Form ID: 0118



W INVECTADE SI No.

FRANKLIN TEMPLETON INVESTMENTS	(Please re		UN FURM FUR I tails available on cover pag		
Advisor ARN / RIA code Sub-broker	Branch Code	Sub-broker ARN	Representative E		For office use only
ARN-77785			E15720		
The upfront commission on investment made by the investor, if any, she Applicable only if ARN is mentioned but EUIN box is left blank: "I/We person of the above distributor/sub broker or notivithstanding the advigive you my/our consent to share/provide the transactions data feed/pc	ill be paid to the ARN Holder hereby confirm that the EUI! ce of in-appropriateness, if a ortfolio holdings/NAV etc. in i	(AMFI registered distributor) direct I box has been intentionally left blank ny, provided by the employee/relatio respect of my/our investments under	ny by the investor, based on the investor's a by me/us as this transaction is executed with nship manager/sales person of the distribu Direct Plan of all Schemes managed by you,	issessment of various factors inc thout any interaction or advice b itor/sub broker." Applicable on to the SEBI-Registered Investme	thuding service rendered by the ARN Holder, y the employee/relationship manager/sales ly if RIA Code is mentioned: "I / We hereby nt Adviser whose code is mentioned herein."
TRANSACTION CHARGES (Refer instructions and ticl I am a first time investor in mutual funds (Rs.150	k the appropriate option	n) Applicable for transactions		ts/brokers who have opted	
DECLARATION			Dat		Place
Having read and understood the contents of the Statement of Additional Infors Scheme Documents) and after evaluating and acknowledging the risk factors, the terms and conditions mentioned in the Scheme Documents. Notwithstand my/our own and from legitimate sources (iii) the tax residency status (PATCA) which was the properties of the	nation (SAI) of Franklin Temple I / we hereby apply to the Fran ng the generality of the aforesa (CKB) and UBO details mention numended to me/us and I / we sociate entities including their numents and for any conseque anges. I/We hereby authorise ing/ informing me/us of the sa le my/our consent in accordan and PMI.A. I/We hereby provide r the purpose of updating the sa	on Mutual Fund (FTMF), respective Sch klin Templeton Trustee Services Pvt. Ltd d undertaking, I/We hereby confirm the de above are true and correct and (iv) that properties of the properties of the properties permission of the properties of the properties permission of the properties of the properties properties of the properties of the properties permission of the properties of the properties me. I/We hereby agree to keep the infor ewith Aadhard Act, 2016 and regulation my consent for sharing/disclosing of million in the folios linked to my/our PAN.	eme Information Document (SID); Key Informa, "Tustees to the schemes of FTMF for units of (f)] I /we am/are not a 'US Person' and are not to ARN holder has disclosed the details of com any rebate or gifts, directly or indirectly in mak tal persons (Collectively referred as Franklin rs being false, incorrect or incomplete or for the are, remit in any form, mode or manner, alf "mation provided to Franklin Templeton updata is made thereunder, for (f) collecting, storing an y/our Aadhaar number including demographic	ation Memorandum (KIM), the Add scheme(s) of FIMF as indicated ab applying for Units on behalf of any missions (in the form of trail comming this investment and are not in o frempleton) harmless against any le activities performed by them in gray of the information provided by any of the information provided by any of the information provided be el and to provide any additional in disage (ii) validating/authenticatic information with the asset manage	enda issued therein till date (together referred as ove, and agree to abide by all applicable laws and 'US Person' (ii) the money used for investment is ission or any other mode). offered by competing ontravention or evasion of any applicable laws. If osses, costs, damages arising out of any actions ood faith or on the basis of information provided me/ us, including all changes, updates to such me to the competition of the competition of ormation / documentation that may be required in and (ii) updating my/our Aadhaar number(s) ement companies of SEBI registered mutual fund
Sole / First Unit Holder	_ _	Second Unit Holo	dor	Third	Unit Holder
MY DETAILS (To be filled in Block Letters. Pla	ease provide the follo			Timiu	onit Holder
My Name (Should match with Aadhaar Card)	and provide the folio		motraetions)	PAN/PEKRN (1st A	pplicant) KYC
				DAM /DEWEN (C	Hiero (DOA)
My Guardian's Name (if minor)/POA/Contact Person	n			PAN/PEKRN (Guard	lian/POA)KYC
On behalf of Minor (* Attach Mandatory Documents as per instructions).	Date of Birth Minor's	D / M M / Y Y	Date of Birth Proof attached *	Guardian named is: Father Mother	Court Appointed
JOINT APPLICANTS (IF ANY) DETAILS			Mode of Operation :	Single Joint	Either or Survivor(s) [Default]
2nd Applicant Name (Should match with Aadhaar C	ard)			PAN/PEKRN (2nd A	applicant) KYC
3rd Applicant Name (Should match with Aadhaar C	ard)			PAN/PEKRN (3rd A	pplicant) KYC
MY CONTACT DETAILS (As per KYC records	s. To be filled in Block	Letters)			
Email ID (in capital) Mobile +91 Address Landmark City		n Code ndatory)	State	a. F	ess Type (Mandatory) Residential & Business Residential Business Registered Office
MY INVESTMENT DETAILS (Cheque/DD sho	ould be in favour of "Scl	neme Name". Default plan/0	ption will be applied incase of no	information, ambiguity or	discrepancy)
Full Scheme/Plan/Option	Amo	unt / Each SIP Amount	Payment Mode	Drawn o	n Bank/Branch
Lumpsum SIP Plan: Reg	ular Direct Rs.		Cheque/DD	Name/Branch:	
Option: Growth Dividend Payout Dividen	Less char d Reinvestment		No. RTGS NEFT Funds transfer	A/c no.	
Lumpsum SIP Plan: Reg	ular Direct Rs.		Cheque/DD	Name/Branch:	
	Less		No.		
	char	ges	RTGS NEFT	A /a no	
Option: Growth Dividend Payout Dividen Payment through NACH (Attach NACH form)		to avoid Third Party Payme	Funds transfer ont Rejection, if applicable:	A/c no. Bank Certificate, for DD	Third Party Declarations
IF YOU OPT TO START TWO SIP'S, THE BELOW MISIP Date: D (If left blank 10 th will be considered a.	ENTIONED DETAILS	WILL BE APPLICABLE FO	R BOTH THE SIP'S.	My Additional SIP D	
SIP Period Start Date $ m m / y y y y$ Step-up my SIP annually by:			$ \mathbf{m} \mathbf{m} / \mathbf{y} \mathbf{y} \mathbf{y} \mathbf{y} \mathbf{Firs} $ wested will be rounded off to		
or Increase in Ru	pee Value:	(in multiples of Rs. 5	00)		
ESS ACKNOWLEDCEMENT CLID					
Received from				Sl. N	NO. Pin
Scheme Name	Plan/Option		Paymen	it Details	, m
		Amount Bank and Branch details	Cheque/DD N	0	Date
		Amount	Cheque/DD N	0	Date

