Form ID: 0118

FRANKLIN TEMPLETON

APPLICATION FORM FOR EXISTING INVESTORS

(Please use separate Transactions Form for each Scheme / Plan and Transaction)

Sl No.

FINANCIAL TRANSACTIONS

Advisor ARN / RIA Code/ Portfolio Manager's Registration No. Sub-broker/Branch Code The upfront commission on investment made by the investor, if any shall be paid to the ARN Holder (AMFI register and the above distributor/sub broker or notwithading the above distrubove distrubove distributor/sub broker or notwithadin	Interaction or advice by the employee/relationship ess, if any, provided by the employee/relationship ition Number is mentioned: "I / We hereby give you stments under Direct Plan of all Schemes managed by Third Unit Holder
*Scheme name for Additional Purchase Order, Redemption, SIP & SWP. Source scheme name for Switch, STP & Transfer of IDCW Plan. Nomination details will be transaction in this folio. You may attach a separate nomination form in case of change in nomination.	e replicateu as per the last
🖙 I WISH TO MAKE A LUMPSUM INVESTMENT (Cheque/DD should be in favour of Scheme name. eg. Franklin India Bluechip Fund)	
Amount in Figures Amount in Words Rs.	
Payment by: RTGS NEFT Funds transfer Cheque/Draft No. I	Date D D / M M / Y Y
	FCNR Others
Bank name & 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.	w.
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)	
Example TWISH 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: D D (If left blank 10th will be considered a the default date for monthly and quart site of the default date	Cheque No. 0) t Number: 0
Each SIP amount (minimum Rs. 500 Rs. SIP Date: D D D (If left blank 10th will be considered a the default date for monthly and quart defor other than daily frequency) SIP Period Start Date M M Y Y Prestion Start Date M M Y Y Y Each SIP amount (minimum Rs. 500 Rs. SIP Date: D D (If left blank 10th will be considered a the default date for monthly and quart default date for monthly de	Cheque No. 0) t Number: Sorren, KRA KYC Application Form with CKYC
Each SIP amount (minimum Rs. 500 for other than daily frequency) Rs. SIP Date: D D (if left blank 10th will be considered at the default date for monthly and quart site of the	Cheque No. Cheque No. Image: Strate of Birth Strate of Birth Image: Strate of S
Each SIP amount (minimum Rs. 500 ro other than daily frequency) Rs. SIP Date: D D ([fleft blank 10th will be considered a the default date for monthly and quark the d	Cheque No. Cheque No. Image: Strate of Birth
Each SIP amount (minimum Rs. 500 for other than daily frequency) Rs. SIP Date: D D (If left blank 10th will be considered a the default date for monthly and quart sign of the default date for monthly and quart sign of the default date for monthly and quart sign of the default date for monthly and quart sign of the default date for monthly and quart sign of the default sign of the default date for monthly and quart sign of the default date for monthly default is quart sign of the default date for monthly and quart sign of the default date for monthly d	Cheque No. Cheque No. 0 <
Each SIP amount (minimum Rs. 500 Rs. SIP Date: D If left blank 10th will be considered i the default date for monthly and quart SIP Period Start Date M M Y Y Painys Investment Frequency Baihys Monthly (default) Quarterly First SIP Cheque Date: Investment Frequency Daihys Monthly (default) Quarterly Drawn on Bank/Branch Step-up my SIP annually by: Increase in Rupee Value: (in multiples of 5%) (Amount invested will be rounded off to the nearest Rs. 100 or Increase in Rupee Value: (in multiples of 8. 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 Bank Name Account No. CST NO. KtV Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KVC will be rejected. Please submit CKVC is subplementary form or copy of KVC acknowledgement issued by KRA/CKYCR. If you have already provided KVC acknowledgement for this folio, you need not provide the same again. Applicant PAN No. / PEKRN (Mandatory) KIN No. (Mandatory if KVC done via CKVC) Iso a number of a number of Automey Conditional POA: Now POI Automey Conditional POA: Now POA: Conditional POA: Now POA: Conditiona	Cheque No. Cheque No. 0 <

