FRANKLIN TEMPL		<b>NUTUAL</b>	FUND -	COMMO	APPLICATI	ION FORM				ing up the
Distributor information	1							r Office Us	•	
Advisor ARN / RIA code	e Sub-b	roker/Bran	ch Code	Sub-broker AI	N Representa	ative EUIN	A <sub>I</sub>	oplication r	eceived	
The upfront commission on investor's assessment of varic Applicable only if ARN is mentioned employee/relationship manager/sales pe Applicable only if RIA Code is mention you, to the SEBI-Registered Investment	ous factors in but EUIN box erson of the above	ncluding serv is left blank: "I/V e distributor/sub b	vice rendered We hereby confir broker or notwith	by the ARN Ho m that the EUIN box standing the advice of is	lder. has been intentionally le 1-appropriateness, if any, t	eft blank by me/us as i provided by the employ	this transacti vee/relationsh	on is executed w	vithout any interact s person of the distrib	ion or advice outor/sub bro
Signatures First/Sole Applicant	/Guardian 🗶			Second A	pplicant <b>X</b>		Third	l Applicant 🗶		
Transaction Charges (R			and tick the					· · · · · · · · · · · · · · · · · · ·		
Applicable for transactions ro						action charges.				
☐ Î am a first time investor in	mutual fund	ds (Rs.150 wi	ill be deducte	ed).	□ I am ar	n existing mutual	funds inv	estor (Rs.10	o will be deduc	ed).
Existing Unitholders (To	o be filled in	ı Block Letter	rs. Please pr	ovide the follow	ing details in full;	Please refer Inst	truction 2	)		
First Applicant Name										
Customer Folio No.				Ассог	ınt No.					
Unit Holder Informatio	n (To be fill	ed in Block L	etters. Use o	one box for one	alphabet leaving o	one box blank b	etween n	ame and su	rname)	
Name of First/Sole Applicant	t									
City & Country of birth					Date of Birth #	D M M	Y   Y	Y Y	Gender: 🗆	Male □ F
PAN No. (Mandatory)				Enclosed: □ I	'AN Card Copy 🗆 K	ΥC application* [	□ KYC ackı	nowledgment*	☐ Proof of Ide	ntity & Ad
Guardian details for Minors:	Palationahia	n with Minor	** □ Fat	= ther □ Moth	er □ Legal Gu	vardian 🗆 (I	Dlassa spa	cify relations	hia)	
Name of Guardian					I Legal Gu	iardian 🗀 (1	r rease spec			1 1
City & Country of birth					Date of Birth D	D M M	v I v I	VIVI	Gender:	l Mala □
· · · · ·	1 1 1		1 1 1							
PAN No. (Mandatory)				Enclosed: □ I	'AN Card Copy   K	CYC application* L		nowledgment"	☐ Proof of Ide	ntity & Ad
Power of Attorney (POA) Detail										
Status:   Resident Individua	l □ NRI/P	'IO 🗆 Othe	ers (Please sp	ecify)	Date o	of Birth D D	M M	Y Y Y	Y Gender: [	□ Male □
PAN No. (Mandatory)				Enclosed: □	PAN Card Copy 🛛	KYC application*	☐ KYC ack	knowledgment <sup>†</sup>	° □ Proof of Ide	ntity & Ad
Joint Holder Information	on (If any)			Mode	of Operation: $\Box$	Single 🗆	Joint	☐ Either	or Survivor	(s) [Def
Name of Second Applicant										
City & Country of birth					Date of Birth #	D M M	YY	YY	Gender: [	I Male □
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DT C771 1 4 11								1 1	1 1 1	· .
Name of Third Applicant										
City & Country of birth	1 1 1		1 1 1		Date of Birth D				Gender: [	
PAN No. (Mandatory)					'AN Card Copy   K	1.1		U	☐ Proof of Ide	ntity & Ad
KYC/FATCA/CRS/UBO	Details (Ma	ındatory. Ple	ease Tick/Sp	pecify. The applic	ation is liable to g	et rejected if det	tails not f	illed.)		
