FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM

Distributor informe	ıtion	For Office Use Only						
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received				
ARN-71279			E062011					
The upfront comminvestor, based on t	ssion on investment made by he investor's assessment of v	y the investor, if any, sh arious factors including	all be paid to the ARN Holo g service rendered by the AR	der (AMFI registered distributor) directly by the N Holder.				
"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 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."								
Signature of the Invest	tor(s) 1. ————		- 2	3. —				
Transaction Charge	S (Refer Instruction No. 10 and tick	the appropriate option)						
	actions routed through distr							
	investor in mutual funds (Rs			s mutual funds investor (Rs.100 will be deducted).				
•	*S (Please provide the following details	in full; Please refer Instruction 2	;) 					
First Applicant Nar Customer Folio No		Α	ccount No.					
Unit Holder Inform			eccount 140.					
	etters. Use one box for one alphab	et leaving one box blank bet	ween name and surname)					
Name of First/Sole	, ,							
Proof of KYC enclosed	* 🗆			Date of Birth $^{\#}$ D D M M Y Y Y Y				
PAN No. (Mandatory	\$		losed: □ PAN Card Copy □ Pro	of of Identity & Address ^ Gender: Male Female				
, , ,				t □ Society □ HUF □ Bank □ AOP				
	antry of Residence							
Name of Second Ap	onlicant							
Proof of KYC enclosed	*			Date of Birth# D D M M Y Y Y Y				
PAN No. (Mandatory		Fncl	losed: □ PAN Card Copy □ Pro	of of Identity & Address ^ Gender: Male Female				
, , ,			* *	of of reality to reduces Strate - Traine - Telling				
	antry of Residence							
Name of Third App	•							
Proof of KYC enclosed				Date of Birth# D D M M Y Y Y Y				
PAN No. (Mandatory		Encl	losed: PAN Card Copy Pro	of of Identity & Address ^ Gender: Male Female				
,	nt Individual 🗆 NRI/PIO		* *	of of Identity & Address Grider. Marc Teniale				
Nationality and Co		Utilers (Ficase spee						
Name of Guardian								
Proof of KYC enclosed	* 🗆			Date of Birth D D M M Y Y Y Y				
			I DANI Cont Comp Day					
PAN No. (Mandatory)			**	of of Identity & Address ^ Gender: □ Male □ Female				
	nt Individual NRI/PIO	Uthers (Please spec	nity)					
Nationality and Country of Residence								
Relationship with Minor Father Mother Legal Guardian (Please specify relationship)								
^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. *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 #Date of Birth and Document proof – mandatory for investments through Minors and investments in TIPP (in TIPP, only individuals may invest). **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. Note: For investment in TICAP, please attach the separate form giving details of the Beneficiary Child.								
Mode of Operation								
☐ Single ☐ Joint ☐ Either or Survivor(s)								
Power ofAttorney (POA) Details								
Name of POA Hol	der			$\begin{tabular}{lllllllllllllllllllllllllllllllllll$				
Enclosed* □ Proof o	f KYC Proof of Identity & A	.ddress↑ □ PAN Card C	Copy PAN ^{\$} (Mandatory)					
Status: Resider	nt Individual □ NRI/PIO	Others (Please spec	ify)	Gender Male Female				