OR Units

SWP STP	Transfer of IDCW Plan Redemption or Switch : Amount (Rs.)
IDCW : Income Distribut	ion cum capital withdrawal

🖙 I WISH TO WITHDRAW MY IN	VESTMENT (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 don	ne either in Units or in Amount and n	ot in both)			
IN I WISH TO TRANSFER MY INV	ESTMENT TO ANOTHER SC	HEME (SWITCH) (Subject to Lo	ck-in, If any) (DOB	://	_, Mandatory for investment in FIPEP)
Switch-in To Scheme / Plan / Option					
Account No. (Mention only if Transferring int	to Existing Scheme)				Tick to switch all units
Amount/Units in Figures Rs.	Amount/Units in Words				
OR (Please note that the Switch can be done eith	her in Units or in Amount and not in	both)			
🖙 I WISH TO TRANSFER FIXED A	MOUNTS FROM MY CURRI	ENT INVESTMENT TO ANOTH	IER SCHEME (STF	P) (Subject to Lock-i	n, If any)
STP in To Scheme/Plan/option					
Account No. (Mention only if Transferring int	to Existing Scheme)				
Transfer Amount: Fixed Sum of H	Rs.	(Minimum Rs. 1000/-)	OR Capita	al Appreciation, subje	ct to Minimum of Rs.1000/-
Frequency: \$ Refer Page 9 for T & C Daily ^{\$} 0	R Weekly ^{\$} Dates: 7th, 2 MON TUE WED		onthly* day of t	the month OR	Quarterly day of the month
Transfer Period (Minimum 2 STP transaction	ons) From D D / M M	/ Y Y To D D / M M	/ Y Y		
Investments done in schemes through STP will be • FIGSF. STP-out allowed in FIT subject to availabil			pplicable. The following	g schemes/plans/option	s are not available as Source Scheme: • FIPE
🖙 I WISH TO WITHDRAW FIXED	AMOUNTS FROM MY CURI	RENT INVESTMENT AT A SET	FREQUENCY (SV	VP) (Subject to Lock-	in, If any)
Withdrawal Amount Fixed Sum of	Rs.	(Minimum Rs. 500/-)		Capital Appreciation day of the selected fre	(Applicable only on last business equency)
	uarterly Withdra	wal Period (Minimum 1 SWP tra	nsaction) From D	D / M M / Y	Y To D D / M M / Y Y
🖙 I WISH TO TRANSFER DISTRIE	BUTIONS RECEIVED FROM	MY CURRENT INVESTMENT	TO ANOTHER SCH	HEME (Transfer o	f IDCW Plan)
To Target Scheme/Plan/Option (Tow	here Dividend (Income Distribution c	um capital withdrawal) is to be transfer	red)		
Account No. (Mention only if Transferring int	to Existing Scheme)				
*Default Option may be applied in case of no info	rmation, ambiguity or discrepancy.				
B DEPOSITORY ACCOUNT DETAIL	ILS (Optional. To be filled if	investor wishes to hold the un	its in Demat mode)). Refer instruction	S.
NSDL: DP Name	I	DP ID I N	В	eneficiary Ac No.	
CDSL: DP Name			В	eneficiary Ac No.	_
Please ensure that the sequence of names as men	tioned in this Application Form matche	es with the sequence of names in the Dem	at account. Enclosed (Ma	andatory) Client Master	List OR DP statement
DECLARATION (SIGNATURE/S MA	ANDATORY)			Date	Place
Having read and understood the contents of the States Templeton Mutual Fund for registration of any of the judicial or regulatory authorities/ agencies and the te have not received nor been induced by any rebate or g to the best of my/our knowledge and belief and will p Mutual Funds, their authorised agents, representative any actions undertaken or as a result of this investme share, remit in any form, mode or manner, all / any of India (FIU-IND) without any obligation of advising m Templeton Asset Management (India) Pvt. Ltd or any Templeton via SMS and WhatsApp. I am aware about service related messages.	aforesaid facility, and agree to abide by a rms, conditions, rules and regulations of i fits,directly or indirectly in making this in promptly inform FTI about any changes t is, distributors its sponsor, AMC, trustees, nt or activities performed by them on the it the information provided by me to Auth- le/us of thesame. I/We confirm that I/we of its authorised representative to call on	ny Act, Rules, Regulations, Notifications, Dire he Fund and the aforesaid facility(ies) as on vestment and are not in contravention or eva hereto. I/ we hereby agree to provide any ar their employees, service providers, represen basis of the information provided by me as a vrised Parties including any of the Indian or have provided my/our Aadhaar details for my registered mobile number irrespective of	ctions, Guidelines, Orders c the date ofthis application. sion of any laws in force. I/A Iditional information/ doct tatives ('the Authorised Par laso due to my not intimatir öreign governmental or sta KYC purpose absolutely at 'its registration in Do Not D	or instructions issued by an I/We confirm that the fund We declare that all the parti umentation that may be re- rtties')are not liable or respon g / delay in intimating such atutory or judicialauthoritie a our volition. By registering isturb (DND) registry of TF	y Indian or foreign governmental or statutory or is invested legally belong to me/us and that I/we culars given herein are true, correct and complete puired by FTL I hereby agree and accept that the nsible for any losses, costs,damages arising out of changes. I authorize the mutualfund to disclose, s / agencies including Financial Intelligence unit- r, my mobile number, I hereby authorize Franklin AL I have opted to receive updates from Franklin
Sole / First Unit Holder		Second Unit Holder			Third Unit Holder