		2 <sup>nd</sup> Applica			Occupation	details for 1st Ap	oplicant 2	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guard
Resident Individual NRI/PIO					Private Secto					
Sole Proprietorship		<del></del>	-	-	Public Sector		-			
Minor through Guardian#		-	-	-	Government Business	Service				
- 1011 - 1111			-	☐ Trust ☐ Society	Professional		-			
	HUF	Bank	□ AOP	□ FI/FII/FPI	Agriculturist					
Others (Please specify)			_		Retired					
FATCA / CRS / Ultimate B	eneficiary C	Owner (UBC	) details (Plo	ease consult your	Housewife					
professional tax advisor for furth					Student					
Non individuals/HUF: Man					Others (Plea	se specify)				
For Individuals (including s	sole propriet	ior) - 1ax res	idence decia	ration	Gross Annu	ıal Income Rang	ge (in Rs.)			
Nationality _		<u> </u>	_		Below 1 lac					
Are you a tax resident of	□ Yes	☐ Yes	□ Ye	es 🗆 Yes	1-5 lac 5-10 lac					
any country other than India?	□ No	□ No		lo □ No	10-25 lac					
If Yes: Mandatory to enclose					25 lac- 1 cr		-			
· · · · · · · · · · · · · · · · · · ·					1 -5 cr 5 - 10 cr					
Politically Exposed Person (	PEP) details:				> 10 cr		<del>     </del>			
1 <sup>st</sup> Applicant 2 <sup>nd</sup> Applicant					OR Networt					
3 <sup>rd</sup> Applicant					(Mandatory fo Non Individua			is on	as on	as on
Guardian					(not older than	· ·				
Authorised Signatories					^ Allowed only	for investments thr andatory to attach c	rough Micro	ils slip availabl	oute in lieu of KYC	and PAN.
Promoters					the KYC ackno	owledgement issued	d by KRA	(Mandatory 1	or all Investors	(including
Partners					route, address 1	pective of the amous proof and identity p	proof is req	ment).For inv	estments through	Micro inve
Karta								arred to be sur	omitted .**Please	provide fo
Karta Whole-time Directors #Date of Birth and Document pro-					documents for mentioning the case of investme	evidencing the re date of birth of the ents held in the name	Minor and of a minor,	Father/Moth Parent's Nam no joint holder	er – Photocopy e; Legal Guardian s / nomination wi	provide for of the ce — Court O I be register
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Account type For Residence   String   String   Country   Procedure   Procedure		Name of Sole Proprietor/ Karta/ Contact I	Person (Non Indiv	iduals)				
Content Address for NSA57DO.  City Store Contents  Final Title Code  Final Title Cod				☐ Residential	☐ Business	☐ Registered Office		
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Bezich Addees  Account type   For Residents   Serving   Current   For Non-Residents   NNO   NRE   FENN   Other    File Resident type   For Residents   Serving   Current   For Non-Residents   NNO   NRE   FENN   Other    File Resident type   For Residents   Serving   Current   For Non-Residents   NNO   NRE   FENN   Other    File Resident type   For Resident   Serving   Current   For Non-Residents   NNO   NRE   FENN   Other    File Resident type   For Resident   Serving   Current   Fenn Non-Residents   NNO   NRE   FENN   Other    File Resident type   Fenn Non-Resident   Fenn Non-Res	7	•	rs) - For payment th	rough electronic mo	de, please attach a	cancelled cheque leaf or a co	ppy of the che	que.
