

SIP THROUGH NACH FORM

TEMPLETON		(Please ı	ıse sepa	rate Tra	nsactio	ns Form 1	or each	Schem	e / Pla	ın a	nd T	ran	sacti	on)				
Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code		Sub-brok	er ARN		Rej	resentat	ve EUII	J				For	office	e use	only	У	
ARN-64917							E434	563										
MY DETAILS (To be filled in B	Block Letters. Please provide the	following d	etails in f	ull; Pleas	e refer ii	structions)											
My Name														Т	T	T	T	
My Folio Number		Scl	neme (Ac	count Nur	nber)													
SIP DETAILS (Please note that 30 Business days are required to set up the Auto debit. Default plan/Option will be applied incase of no information, ambiguity or discrepancy)																		
Scheme Name/Plan/Option																		
Each SIP amount (minimum Rs. 500 for other than daily frequency)	Rs.			SIP Da	nte: D	D (If left	blank 10tl	ı will be	consid	ered	as the	e def	ault d	ate for	mor	thly a	ınd qu	arterly)
SIP Period Start Date M M / Y																		
Investment Frequency Daily ^{\$} Daily ^{\$} Weekly ^{\$} MON DIE WED THU FRI First SIP Cheque Date: Cheque No.																		
\$ Refer Page 15 for T & C Month	nly (default) Quarterly																	
Drawn on Bank/Branch																		
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or Tick here, if an Open Mandate -	Increase in Rupee Value:	•	n multipl ered in t			nantion in	enace ni	ovidad	halou	, the	Ran	l- NI-	mar	and A	cou	nt Ni	ımhai	r.
Bank Name	Auto Debit Porni (ADF) is an	cady regist		Account			space pi	ovided	Delow	/ tilt	Daii	IX IVC	anne a	illu A	cou	IIC IV	liibei	
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Tick here if attaching a New Au THE DECLARATION & SIGNATURE		nange in Ba		xisting Si	.P.	_					Τ.							
☐ Tick here only if ARN is mentioned b			-	EUIN box	has been	Date intentionally	left blank	by me/	ıs as thi	s tra		Place on is		ited w	ithou	tany i	nterac	tion or
advice by the employee/relationship m manager/sales person of the distributor/s	anager/sales person of the above																	
☐ Tick here only if RIA Code/ Portfolio	Manager's Registration Number																s/ NAV	etc. in
respect of my/our investments under Dire Having read and understood the contents of the	e Statement of Additional Information, S	cheme Informa	ation Docun	nent of the	Fund, the l	Key Informatio	n Memorar	dum and	the Add	lenda	issued	till d	late, I/	we here	by ap	ply to		
Franklin Templeton Mutual Fund for registration statutory or judicial or regulatory authorities/ ag	gencies and the terms, conditions, rules a	nd regulations o	of the Fund a	and the afor	esaid facilit	y(ies) as on th	e date ofthis	applicati	on. I/We	confi	rm that	the f	unds ii	ivested	legally	belon	g to me	/us and
that I/we have not received nor been induced by complete to the best of my/our knowledge and be	elief and will promptly inform FTI about	my changes the	ereto. I/ we h	nereby agree	to provid	any addition	l informatio	n/ docun	nentation	that	may be	requ	iired by	FTI.II	ereby	agree	and acc	ept that
the Mutual Funds, their authorised agents, repre- out of any actions undertaken or as a result of the disclose, share, remit in any form, mode or man	nis investment or activities performed by	them on the ba	asis of the ir	nformation _l	provided b	y me as also d	ue to my no	t intimati	ng / dela	y in i	ntimati	ng su	ch cha	nges. I a	uthor	ize the	mutua	lfund to
Intelligence unit-India (FIU-IND) without any obl		led by file to A	uuioriseu r	arues inciu	uing any o	i ule muian o	loreign go	vernmen	ai or sta	tutor	y or jud	AICIdli	auuioi	iues / a	igenci	es inci	uding r	manciai
- C. L. (F): . W. S. W.							_											_
Sole / First Unit Ho	lder		Secor	nd Unit Ho	lder						Th	nird 	Unit F	Iolder 				
FRANKLIN		SIP A	Auto	Del	oit F	orm				_						A	DF	<u> </u>
TEMPLETON	UMRN F o r	o f f	i c	е	u s	е					Date							
Spor	nsor Bank Code	For Office U	se		Ut	ility Code				Fo	or Off	ice U	Jse					
CREATE V I/We hereby authorized	orize Franklir	Templeto	ı Mutual	Fund			to d	ebit (ti	ck√)	S	В С	Α (CC S	B-NRI	E SB	NRO	Oth	er 3
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Reference 1			٠															12
Reference 2 Application Number Email ID																		12 12 13
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Frequency Daily Weekly MON TUE WED THU FRI Monthly (default) Quarterly

Form ID: 0118 Sl No.