NON FINANCIAL TRANSACTION FORM

Sl No.

TEMPLETON		(For	Existing Investors of	nly. Use separate form for eac	h transaction.)		
Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Brancl	h Code Su	For office use only				
ARN-64917 The upfront commission on investment made by	E434563						
if ARN is mentioned but EUIN box is left blan distributor/sub broker or notwithstanding the a "I / We hereby give you my/our consent to share Manager whose code is mentioned herein." By reg Disturb (DND) registry of TRAI. I have opted to re registration/opt-out will not stop regulatory and	k: "I/We hereby confirm that the El dvice of in-appropriateness, if any, p /provide the transactions data feed gistering my mobile number, I hereby ceive updates from Franklin Temple service related messages.	UIN box has been intentionally left provided by the employee /relation l/portfolio holdings/ NAV etc. in re y authorize Franklin Templeton As eton via SMS and WhatsApp. I am a	t blank by me/us as this transact ship manager/sales person of th spect of my/our investments un sset Management (India) Pvt. Ltd ware about the option to opt-out	ion is executed without any interaction or advi- elstributory-toub broker. ² Applicable only if RI ler Direct Plan of all Schemes managed by you, t or any of its authorised representative to call on i rom all our promotional messages at my choice	rs including service rendered by the ARN Holder. Applicable only y the employee/relationship manager/sales person of the above ode/ Portfolk Manager's Registration Number is mentioned: e SEBI-Registered Investment Adviser/SEBI Registered Portfolio registered mobile number irrespective of its registration in Do Not the timeline to effect such modification. I acknowledge that DND		
First/Sole Applica	nt/Guardian		Second Applicant		Third Applicant		
MY DETAILS (To be filled i	n Block Letters. Please pi	rovide the following deta	ails in full.)				
My Name							
My Folio Number							
REF I WISH TO CHANGE MY A	ADDRESS						
Ration card, Driving license, Voter	ID, Registered lease / Sale riving license / Voter ID / J	e agreement of residence Aadhaar). Copies of all do	e/ Latest bank statemer ocuments submitted sho	t / Electricity bill / Landline bill /	ach self attested 1. Proof of address (Passport, Gas bill) And 2. PAN Card (For Pan except cases: or verification or they should be attested by a KYD		
Landmark							
City		Pin Code (Mandatory)		State			
REP I WISH TO UPDATE MY (CONTACT DETAILS (A		l be undated with de	tails provided below.)			
Email ID (in capital)							
Mobile +91		Tel. (Off) (STD	O Code)				
Tel. (Resi) (STD Code)				Tax (STD Code)			
I declare that Email address and Mobile Please note all kinds of investor commo service@franklintempleton.com	e number provided in this for unication will be sent throug	rm belongs to (tick one opt gh email only instead of phy	ion) Self (or) Fam vsical, for investors who pr	ily Member, and approve for usage of t ovide their email address. Should the	hese contact details for any communication with FTMF. y wish to have a hard copy, email request can be sent to		
I WISH TO CHANGE MY	BANK MANDATE DET	FAILS (Please allow 1	0 calendar days for	registering the Change of Ban	k request.)		
Bank Letter. Submit originals of a	any one of the documents m r and names of all account h	nentioned above, or Bank A	Attested Copy or Original	s should be produced for verification	Latest Bank statement Latest Pass book All supporting documents should clearly evidence ion and Dividends (income distribution cum capital		
