Sl. No.

Distributor infor		NUTUAL	FUND - CC	OMMO	N APPLICATION FO	-	ice Use Only	tions before fill	ing up the form)								
Advisor ARN	Sub-broker/B	ranch Code	Sub-broke	r ARN	Representative EUIN	Applica	tion received										
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Signatures First/Sole A	Applicant/Guardian X			Second A	pplicant X	Т	hird Applicant 🗴										
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B Unit Holder Info Name of First/Sole A		ed in Block Lei	fters. Use one I	box for one	alphabet leaving one box b	lank betwee	n name and su	rname)									
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Acknowledgement Slip

Sl. No.

Received from _Pin_ Plan/Option Payment Details Scheme Name Amount_ Cheque/DD No. Date_ Bank and Branch details Cheque/DD No. Date Amount Bank and Branch details Cheque/DD No. Date Amount Bank and Branch details

6	Contact Details (Please provide your c	ontact details	even if you have	e already submitte	d your KYC acknowledg	ement)	
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	Type of address given at KYC: □ Residential Address [§]			□ Business	□ Registered Office		
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	Overseas Address for NRIs/PIOs						
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	In case no option is selected the application will be proc	essed as per the defa	ault option, i.e., receiv	e the account statement,	innual report and other correspo	ondence by E-m	ail and receive SMS updates on mobile.
	\$Mandatory if you have not completed your KYC pr would be taken as available in KRA database. In case				vith KRA will be automatically	updated in our	records. Address of tax residence
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	information provided is incomplete or inaccurate. The I/We DO NOT wish to avail Electronic Payment Facility	registered bank wil	ll be the default bank	and all redemptions / div	idends proceeds will be processe	d into default b	ank through electronic payment facility.
8	Investment Details: I/We would like to	(/[_]	1			.K codes, please	refer detailed instructions on page no. 13.
			Amount	Net Amount		nt Details	
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				_			
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			Less DD Charge				
	Separate cheque/demand draft required for each investn Investors in Franklin India Pension Plan are requested to						
	additional purchase in the same account. If you prefer to	have a new account	in the same scheme pl	ease tick here□	E		eque / DD
9	Depository Account Details (Optional. To NSDL: DP Name					A a No	
	CDSL: DP Name			IN		Ac No Ac No.	
	Please ensure that the sequence of names as mentioned	in this Application	Form matches with t	he sequence of names in t			
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10	Nomination Details (In case of more than on			-			
	-		e submit a separate For Minor Non	nomination form availaninee (Mandatory to	ible with any of our ISCs or o attach DOB Proof)	on our website). Refer instruction no.14
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For investment related enquiries, please contact: 2 1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday)

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Sl. No. Franklin Templeton Mutual Fund Sl. No. Systematic Investment Plan through Auto Debit (See instructions overleaf)



Distributor inform	nation			. The upfront commission on investment made by t
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	The upfront commission on investment made by th investor, if any, shall be paid to the ARN Holder (AMI registered distributor) directly by the investor, based c
58603			E 026768	the investor's assessment of various factors includir service rendered by the ARN Holder.
<i>"I/We hereby confirm th</i> person of the above distri	hat the EUIN box has been intention ibutor/sub broker or notwithstanding	ally left blank by me/us as the advice of in-appropriate	this transaction is executed with eness, if any, provided by the empl	out any interaction or advice by the employee/relationship manager/sa oyee/relationship manager/sales person of the distributor/sub broker."

Signature of the Investor(s) 1 2 3	
Transaction Charges (Refer Instruction in Common Application Form 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). I am an existing mutual funds investor (Rs.100 will be deducted).	
Existing Unitholders' Folio Number	
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 5-10 business days is required to set up the Auto Debit) Application for Normal SIP 🗆 Micro SIP 🗆 (For Micro SIP, Please provide required provide re	of /documentation)
Scheme	
Plan Option	
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listed below by NACH (National Automated Clearing House) for collection of SIP payments. In case the payment isn't processed through NACH within 30 days then same shall be processed through Direct Debit / ECS using my/our below mentioned account.	
Please tick as applicable: Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below. SIP auto debit can start in FIVE Days i.e. Bank Account Number	
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'	orm available at any
Franklin Templeton branch office or on our website www.franklintempletonindia.com. Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF). Scheme Information Document (SID) and Key Informa-	ation Memorandum
Tranklin Templeton branch office or on our website wew.franklintempletonindia.com. Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Informa (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, <i>L'we hereby apply</i> to the Trustees of Franklin Templeton Mutual Fund (or registration of Systematic Investment Plan indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP NACH as on the date of this investment, <i>L'We hereby declare that the particulars given al complete.</i> If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, <i>L'we will not hold Franklin Templeton Investments</i> , its employee representatives, appointed service providers or the Bank responsible. <i>J'We further undertake that any changes in my/our</i> Bank details will be informed to FTMF immediately. <i>L'We have read and agree</i> conditions menioned overleaf. <i>L'We confirm that Leum we are</i> Non-resident Indians/ Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meanir under the United States Securities Act of 1933, or as defined by the US. Commodity Futures Trading Commission, as amended from time to time or residents of Canada and that <i>L'we hereby</i> cor- are remitted from abroad through approved banking channels or from my/our funds in my/our domestic account maintained in accordance with applicable RBI guidelines. The ARN holder has discle commissions in the torm and or system at its prevented or statutory or judicial aluthorities / agreeies including all changes, updates to such information as an me/us, to any of the Authorised Partices or any Indian or foreign governmental or statutory or judicial aluthorities / agreeies including all changes, updates to such information as an me/us on yor of tha Unthorised Partices or any prince of unit o	'As & when presented'
for Frequency and 'Maximum Amount' for Debit Type, specifying the maximum value you intend to invest at any time. FTMF will ensure that only the value of the transaction will be debited from yo	ur account.
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FRANKLIN TEMPLETON UMRN F o r o f f i c e u s c Date Date	
Sponsor Bank Code For Office Use Utility Code For Office Use	
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This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We also confirm that I/we have carefully read, understood and agree to abide by the Terms instructions. I am authorizing Franklin Templeton to debit my account. I/We have understood that I/We am/are authorized to cancel/amend this mandate by appropriately cancellation/ amendment request to Franklin Templeton or the bank where I have authorized the debit'	and conditions and communicating the

	Acknowledgement Slip for SIP through Auto Debit (To be filled in by investor)	
Investor's Name		Franklin Templeton Investor
Customer Folio	Account No.	Service Centre Signature & Stamp
SIP Amount (Rs.)	Frequency: Monthly Quarterly Scheme:	

Franklin Templeton Mutual Fund Sl. No.



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

Distributor inform	ation		
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
58603			E 026768

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. the ARN Holder.

"//We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the advice of in-appropriateness."

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