

**FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM** (Please read instructions before filling up the form)

| Distributor information |                        |                |                      | For Office Use Only  |
|-------------------------|------------------------|----------------|----------------------|----------------------|
| Adviser ARN             | Sub-broker/Branch Code | Sub-broker ARN | Representative EUIIN | Application received |
| ARN-1739                |                        |                | E031487              |                      |

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.  
*"I/We hereby confirm that the EUIIN 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 distributor/sub broker."*

Signatures First/Sole Applicant/Guardian  Second Applicant  Third Applicant

**1 Transaction Charges (Refer Instruction No. 13 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).

**2 Existing Unitholders (To be filled in Block Letters. Please provide the following details in full; Please refer Instruction 2)**

First Applicant Name \_\_\_\_\_  
 Customer Folio No. \_\_\_\_\_ Account No. \_\_\_\_\_

**3 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 \_\_\_\_\_  
 City & Country of birth \_\_\_\_\_ Date of Birth<sup>#</sup> | D | D | M | M | Y | Y | Y | Y | Gender:  Male  Female  
 PAN No. (Mandatory) \_\_\_\_\_ Enclosed:  PAN Card Copy  KYC application\*  KYC acknowledgment\*  Proof of Identity & Address ^

Guardian details for Minors: Relationship with Minor\*\*  Father  Mother  Legal Guardian  (Please specify relationship) \_\_\_\_\_

Name of Guardian \_\_\_\_\_  
 City & Country of birth \_\_\_\_\_ Date of Birth<sup>#</sup> | D | D | M | M | Y | Y | Y | Y | Gender:  Male  Female  
 PAN No. (Mandatory) \_\_\_\_\_ Enclosed:  PAN Card Copy  KYC application\*  KYC acknowledgment\*  Proof of Identity & Address ^

Power of Attorney (POA) Details: Name \_\_\_\_\_  
 Status:  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_ Date of Birth | D | D | M | M | Y | Y | Y | Y | Gender:  Male  Female  
 PAN No. (Mandatory) \_\_\_\_\_ Enclosed:  PAN Card Copy  KYC application\*  KYC acknowledgment\*  Proof of Identity & Address ^

**4 Joint Holder Information (If any) Mode of Operation :  Single  Joint  Either or Survivor(s) [Default]**

Name of Second Applicant \_\_\_\_\_  
 City & Country of birth \_\_\_\_\_ Date of Birth<sup>#</sup> | D | D | M | M | Y | Y | Y | Y | Gender:  Male  Female  
 PAN No. (Mandatory) \_\_\_\_\_ Enclosed:  PAN Card Copy  KYC application\*  KYC acknowledgment\*  Proof of Identity & Address ^

Name of Third Applicant \_\_\_\_\_  
 City & Country of birth \_\_\_\_\_ Date of Birth<sup>#</sup> | D | D | M | M | Y | Y | Y | Y | Gender:  Male  Female  
 PAN No. (Mandatory) \_\_\_\_\_ Enclosed:  PAN Card Copy  KYC application\*  KYC acknowledgment\*  Proof of Identity & Address ^

**5 KYC/FATCA/CRS/UBO Details (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)**

| Status details for      | 1 <sup>st</sup> Applicant  | 2 <sup>nd</sup> Applicant | 3 <sup>rd</sup> Applicant | Guardian                 |
|-------------------------|--|---------------------------|---------------------------|--------------------------|
| Resident Individual     | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| NRI/PIO                 | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Sole Proprietorship     | <input type="checkbox"/>   | -                         | -                         | -                        |
| Minor through Guardian# | <input type="checkbox"/>   | -                         | -                         | -                        |
| Non Individual          | <input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society<br><input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI |                           |                           |                          |
| Others (Please specify) |  |                           |                           |                          |

FATCA / CRS / Ultimate Beneficiary Owner (UBO) details (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Non individuals/HUF: Mandatory to enclose FATCA / CRS / UBO Annexure