Bank name							
Core Bank Account No.:			A/c. Type	e: Savings Current	NRE NRO FCNR Others		
Branch Address							
City		Pin		IFSC Code (11 digit)			
🕼 I WISH TO UPDATE MY I	PAN. KYC & GST DETA	AILS ————		GST No.			
KYC Compliance is mandatory for all Inves	tors (including Sikkim Resider	nt) irrespective of the amount		vithout valid KYC will be rejected. Please	submit CKYC Form, KRA KYC Application Form with CKYC		
supplementary form or copy of KYC ackno Applicant PAN	No. / PEKRN (Mandatory)		0	t for this follo, you need not provide the : andatory 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 [^] #Date of Birth - Mandatory if CKYC ID me	ntioned. ^G: Guardian; ^POA: F	Power Of Attorney			D D / M M / Y Y		
PoA (Power of Attorney)			ons)				
Name of the PoA holder							
PAN of the PoA holder			Attached 💳	ter (Mandatory) ed copy of PoA			
R ACKNOWLEDGMENT	SLIP						
Investor Name							
Folio Number/s							
Change of Address Change	of Bank Mandate Po	A Registration Conta	ct Details PAN and	KYC Updation Change in Mo	de of Holding		
Consolidation of Folios Non	nination Details Cancella	ation for Systematic Tran	sactions: SIP S	TP SWP Transfer of IDC	W 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 Survi	vor 📃 Joint Ho	lding				
IN WISH TO CANCEL MY SYSTEMATIC TRANSCATIONS (SIP/ SWP/ STP)							
Scheme Name/Plan/option							
Transaction Type (Please √)	Installment /	Transfer Dates	6 OR	□ Weekly Dates: 7th, 14th, 21th, □ MON □ TUE □ WED □ THU		OR Daily STP	
Amount in Rs.				' days' prior intimation from the expe ion of STP/ SWP and 20 days in case		should be provided for canc	ellation/
SIP Auto Debit Bank Name							
Bank Account No.				STP in to Schem (in case of STP)	e		
I WISH TO CANCEL MY T (Please allow 15 calendar				CAPITAL WITHDRAWAL PLAN	I (Transfer of IDC	CW Plan)	
Scheme Name/Plan/option							
New Dividend (Income Distribution cu	ım capital withdrawal) Sı	ıb option 🗌 Pay	out of Income Dis	stribution cum capital withdrawal option	n 🗌 Reinvestment o	f Income Distribution cum ca	pital withdrawal option
CONSOLIDATION OF FO	LIOS/ACCOUNTS (A	All Joint Holder	rs should sign	, even in case of "Any one or Su	rvivor")		
Folios/Accounts to be consolidated	(Mention all source fol	ios/accounts i.e. t	he folios/accou	nts to be consolidated, here)			
<u>1.</u>		2.			3.		
4.		5.			6.		
Target Folio/Account No. for cons (Mention the target folio/account ho Target Folio/Account	ere, wherein all folios/	accounts needs to	be consolidate	Note: Consolidation of various folic d) unit holders and c. Tax status consolidation of folios/accounts, th and nomination details in the Targ even if they were different details in	is identical in all t ne unit holder/s agre et Folio/Accounts w	he mentioned folios/accour e that the mode of holding, b ill be applicable and will prev	nts. By requesting for ank mandate, address
R NOMINATION DETAILS	(In case of more than	one nominee, ple	ease submit a s	eparate nomination form available v	with any of our ISCs	s or on our website). Refer	instructions.
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%]
			DDMMYYYY			Mother Father Legal Guardian	
			DDMMYYYY			Mother Father Legal Guardian Mother Father Legal Guardian	
			DDMMYYYY			Guardian	
						· · ·	
	DETAILS (Optiona			hes to hold the units in Demat 1			
NSDL: DP Name	DETAILS (Optiona		investor wis	1	Beneficiary Ac	No.	
