON  TUE  WED  THU  FRI OR  Daily STP

Amount in Rs. At least 7 days' prior intimation from the expected effective date should be provided for cancellation/ termination of STP/ SWP and 20 days in case of SIP

SIP Auto Debit Bank Name

Bank Account No. STP in to Scheme (in case of STP)

**I WISH TO CANCEL MY TRANSFER OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL PLAN (Transfer of IDCW Plan) (Please allow 15 calendar days for Transfer of IDCW Plan Cancellation)**

Scheme Name/Plan/option

New Dividend (Income Distribution cum capital withdrawal) Sub option  Payout of Income Distribution cum capital withdrawal option  Reinvestment of Income Distribution cum capital withdrawal option

**CONSOLIDATION OF FOLIOS/ACCOUNTS (All Joint Holders should sign, even in case of "Any one or Survivor")**

Folios/Accounts to be consolidated (Mention all source folios/accounts i.e. the folios/accounts to be consolidated, here)

1. 2. 3. 4. 5. 6.

Target Folio/Account No. for consolidation (Mention the target folio/account here, wherein all folios/accounts needs to be consolidated)

Target Folio/Account (only one)

Note: Consolidation of various folios/accounts can take place only if a. Names of unit holders, b. Order of unit holders and c. Tax status is identical in all the mentioned folios/accounts. By requesting for consolidation of folios/accounts, the unit holder/s agree that the mode of holding, bank mandate, address and nomination details in the Target Folio/Accounts will be applicable and will prevail after consolidation even if they were different details in source folios/accounts.

**NOMINATION DETAILS (In case of more than one nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instructions.**

Table with 8 columns: Name and address of Nominee(s) (Mandatory), PAN of the Nominee (Guardian PAN to be quoted if Nominee is Minor), Relationship with Sole / First unit holder (Mandatory), Date of Birth\*, Name and address of Guardian\*, Signature of Nominee / Guardian (Optional), Guardian's Relationship with Nominee\*, Allocation % to each nominee (Mandatory) (Aggregate should be 100%).

**DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.**

NSDL: DP Name DP ID I N Beneficiary Ac No. CDSL: DP Name Beneficiary Ac No.

Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. Enclosed (Mandatory)  Client Master List OR  DP statement

**DECLARATION & SIGNATURES (To be signed as per the Existing Mode of Holding)**

Date Place

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date. I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors, their sponsor, AMC, trustees, their employees, service providers, representatives (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of the same. I/We confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition.

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder

INSTRUCTIONS: 1. This Transaction Form can be used for all Non-Financial transactions that an existing account holder may want to make with Franklin Templeton Mutual Funds. Existing unit holders should mention the existing Account Number, Scheme & Plan of their existing investment in the provided box. 2. In case you would like to effect a Change of Address, Change in Bank Account for more than one Scheme, please use a separate Non-Financial Transaction Form for each change. 3. Nomination: The nomination details should be filled up only by investors who opt for allotment in physical (non-demat) form. In case of units held in electronic (demat) form, the nomination details as recorded for the depository account shall be applicable. Nomination would normally be registered at the Folio level and will be recorded for all Accounts under that Folio. However the investor may choose to register different nomination for any of the Accounts under that Folio. In case of switch which results in creation of a new Account, the nomination, if any, registered in the source (switch-out) account will automatically be registered for the destination (switch-in) account. In case of subscription which results in creation of a new Account, the nomination registered in the last transacted account under that Folio will be automatically registered for the new account. Where a minor is nominated, the name and address of the guardian of the minor nominee shall be provided by the unit holder(s). Nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly. Nomination cannot be registered in Folios/Accounts held in the name of a minor. A new nomination or any change in the nomination already registered with the Mutual Fund/AMC will overwrite the existing nomination registered. 4. Depository Account Details: (a) The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' in the form. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. (b) Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in Demat form for the current purchase, may get their existing unit holding converted into Demat form as well. The existing holding will be credited to the same Demat account as that of the current purchase. Note: Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of Demat account statement should be within 90 days of the application. 5. POA Registration: Only a general Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor as well the PoA holder. If the signature of PoA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents. 6. The investors should provide primary account holder's own email ID and mobile number while providing the contact details, for speed and ease of communication in a convenient and cost-effective manner and to help prevent fraudulent transactions. In case contact details of a Family member are provided, investor(s) need to give a declaration to this effect. Further, all contact details (i.e., email address, Mobile number) should be of same individual. Providing email address of self and phone number of others and vice versa is not acceptable. If it is identified that the contact details provided in the application form may not be of the investor, or the same appears incorrect / doubtful, then Franklin Templeton may choose not to capture/update such email address and mobile number "Family" for this purpose would mean Spouse, Dependent Children, Dependent Parents only.

1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)

service@franklintempleton.com

www.franklintempletonindia.com

- Quick Checklist: Name, Address are correctly mentioned; Email ID / Mobile number are mentioned; KYC information provided for each applicant; FATCA/CRS details provided for each applicant; Corporate Documents/ Trust Deed; PoA Documents; Full scheme name, plan, option is mentioned; Pay-In bank details and supportings are attached; Nomination facility opted; Form is signed by all applicants; Proof of relationship with minor; Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used; Non Individual investors should attach FATCA Details and Declaration Form; UBO Declaration Form