☞ BANK ACCOUNT D	ETAILS (Avail	Multiple Rank	Registration E	acility)					
Iy Bank Name									_
ank A/C No.					A/C Type	SavingsCurr	ent NRE	NRO FCNR	Others
ranch Address									
			1 1 1	Cir	ty		Pin		
500 1 (14 1: 12)									 igit number next
FSC code: (11 digit)				MICI	R code (9 digit)			your cheque	
ADDITIONAL INFO	ORMATION								
pplicant	Aadhaa	r No.†		KIN No. (If KYC done via CKYC)			e of Birth"	Gende
1st									Y
2nd									
3rd									Y
or POA Data of Birth Mandatowy if CKY	C ID mantioned ^C	Cuardian, DOA, Pa	ower Of Attornov *If	Andhar numbar is no	ot assigned Aadhaar enrollment numl	ar and proof to be pu		M M / Y	Y M
			ower Of Attorney 11	Addition in indicate is no		ber and proof to be pr	ovided.	G P04	
Details	2	Applicant			3 rd Applicant			G or POA	
Iobile No.									
mail Id.									
NOMINATION DET	AILS (In case of	f more than one r	nominee, please	submit a separate	e nomination form available	with any of our	ISCs or on our w	ebsite). Refer ins	structions.
Nominee	Name and Addr	ess			atory to attach DOB Proof)	Allocati	on Nomin	iee/ Guardian Sig	mature
			DOB	Gu	ardian Name & Address			, 318	, · · · · · · · · · · · · · · · · · · ·
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R I/We DO NOT wish (To be signed by all		_	he mode of holdi	ngs.)					
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DEPOSITORY ACC	JUNI DETAIL	S (Optional, 10	be filled if inv	estor wishes to	hold the units in Demat	modej. Refer	instructions.		
NSDL: DP Name			DP I	D I N		Beneficiar	y Ac No.		
CDSL: DP Name						Beneficiar	y Ac No.		
ease ensure that the sequence	of names as mentio	ned in this Applicati	ion Form matches w	ith the sequence of n	names in the Demat account. Enc	closed (Mandatory)	Client Master List	OR DP statem	nent
	OMERIKYCI	DE LAILS I Mand	uatory. Piease iit	.k/ Specify, The a	pplication is liable to get rei	ected if details n	ot filled.)		
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SIP Amount (Rs.)

SIP THROUGH NACH FORM

(Please use separate Transactions Form for each Scheme / Plan and Transaction)

ARN-77785	ub-broker/Branch Code	Sub-broke	er ARN	Representative EUIN E157201		For office use only
MY DETAILS (To be filled in Block	Letters. Please provide the	following details in fu	ıll; Please refer instruct	ions)		
My Name						
My Folio Number		Scheme (Acc	ount Number)			
SIP DETAILS (Please note that 30	Business days are required to	set up the Auto debit.	Default plan/Option will	be applied incase of no i	nformation, am	biguity or discrepancy)
Scheme Name/Plan/Option						
Each SIP Amount (minimum Rs. 500)	Rs.		SIP Date: D D (I	f left blank 10 th will be	considered as	the default date)
SIP Period Start Date M M / Y	Y Y Y End Date	Continue Until Can	celled OR	M M / Y Y	YY	
Investment Frequency Monthly (default) Quarterly	First SIP Cheque	Date:		Cheque No.	
Drawn on Bank/Branch						
	ease in %: (in ease in Rupee Value:		mount invested will b	e rounded off to the	nearest Rs. 10	0)
Tick here, if an Open Mandate - Aut	to Debit Form (ADF) is alre	eady registered in th	e Folio. Please mentic	on in space provided	below the Ban	k Name and Account Number:
Bank Name		Α	account No.			
Tick here if attaching a New Auto D	ebit Form.					
DECLARATION & SIGNATURES Tick here only if ARN is mentioned but E		<u> </u>	Date			Place
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