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Please carrue that the sequence of names as monitored in this Application Form markeds with the sequence of names in the Dental account. Enclosed Outstands   Cent Master Lin   OR   D sterement				. DP ID [1 ]1	N			
Nomince Name and Address  For Minor Nomince (Mandatory to attach DOB Proof)  DOB  Gurdian Name & Address  100 %  X  OR   I'We DO NOT wish to nominate and sign here  (The signed by all the joint holden irrespective of the mode of holdings)  Photographs  Having and an understood the contents of the Summon of Additional Liferration (SAU) of Fraudian Timpleton Manual Fand (FTMF), Shown Information Document (SID) and KM till all sing I'we have by gopy to the Familian Timpleton Manual Fand (FTMF), Shown Information Document (SID) and KM till all sing I'we have by gopy to the Familian Timpleton Manual Fand (FTMF), Shown Information Document (SID) and KM till all sing I'we have by gopy to the Familian Timpleton Manual Fand (FTMF), Shown Information Document (SID) and KM till all sing I'we have been provided and the state of the Side of the Side of Shown I'med Family (Side of Shown) and the Side of Shown I'med Family (Side of Shown) and the Shown I'med I'med Family (Side of Shown) and the Shown I'med Family (Side of Shown I'med Family (Side of Shown) and the Shown I'med Family (Side of Shown I'med			d in this Application I	form matches with the	sequence of names in t			ient Master List OR 🗆 DP statement
Nommee Name and Address  DOB Guardian Name & Address  DOB Guardian Name & Address  Allocation  Nommee/Guardian Signature  (Tob signed by all the join holders irrespective of the mode of holdings.)  To Declaraction  Having pead and understood the contents of the Sustement of Additional Information (SAI) of Franklin Templeton Musual Fund (FTMF), Scheme Information Decument (SID) and Key Information Menotonenium (KIM) of the coherency of and the Address issued to the SID and KIM till data. I / we hereby apply to the Franklin Templeton Musual Fund (FTMF), Scheme Information Decument (SID) and Key Information Menotonenium (KIM) of the coherency of any the Address of the Sustement of Additional Information of FTMF (SID) and KIM till data. I / we hereby apply to the Franklin Templeton Musual Fund (FTMF), Scheme Information Decument (SID) and Key Information Menotonenium (KIM) of the Coherency of the Coherency of FTMF (FTMF) and Information the scheme (SID) and Key Information Menotonenium (SID) and Market (Market Information Menotonenium Information and understood the terms and features of the testement) of mass contents in Superior (FTMF) and Information Menotonenium Information (SID) and Market Information Informati	10	Nomination Details (In case of more than o	ne nominee, please	submit a separate n	omination form availe	able with any of our ISCs or	on our website	e). Refer instruction no.14
DR   I/We DO NOT wish to nominate and sign here  (To be signed by all the joint holders irrespective of the mode of holdings.)    Procederation   Procederatio		Nominee Name and Address					Allocation	Nominee/ Guardian Signature
OR   J/We DO NOT wish to nominate and sign here  (To be signed by all the joint holders irrespective of the mode of holdings.)  Debetration  However, and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Frank (FTMF), Scheme Information Document (SDI) and Key Information (SAI) of the scheme(s) and the Addenda sound you do and regulations of the respective scheme. (We contimus that the signed of the Statement of FTMF for units of STAME and understood the terms and features of the scheme(s) of FTMF for units of STAME (Statement of STAME and the Statement of STAME (Statement of STAME and STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF for units of STAME (Statement of STAME and STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of the scheme(s) of FTMF (Statement of STAME (STAME AND ADDER)). The scheme of							100 %	x
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I New confirm that I may war so. Non-Resident Indians(s) (NISs) / Person(s) of Indian Origin (TOs) Foreign profited investor(s) (FPS), and 1 / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our nonestic involved commercia exocust maintained in accordance with applicable RBI guidelines.  1 / We confirm that I am / we are not United States (US) persons within the meaning of Regulation (S) under the U.S. Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as an emaled from inten to time or residents of Canada.  2 / We have read and understood the FATCA from read Jong with the EATCA instructions) and hereby confirm that the information provided by me/us on this Form is true, cornect, and complete. I/We also confirm that the was read and understood the FATCA from sand Conditions and nerved succept the same.  2 / We further agree not to plot FTMI; Franklin Resources Inc. and its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Fundhin Templeton Investments). The profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and hereby according to the profit of the FATCA instructions and the profit of the profit of the FATCA instructions and the profit of the profit of the profit of the FATCA instructions and the profit of the pro	11							
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## Franklin Templeton Mutual Fund Sl. No. Systematic Investment Plan through Auto Debit (See instructions overlet)



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	Acknowledgement Slip for SIP through Auto Debit (To be filled in by investor)	
Investor's Name		Franklin Templeton Investor
Customer Folio		Service Centre Signature & Stamp
SIP Amount (Rs.)	Frequency:  Monthly Quarterly Scheme:	