IDCW : Income Distribution cum capital withdrawal

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. ARN-64917 Sub-broker ARN Representative EUIN E434563 For office use only Sub-broker ARN Sub-broker ARN Sub-broker ARN Representative EUIN E434563 The upfront commission on investment investors assessment of various factors confirm that the EUIN box has been immanager/sales person of the above dimanager/sales person of the distribution may four consent to share/provide the tryou, to the SEBI-Registered Investment/sales and the SEBI-Registered Investment/	made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distrible including service rendered by the ARN Holder. Applicable only if ARN is mentioned entionally left blank by me/us as this transaction is executed without any interaction stributor/sub broker or notwithstanding the advice of in-appropriateness, if any, /sub broker: "Applicable only if RIA Code/ Portfolio Manager's Registration Numt ansactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments un dviser/SEBI Registered Portfolio Manager whose code is mentioned herein." Second Unit Holder	utor) directly by the investor, based on the but EUIN box is left blank: "I/We hereby n or advice by the employee/relationship provided by the employee/relationship ber is mentioned: "I/We hereby give you der Direct Plan of all Schemes managed by Third Unit Holder					
MY DETAILS (To be filled in Block Letters. Please provide the following details in full. Please	se refer instructions)						
My Name							
My Folio Number							
Scheme Name/Plan/Option*							
*Scheme name for Additional Purchase Order, Redemption, SIP & SWP. Source scheme name for Switch, transaction in this folio. You may attach a separate nomination form in case of change in nominal		ated as per the last					
I WISH TO MAKE A LUMPSUM INVESTMENT (Cheque/DD should be in favour of Scheme in	ame. eg. Franklin India Bluechip Fund)						
Amount in Figures Amount in Words Rs.							
Payment by: RTGS NEFT Funds transfer Cheque/Draft No.	Date D	D / M M / Y Y					
Payment from Bank A/c no.: Pay in A/c No. A/c	Type: Savings Current NRE NRO FCNR	Others					
Bank name & Branch:							
Payment by Auto Debit: If Auto Debit Form (ADF) is already registered in the Folio then p	lease mention Bank Name and Account Number below.						
Bank name Accoun	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 Rs. SIP)	(If left blank 10th will be considered as						
for other than daily frequency)	Oate: D D (If left blank 10th will be considered as the default date for monthly and quarterly)						
	the default date for monthly and quarterly)	Cheque No.					
for other than daily frequency) SIP Period Start Date M M / Y Y Y End Date M M / Y Y Y Y Investment Frequency Daily\$ Weekly\$ MON TUE WED TO	the default date for monthly and quarterly)	Cheque No.					
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SIP Period Start Date M M / Y Y Y End Date M M / Y Y Y Y Investment Frequency \$ Refer Page 9 for T & C Monthly (default) Quarterly Drawn on Bank/Branch Step-up my SIP annually by: Increase in %: (in multiples of 5%) (Amoun or Increase in Rupee Value: (in multiples of Refer Page 9 for T & C Monthly (adfault) Tick here if Auto Debit Form (ADF) is already registered in the Folio. Please mention in Bank Name Tick here if attaching a New Auto Debit Form. I WISH TO UPDATE MY KNOW YOUR CUSTOMER (KYC) & GST DETAILS KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. It supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement issued by KRA/CKYCR. If you h	the default date for monthly and quarterly) HU FRI First SIP Cheque Date: invested will be rounded off to the nearest Rs. 100) 500) space provided below the Bank Name and Account Numb t No. GSTN No. vestment without valid KYC will be rejected. Please submit CKYC Form, KR. vledgement for this folio, you need not provide the same again. N No. (Mandatory if KYC done via CKYC)	A KYC Application Form with CKYC Date of Birth D / M M / Y Y					
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© I WISH TO WITHDRAW MY INV	VESTMENT (REDE	EMPTION) (Subject to Lock-in, If any)		
Amount/Units in Figures	Amount/Units in V	Vords		Tick to Redeem all units