For Individuals (including sole proprietor) - Tax residence declaration

| Nationality   |                              |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| Are you a tax resident of any country other than India? | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
|   | <input type="checkbox"/> No  | <input type="checkbox"/> No  | <input type="checkbox"/> No  | <input type="checkbox"/> No  |

If Yes: Mandatory to enclose FATCA /CRS Annexure

| Politically Exposed Person (PEP) details: | Is a PEP                 | Related to PEP           | Not Applicable           |
|---|--------------------------|--------------------------|--------------------------|
| 1 <sup>st</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <sup>nd</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <sup>rd</sup> Applicant                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guardian                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorised Signatories                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promoters                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partners                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Karta                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whole-time Directors                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest)

| Occupation details for  | 1 <sup>st</sup> Applicant | 2 <sup>nd</sup> Applicant | 3 <sup>rd</sup> Applicant | Guardian                 |
|-------------------------|---------------------------|---------------------------|---------------------------|--------------------------|
| Private Sector          | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Public Sector           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Government Service      | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Business                | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Professional            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Agriculturist           | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Retired                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Housewife               | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Student                 | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| Others (Please specify) |                           |                           |                           |                          |

| Gross Annual Income Range (in Rs.)  |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Below 1 lac   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-5 lac   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-10 lac  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10-25 lac   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 lac- 1 cr  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 -5 cr   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 - 10 cr   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| > 10 cr   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year) | as on _____              | as on _____              | as on _____              | as on _____              |

^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website.\*Please provide copy of the KYC acknowledgement issued by KRA (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment).For investments through Micro investment route, address proof and identity proof is required to be submitted.\*\*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.

**Acknowledgement Slip**

Received from \_\_\_\_\_ Sl. No. \_\_\_\_\_ Pin \_\_\_\_\_

| Scheme Name | Plan/Option | Payment Details  |
|-------------|-------------|--|
|             |             | Amount _____ Cheque/DD No. _____ Date _____<br>Bank and Branch details _____ |
|             |             | Amount _____ Cheque/DD No. _____ Date _____<br>Bank and Branch details _____ |
|             |             | Amount _____ Cheque/DD No. _____ Date _____<br>Bank and Branch details _____ |

**6 Contact Details (Please provide your contact details even if you have already submitted your KYC acknowledgement)**

Name of Sole Proprietor/ Karta/ Contact Person (Non Individuals) \_\_\_\_\_  
 Type of address given at KYC:  Residential or Business  Residential  Business  Registered Office  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_  
 Overseas Address for NRIs/PIOs \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin/Zip \_\_\_\_\_  
 Tel \_\_\_\_\_ STD Code \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile \_\_\_\_\_  
 I / We do not wish to receive my/our account related communication by email  I/We do not wish to register for SMS updates on my/our mobile phone  
 In case no option is selected the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates on mobile.  
 \*Mandatory if you have not completed your KYC process via KRA, else the address of the 1st Holder as registered with KRA will be automatically updated in our records. Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

**7 Bank Details (Mandatory - For new investors) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.**

Bank Name (Do not abbreviate) \_\_\_\_\_  
 Account No.# \_\_\_\_\_ Branch/City \_\_\_\_\_  
 Branch Address \_\_\_\_\_ Pin \_\_\_\_\_  
 Account type For Residents  Savings  Current | For Non-Residents  NRO  NRE  FCNR  Others \_\_\_\_\_  
 \*RTGS/NEFT/IFSC code \_\_\_\_\_ \*MICR code \_\_\_\_\_ Enclosed:  Multiple Bank Registration Form  
 Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) . #Please provide the full account no. \*For more details on RTGS/NEFT/IFSC/MICR codes, please refer detailed instructions on page no. 13.