NSDL: DP Name CDSL: DP Name			DP ID I N		Beneficiary Ac Beneficiary Ac	No.	itement
NSDL: DP Name CDSL: DP Name	es as mentioned in this App	olication Form match	DP ID I N	nce of names in the Demat account. Enclo	Beneficiary Ac Beneficiary Ac	: No. : No. ent Master List OR DP sta	atement
NSDL: DP Name CDSL: DP Name Please ensure that the sequence of name CCARATION & SIGNAT	es as mentioned in this App TURES (To be signed	plication Form matcl as per the Exist	DP ID I N nes with the seque ing Mode of H	nce of names in the Demat account. Enclo	Beneficiary Ac Beneficiary Ac osed (Mandatory) Clic	: No. : No. ent Master List OR DP sta	
NSDL: DP Name CDSL: DP Name Please ensure that the sequence of name CCARATION & SIGNAT	es as mentioned in this App TURES (To be signed	plication Form matcl as per the Exist	DP ID I N nes with the seque ing Mode of H	nce of names in the Demat account. Enclo	Beneficiary Ac Beneficiary Ac osed (Mandatory) Clic	: No. : No. ent Master List OR DP sta	
NSDL: DP Name CDSL: DP Name CDSL: DP Name Please ensure that the sequence of name DECLARATION & SIGNAT Having read and understood the contents of th Mutual Fund for registration of any of the afor authorities/ agencies and the terms, conditions any rebate or gifts,directly or indirectly in maki promptly inform FTI about any changes theretic sponsor, AMC, trustees, their employees, service on the basis of the information provided by me: including any of the Indian or foreign government	es as mentioned in this App FURES (To be signed the Statement of Additional Infor- resaid facility, and agree to al s, rules and regulations of the I ing this investment and are no o. I/ we hereby agree to provi- ing this investment and are no the investment and are no the transformed and the second providers, representatives (to as also due to my not intimatives rula or statutory or judicialaut	Dication Form match as per the Exist ormation, Scheme Infor jud and the aforesaid it noutravention or et le any additional infor the Authorised Parties?	DP ID I N N nes with the seque ing Mode of H mation Document o Regulations, Notifica facility(ies) as on the axis on of any laws in nation/ documentat are not liable or resp	nce of names in the Demat account. Enclo olding) Date f the Fund, the Key Information Memorandum a tions, Directions, Guidelines, Orders or instruct date ofthis application. J/We confirm that the fur force. J/We declare that all the particulars given on that may be required by FTL. I hereby agree a on bible for any losses, costs damages arising out.	Beneficiary Ac Beneficiary Ac Osed (Mandatory) Clic (Mandatory) Clic (Mand	No. No. ent Master List OR DP state Place Place Place I date, I/we hereby apply to the True or foreign governmental or statute to me/us and that I/we have not re d complete to the best of my/our kn Funds, their authorised agents, repr or as a result of this investment or a	stees of Franklin Templeton ny or judicial or regulatory ceived nor been induced by owledge and belief and will esentatives, distributors its civities nerformed by them