Rs.				
OR (Please note that the Redemption can be done	e either in Units or in Ar	nount and not in both)		
IW I WISH TO TRANSFER MY INVE	ESTMENT TO ANO	THER 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	o Existing Scheme)			
Amount/Units in Figures	Amount/Units in V	Vords		Tick to switch all units
Rs.				
OR (Please note that the Switch can be done eith	ier in Units or in Amoun	it and not in both)		
I WISH TO TRANSFER FIXED A	MOUNTS FROM M	IY CURRENT INVESTMENT TO ANOTHER SCHE	ME (STP) (Subject to Lo	ck-in, If any)
STP in To Scheme/Plan/option				
Account No. (Mention only if Transferring into	o Existing Scheme)			
Transfer Assessment Drive 10 C P		00.1 0.00000	70	1: M: : CD 4000/
Transfer Amount: Fixed Sum of R	.S.	(Minimum Rs. 1000/-) OR	Capital Appreciation, su	abject to Minimum of Rs.1000/-
Frequency: \$ Refer Page 9 for T & C Daily\$	и — ·	ates: 7th, 14th, 21st, 28th E WED THU FRI OR Monthly*	day of the month OR	Quarterly day of the month
Transfer Period (Minimum 2 STP transactio		/ M M / Y Y To D D / M M / Y Y		
Investments done in schemes through STP will be	treated as investments	through SIP and the load structure for SIP will be applicable. Tl	ne following schemes/plans/op	tions are not available as Source Scheme: • FIPEF
FIGSF. STP-out allowed in FIT subject to availability			<i>y y y y y y y y y y</i>	
I WISH TO WITHDRAW FIXED	AMOUNTS FROM	MY CURRENT INVESTMENT AT A SET FREQUEN	ICY (SWP) (Subject to Lo	ock-in, If any)
Withdrawal Amount Fixed Sum of	Rs.	(Minimum Rs. 500/-) OR	Capital Appreciati	on (Applicable only on last business I frequency)
F	_	Will be all Delicities at CMD and a		
	narterly nnual	Withdrawal Period (Minimum 1 SWP transaction) F	rom D D / M M /	Y Y To D D / M M / Y Y
I WISH TO TRANSFER DISTRIB	UTIONS RECEIVE	D FROM MY CURRENT INVESTMENT TO ANOT	HER SCHEME (Transfe	er of IDCW Plan)
To Target Scheme/Plan/Option (To wh	nere Dividend (Income D	vistribution 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 inform	mation, ambiguity or dis	screpancy.		
DEPOSITORY ACCOUNT DETAIL	LS (Optional. To b	e filled if investor wishes to hold the units in Dem	at mode). Refer instruct	ions.
NSDL: DP Name		DP ID I N	Beneficiary Ac No.	
CDSL: DP Name			Beneficiary Ac No.	
·	**	Form matches with the sequence of names in the Demat account.		aster List OR DP statement
DECLARATION (SIGNATURE/S MA		in Colony Information Description for the Foundation Visuality and the Visuality Information Man	Date	Place
Templeton Mutual Fund for registration of any of the a	aforesaid facility, and agree	ion, Scheme Information Document of the Fund, the Key Information Men to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelin egulations of the Fund and the aforesaid facility(ies) as on the date of	es, Orders or instructions issued b	by any Indian or foreign governmental or statutory or
have not received nor been induced by any rebate or gi tothe best of my/our knowledge and belief and will pr	ifts,directly or indirectly in r promptly inform FTI about a	naking this investment and are not in contravention or evasion of any law any changes thereto. I/ we hereby agree to provide any additional inform	s in force. I/We declare that all the partion/documentation that may be	particulars given herein are true, correct and complete be required by FTI. I hereby agree and accept that the
any actions undertaken or as a result of this investmen	nt or activities performed by	LMC, trustees, their employees, service providers, representatives ('the Au y them on the basis of the information provided by me as also due to my I by me to Authorised Parties including any of the Indian or foreign governr	not intimating / delay in intimating	such changes. I authorize the mutualfund to disclose,
India (FIU-IND) without any obligation of advising me	e/us of thesame. I/We conf	from that I/we have provided my/our Aadhaar details for KYC purpose a tive to call on my registered mobile number irrespective of its registration	bsolutely at our volition. By registe	ering my mobile number, I hereby authorize Franklin
		all our promotional messages at my choice and the timeline to effect such		
Sole / First Unit Holder		Second Unit Holder	-	Third Unit Holder

Sole / First Unit Holder