**8 Investment Details: I/We would like to invest in (Please read Product labeling details available on cover page of KIM)**

| Fund Name | Plan/Option | Amount Invested  | Net Amount Paid | Payment Details |                               |
|-----------|-------------|------------------|-----------------|-----------------|-------------------------------|
|           |             |                  |                 | Cheque/DD No.   | Bank, Bank A/c No. and Branch |
| _____     | _____       | _____            | _____           | _____           | _____                         |
| _____     | _____       | _____            | _____           | _____           | _____                         |
| _____     | _____       | _____            | _____           | _____           | _____                         |
|           |             | Less DD Charges: | _____           | _____           | _____                         |

Separate cheque/demand draft required for each investment, drawn in favour of scheme name e.g. "Franklin India Bluechip Fund". You may refer to the KIM for more details scheme name(s) and the plan/option. Investors in Franklin India Pension Plan are requested to also fill in the option exercise form available at the ISC. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here  Enclosed:  Cheque / DD  Third Party Declaration

**9 Depository Account Details (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instruction**

NSDL: DP Name \_\_\_\_\_ DP ID  I  N \_\_\_\_\_ Beneficiary Ac No. \_\_\_\_\_  
 CDSL: DP Name \_\_\_\_\_ Beneficiary Ac No. \_\_\_\_\_  
 Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. Enclosed (Mandatory)  Client Master List OR  DP statement

**10 Nomination Details (In case of more than one nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instruction no.14**


| Nominee Name and Address | For Minor Nominee (Mandatory to attach DOB Proof) |                         | Allocation | Nominee/ Guardian Signature |
|--------------------------|---|-------------------------|------------|-----------------------------|
|                          | DOB   | Guardian Name & Address |            |                             |
| _____                    | _____   | _____                   | 100 %      | X                           |

OR  I/We DO NOT wish to nominate and sign here  
 (To be signed by all the joint holders irrespective of the mode of holdings.)

**11 Declaration**

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 Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I / we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., Trustees to the schemes of FTMF for units of scheme(s) of FTMF as indicated above, and agree to abide by the terms, conditions, rules and regulations of the respective scheme. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and derived through legitimate sources. I / we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.  
 I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.  
 \* I / We confirm that I am / we are Non-Resident Indian(s) (NRIs) / Person(s) of Indian Origin (PIOs) / Foreign Portfolio Investor(s) (FPIs), 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 domestic account maintained in accordance with applicable RBI guidelines.  
 I / We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment 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 this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.  
 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(s) is being recommended to me/us.  
 \* Applicable to NRI / PIO / FPI  
 \*\* Applicable to Micro-investments

Signatures: First/Sole Applicant/Guardian  Second Applicant  Third Applicant   
 Date: \_\_\_\_\_ Place: \_\_\_\_\_

|  |   |  |
|--|---|--|
| <br><b>FRANKLIN TEMPLETON INVESTMENTS</b> | <b>CHECK LIST: Please ensure the following:</b><br><input checked="" type="checkbox"/> Application form is complete in all respects and signed by all Applicants.<br><input checked="" type="checkbox"/> Enclosures:<br><input type="checkbox"/> Supporting documents for bank account details furnished in the Form.<br><input type="checkbox"/> For payment by Demand Draft - a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted.<br><input type="checkbox"/> For 'Third Party payment - Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by KRA for the Payer.<br><input type="checkbox"/> Proof of KYC for all applicants, guardians for minors and POA<br><input type="checkbox"/> Non Individuals: FATCA / CRS / UBO Annexure Mandatory | <input checked="" type="checkbox"/> Enclosures (if applicable)<br><input type="checkbox"/> Proof of relationship with minor<br><input type="checkbox"/> Proof of identity & address<br><input type="checkbox"/> Proof of DOB<br><input type="checkbox"/> Multiple bank registration form<br><input type="checkbox"/> Client Master list/DP statement<br><input type="checkbox"/> Multiple nomination form<br><input type="checkbox"/> SIP Form |
|  | For investment related enquiries, please contact:<br>1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday)      service@franklintempleton.com      www.franklintempletonindia.com  |  |