

Distributor information			For Office Use Only
Advisor Code*	Sub-broker/Branch Code	Representative Code	Application received
* AMFI Registered Distributors			

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.

**Transaction Charges** (Refer Instruction and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted).  am an existing mutual funds investor (Rs.100 will be deducted).

**Existing Unitholders** (Please provide the following details in full; Please refer Instruction 2)

First Applicant Name   
 Customer Folio No.  Account No.

**Unit Holder Information**

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant   
 Proof of KYC enclosed\*  Date of Birth#          
 PAN No. (Mandatory)\$  Enclosed:  PAN Card Copy  Proof of Identity & Address ^ **Gender:**  Male  Female  
**Status:**  Resident Individual  NRI/PIO  Company/Body Corporate  Partnership  Trust  Society  HUF  Bank  AOP  
 Sole Proprietorship  Minor through Guardian#  FI  FII  Others (Please specify) \_\_\_\_\_  
 Nationality and Country of Residence \_\_\_\_\_

Name of Second Applicant   
 Proof of KYC enclosed\*  Date of Birth#          
 PAN No. (Mandatory)\$  Enclosed:  PAN Card Copy  Proof of Identity & Address ^ **Gender:**  Male  Female  
**Status:**  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_  
 Nationality and Country of Residence \_\_\_\_\_

Name of Third Applicant   
 Proof of KYC enclosed\*  Date of Birth#          
 PAN No. (Mandatory)\$  Enclosed:  PAN Card Copy  Proof of Identity & Address ^ **Gender:**  Male  Female  
**Status:**  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_  
 Nationality and Country of Residence \_\_\_\_\_

Name of Guardian   
 Proof of KYC enclosed\*  Date of Birth          
 PAN No. (Mandatory)\$  Enclosed:  PAN Card Copy  Proof of Identity & Address ^ **Gender:**  Male  Female  
**Status:**  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_  
 Nationality and Country of Residence \_\_\_\_\_  
 Relationship with Minor  Father  Mother  Legal Guardian  Proof of relationship enclosed\*\* : \_\_\_\_\_  
 \_\_\_\_\_ (Please specify relationship)

^ Allowed only for investments through Micro SIP in lieu of KYC and PAN. \*Please provide copy of the KYC acknowledgement issued by CVL (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment). For investments through Micro SIP, address proof and identity proof is required to be submitted #Date of Birth and Document proof – mandatory for investments through Minors and investments in TIPP (in TIPP, only individuals may invest). \*\*Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account. Note: For investment in TICAR, please attach the separate form giving details of the Beneficiary Child.

**Mode of Operation**

Single  Joint  Either or Survivor(s)

**Power of Attorney (POA) Details**

Name of POA Holder  Date of Birth         
 Enclosed\*  Proof of KYC  Proof of Identity & Address ^  PAN Card Copy PAN \$(Mandatory)   
**Status:**  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_ **Gender:**  Male  Female



**Depository Account Details**

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' below. 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.

Depository Name	<input type="checkbox"/> National Securities Depository Limited (Please tick)	<input type="checkbox"/> Central Depository Services (India) Limited (Please tick)
Depository Participant Name		
DP ID	I N	(16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below)
Beneficiary Account Number		

**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

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.

I / We wish to convert my/our existing unit holding into demat form.

I / We do not wish to convert my/our existing unit holding into demat form.

**Note:** Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., NOT to convert the existing holding in demat form.

**Nomination Details** (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website). Refer instruction

Nominee Name & Address \_\_\_\_\_

Guardian name & address (if nominee is a minor) \_\_\_\_\_

Signature of Nominee / Guardian (optional) \_\_\_\_\_ Nominee Date of Birth (mandatory for minor) \_\_\_\_\_

Proof of minor DOB submitted. Witness Name and Address \_\_\_\_\_

Signature of Witness \_\_\_\_\_

I/We do not wish to nominate any person for my investments. Signature of Investor(s) \_\_\_\_\_

**Declaration**

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 units of scheme(s) of Franklin Templeton Mutual Fund as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment and confirm that the monies invested in the fund legally belong to me / us. I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

\* I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time, and I / We hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our NRE/NRO Account.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken 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 hereby 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 Financial Intelligence unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application."

I/We confirm and declare that I/ We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I/ We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us

Signatures

\_\_\_\_\_  
First/Sole Applicant/Guardian

\_\_\_\_\_  
Second Applicant

\_\_\_\_\_  
Third Applicant

Date: \_\_\_\_\_ Place \_\_\_\_\_ \* Applicable to Non-Resident investors

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock - in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.



For investment related enquiries, please contact:

Franklin Templeton Investments Service Centres

Ph: 1-800-425 4255 or 6000 4255 (If calling from a mobile phone, please prefix the city STD code; local call rates apply for both numbers) from 8am to 9pm, Monday to Saturday.

Email: service@templeton.com

www.franklintempletonindia.com

**CHECK LIST:** Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of Scheme name e.g. "Franklin India Bluechip Fund". • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)

**Acknowledgement**

W99999

Received from \_\_\_\_\_ Pin \_\_\_\_\_

Scheme Name	Plan/Option	Payment Details
	<input type="checkbox"/> Lumpsum	Amount _____ Cheque/DD No. _____ Date _____
	<input type="checkbox"/> Systematic Investment Plan	Bank and Branch details _____
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____
		Amount _____ Cheque/DD No. _____ Date _____
		Bank and Branch details _____