Form ID: 0118

FRANKLIN TEMPLETON INVESTMENTS

Sl No.

APPLICATION FORM FOR EXISTING INVESTORS
(Please use separate Transactions Form for each Scheme / Plan and Transaction)

FINANCIAL TRANSACTIONS

Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
ARN-171669			E-344021	

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. **Applicable only if ARN is mentioned but EUIN box is left blank:** "I/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 giveyoumy/ourconsent to share/provide thetransactions data feed/portfolioholdings/NAVetc. in respect of my/ourinvestmentsunderDirectPlanof all Schemes managed by you,to theSEBI-Registered Investment Adviser whose code is mentionedherein."

First/Sole Applicant/Guardian	Second Applicant	Third Applicant

☞ MY DETAILS (To be filled in Block Letters. Please provide the following details in full. Please refer instructions)

My Name

My Folio Number   **Scheme** (Account) Number

Scheme Name/Plan/Option*

*Scheme name for Additional Purchase Order, Redemption, SIP & SWP. Source scheme name for Switch, STP & DTP. **Nomination details will be replicated as per the last transaction in this folio. You may attach a separate nomination form in case of change in nomination.**

☞ I WISH TO UPDATE MY KNOW YOUR CUSTOMER (KYC) & GST DETAILS ➤ GSTN No.

KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement for this folio, you need not provide the same again.

Applicant	PAN No. / PEKRN (Mandatory)	Aadhaar No.⁺	KIN No. (Mandatory if KYC done via CKYC)	Date of Birth
1st				D D / M M / Y Y
2nd				D D / M M / Y Y
3rd				D D / M M / Y Y
G or POA^				D D / M M / Y Y

^G: Guardian; ^POA: Power Of Attorney ⁺If Aadhaar number is not assigned Aadhaar enrollment number and proof to be provided.

☞ I WISH TO MAKE A LUMPSUM INVESTMENT (Cheque/DD should be in favour of Scheme name. eg. Franklin India Bluechip Fund)

Amount in Figures   **Amount in Words**
Rs.

Payment by: ☐ RTGS ☐ NEFT ☐ Funds transfer ☐ Cheque/Draft No. _____   **Date** D D / M M / Y Y

Payment from Bank A/c no.: _____ Pay in A/c No. _____   **A/c. Type:** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others_____

Bank name & Branch:

☐ **Payment by Auto Debit:** If Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below.

Bank name _____   **Account No.**

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

☞ I WISH TO START AN SIP (Please attach SIP Auto Debit Slip for NACH registration)

Each SIP Amount (minimum Rs. 500) Rs. _____   **SIP Date:** D D (If left blank 10ᵗʰ will be considered as the default date)

SIP Period Start Date M M / Y Y Y Y   End Date ☐ Continue Until Cancelled   **OR** M M / Y Y Y Y

Investment Frequency ☐ Monthly ☐ Quarterly   **First SIP Cheque Date:** _____   **Cheque No.**

Drawn on Bank/Branch

Step-up my SIP annually by: ☐ Increase in %: _____ (in multiples of 5%) (Amount invested will be rounded off to the nearest Rs. 100)
or ☐ Increase in Rupee Value: _____ (in multiples of Rs. 500)

☐ Tick here if Auto Debit Form (ADF) is already registered in the Folio. Please mention in space provided below the Bank Name and Account Number:

Bank Name _____   **Account No.**

☐ Tick here if attaching a New Auto Debit Form.

☞ ACKNOWLEDGEMENT SLIP

Sl. No.

Date D D / M M / Y Y   Received from

Customer Folio No.   ☐ Additional Purchase / SIP (Rs.)   Cheque No.(s)

☐ SWP ☐ STP ☐ DTP ☐ Redemption or Switch : Amount (Rs.) _____   OR Units _____

Service Centre Signature & Stamp

☞ I WISH TO WITHDRAW MY INVESTMENT (REDEMPTION) (Subject to Lock-in, If any)

Amount in Figures

Rs.

Amount in Words

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

Units in Figures

Units in Words

☐ Tick to Redeem all units

☞ I WISH TO TRANSFER MY INVESTMENT TO ANOTHER SCHEME (SWITCH) (Subject to Lock-in, If any) | (DOB: ____/ ____/ _____, Mandatory for investment in FIPEP)

Switch-in To Scheme / Plan / Option

Account No. (Mention only if Transferring into Existing Scheme)

Amount in Figures

Rs.

Amount in Words

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

Units in Figures

Units in Words

☐ Tick to switch all units

☞ I WISH TO TRANSFER FIXED AMOUNTS FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (STP) (Subject to Lock-in, If any)

STP in To Scheme/Plan/option

Account No. (Mention only if Transferring into Existing Scheme)

Transfer Amount: ☐ Fixed Sum of Rs. _____ (Minimum Rs. 500/-) **OR** ☐ Capital Appreciation, subject to Minimum of Rs.500/-

Frequency: ☐ **Daily** **OR** ☐ **Weekly** Dates: 7th, 14th, 21th, 28th **OR** ☐ **Monthly*** ___ day of the month **OR** ☐ **Quarterly** ___ day of the month

Transfer Period (Minimum 2 STP transactions) From D D / M M / Y Y To D D / M M / Y Y

Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable. The following schemes/plans/options are not available as Source Scheme: • FIPEP • FIT • FIGSF - PF Plan

☞ I WISH TO WITHDRAW FIXED AMOUNTS FROM MY CURRENT INVESTMENT AT A SET FREQUENCY (SWP) (Subject to Lock-in, If any)

Withdrawal Amount ☐ Fixed Sum of Rs. _____ (Minimum Rs. 500/-) **OR** ☐ Capital Appreciation, subject to Minimum of Rs.500/-

Date: ☐ 15th ☐ Last business day of month (Applicable for fixed amount)

Frequency ☐ Monthly* ☐ Quarterly **Withdrawal Period** (Minimum 6 SWP transactions) From M M / Y Y To M M / Y Y

☞ I WISH TO TRANSFER DIVIDENDS RECEIVED FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (DTP)

To Target Scheme/Plan/Option (To where Dividend is to be transferred)

Account No. (Mention only if Transferring into Existing Scheme)

*Default Option may be applied in case of no information, ambiguity or discrepancy.

☞ DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

Date _____ Place _____

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 any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. 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 and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of the same. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my/our Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA), KRA(s) & Central KYC Registry for the purpose of updating the same in the folios linked to my/our PAN.

_____
Sole / First Unit Holder

_____
Second Unit Holder

_____
Third Unit Holder