NSDL: DP Name CDSL: DP Name CDSL: DP Name Please ensure that the sequence of name DECECLARATION & SIGNAT Having read and understood the contents of th Mutual Fund for registration of any of the afor authorities/ agencies and the terms, conditions any rebate or gifts,directly or indirectly in maki promptly inform FTI about any changes theret	es as mentioned in this App FURES (To be signed the Statement of Additional Infor- resaid facility, and agree to al s, rules and regulations of the I ing this investment and are no o. I/ we hereby agree to provi- ing this investment and are no the investment and are no the transformed and the second providers, representatives (to as also due to my not intimatives rula or statutory or judicialaut	Dication Form match as per the Exist ormation, Scheme Infor jud and the aforesaid it noutravention or et le any additional infor the Authorised Parties?	DP ID I N N nes with the seque ing Mode of H mation Document o Regulations, Notifica facility(ies) as on the axis on of any laws in nation/ documentat are not liable or resp	nce of names in the Demat account. Enclo	Beneficiary Ac Beneficiary Ac Osed (Mandatory) Clic (Mandatory) Clic (Mand	No. No. ent Master List OR DP state Place Place Place I date, I/we hereby apply to the True or foreign governmental or statute to me/us and that I/we have not re d complete to the best of my/our kn Funds, their authorised agents, repr or as a result of this investment or a	stees of Franklin Templeton ny or judicial or regulatory ceived nor been induced by owledge and belief and will esentatives, distributors its civities nerformed by them
NSDL: DP Name CDSL: DP Name CDSL: DP Name Please ensure that the sequence of name DECLARATION & SIGNAT Having read and understood the contents of th Mutual Fund for registration of any of the afor authorities/ agencies and the terms, conditions any rebate or gifts,directly or indirectly in maki promptly inform FTI about any changes theretic sponsor, AMC, trustees, their employees, service on the basis of the information provided by me: including any of the Indian or foreign government	es as mentioned in this App FURES (To be signed the Statement of Additional Infor- resaid facility, and agree to al s, rules and regulations of the I ing this investment and are no o. I/ we hereby agree to provi- ing this investment and are no the investment and are no the transformed and the second providers, representatives (to as also due to my not intimatives rula or statutory or judicialaut	Dication Form match as per the Exist ormation, Scheme Infor jud and the aforesaid it noutravention or et le any additional infor the Authorised Parties?	DP ID I N N nes with the seque ing Mode of H mation Document o Regulations, Notifica facility(ies) as on the axis on of any laws in nation/ documentat are not liable or resp	nce of names in the Demat account. Enclo olding) Date f the Fund, the Key Information Memorandum a tions, Directions, Guidelines, Orders or instruct date ofthis application. J/We confirm that the fur force. J/We declare that all the particulars given on that may be required by FTL. I hereby agree a on bible for any losses, costs damages arising out.	Beneficiary Ac Beneficiary Ac Osed (Mandatory) Clic (Mandatory) Clic (Mand	No. No. ent Master List OR DP state Place Place Place I date, I/we hereby apply to the True or foreign governmental or statute to me/us and that I/we have not re d complete to the best of my/our kn Funds, their authorised agents, repr or as a result of this investment or a	stees of Franklin Templeton ny or judicial or regulatory ceived nor been induced by owledge and belief and will esentatives, distributors its civities nerformed by them
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FATCA Details and Declaration Form

Corporate Documents/ Trust De	ed
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