Franklin Templeton Mutual Fund

W99999

Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)

FRANKLIN TEMPLETON INVESTMENTS

Advisor Name & Code*	60528	Sub Advisor Name & Code*	* 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.

Application for **Normal SIP** ☐ **Micro SIP** ☐ (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder

Existing Unitholders' Folio Number Account No.

New Investors **(Please also complete and submit a Common Application Form)** **Regn. No.** **(For office use only)**

SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit)

Scheme

Plan Option

SIP Amount Rs. (per installment)

Frequency ☐ Monthly ☐ Quarterly (please tick as applicable)

SIP Date ☐ 1st ☐ 20th ☐ 7th ☐ 25th ☐ 10th

First SIP Cheque Date (If Cheque is given) d d m m y y y y Cheque No.

ECS Period From m m y y y y To m m y y y y

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

Mandatory Enclosures: (If 1st installment is not by cheque)

☐ Blank cancelled cheque ☐ Copy of cheque

Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document _____ Field Issuing Authority _____ Document Identification No. _____

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	☐ National Securities Depository Limited (Please tick)	☐ 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.

Bank Details

Bank Name

Branch Name

Address

City

Account Number

Account Holder Name as in Bank Account

9 Digit MICR Code

Account Type

☐ Savings ☐ CC/OD

☐ Current ☐ NRE/NRO (please ✓)

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.

Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number

Signatures of Bank Account holders

1st Holder/Guardian _____

2nd Holder _____

3rd Holder _____

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 Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments, its authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. 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. *I/We confirm that I am/we are Non-residents of Indian National / 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 that I/We hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our NRE/NRO Account. 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 I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.

* Applicable to Non Resident Investors

Date _____ Signature of the Investor(s) 1. _____ 2. _____ 3. _____

Banker's Attestation (For bank use only)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date) Bank Account No.

Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)

Investor's Name

Customer Folio Account No.

SIP Amount (Rs.) Frequency: ☐ Monthly ☐ Quarterly Scheme: _____

Franklin Templeton Investor Service Centre Signature & Stamp