Address (Mandatory if you ha	ve not completed your KYO	process via CVL, else the a	ldress of the 1st Holder a	s registered with CVL will be au	tomatically updated in our records)		
City	S	tate	Coun	try	Pincode		
Overseas Address for NRIs/PIOs							
City	S	tate	Coun	try	Pin/Zip		
Contact Details (Please prov	vide your contact details eve	n if you have already submitt	ed your KYC acknowledg	gement)			
If the Applicant is Sole Proprietorshi	p Firm, please provide the nam	ne of Sole Proprietor. If HUF,	please provide the name of I	Karta. In case of other Non-Individ	luals, please provide the details of Contact Person.		
Name							
Tel STD Code		Office		Residence	Fax		
Email				Mobile			
Bank Details (Mandatory	- For new investors) - For p	ayment through electronic r	node, please attach a cance	elled cheque leaf or a copy of the	cheque.		
D. I. Ni.							
Bank Name (Do not abbreviate)							
Account No. Please provide the full account nun	aher		Bran	ich/City			
Branch							
Address							
		F N D :1		T 0.1	1 111		
Account type For Resid	ents Savings Curre	nt For Non-Reside		□ Others □ Non-Repatriable			
*RTGS code		*NEFT code		-	R code		
*Note: For more details on RTGS.	/NEFT/MICR codes, please		t page no. 13.	MIC.	K code		
I/We would like to invest Please read Product label Investment Details		on cover page and in	structions before f	illing this Form.			
Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Cheque/DD No	Payment Details Bank,Bank A/c No. and Branch		
		Less DD Charges:					
Separate cheque/demand draft required fo Investors in Templeton India Pension Pla					ion you may refer to the KIM for more details.		
Please use separate application forms fo an existing account in the scheme menti					mit it together with the application form. If you have it in the same scheme please tick here [
Third Party Payment Doo	cuments						
of natural love and affection o Declaration - Attached De (other than Guardian) on beha DD against Cash (Please attac	Payment by Guardian or as gift Custodian or Claration from Beneficial of a minor in consident): Banker Certification	on behalf of an FII or a (ary Declaration fror cration of natural love a ate	Client □ Payment by n Third Party (Custoo nd affection or as gift)	Employer on behalf of Em dian, Employer, Guardian c).	lian) on behalf of a Minor in consideration ployee - under Payroll deductions or Parents/Grand-Parents/related persons ebit for issuance of a DD or		
Franklin Templeton 'Easy	/' Services						
1. Franklin Templeton Easy e-		nt statements, annual rep	orts 3. Franklin	Templeton Easy Call: Just	call 1800 425 4255 or 6000 4255 to access		
1. Franklin Templeton Easy e-Update: Receive account statements, annual reports and other information instantly by Email * 3. Franklin Templeton Easy Call: Just call 1800 425 4255 or 6000 4255 to access your account using TPIN \[\triangle \text{Yes, I would like to receive my TPIN} \]							
Email Address.			•				
Email Address:			4. Franklin transactio	Templeton Easy Mobile: G	_ □ Yes, I would like to receive my TPIN et instant SMS alerts to confirm your		
Email Address:	ntly by Email *	1 1 1 1	4. Franklin transactio Mobile N	Templeton Easy Mobile: G			

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' below. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. ☐ National Securities Depository Limited (Please tick) ☐ Central Depository Services (India) Limited (Please tick) Depository Name Depository Participant Name DP ID (16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below) Beneficiary Account Number Note: Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of demat account statement should be within 90 days of the application Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in demat form for the current purchase, may get their existing unit holding converted into demat form as well. The existing holding will be credited to the same demat account as that of the current purchase. \square I / We wish to convert my/our existing unit holding into demat form. ☐ I / We do not wish to convert my/our existing unit holding into demat form. Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., NOT to convert the existing holding in demat form. Nomination Details (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website). Refer instruction on page no.13 Nominee Name & Address Guardian name & address (if nominee is a minor) Signature of Nominee / Guardian (optional) Nominee Date of Birth (mandatory for minor) ☐ Proof of minor DOB submitted, Witness Name and Address Signature of Witness ☐ I/We do not wish to nominate any person for my investments. Signature of Investor(s) Peclaration 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 (SMI) of the scheme(s) and the Addenda issued to the SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of FTMF as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and 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 to Iron. **I/We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and I/we hereby further confirm that the monies are ventued from a broad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines. I/We hereby declare that all the particulars given herein are true, correct and complete to We best of my/our knowledge and belief. I/We further agree not to hold Franklin Templeton Investments or their responsible for any losses, costs, damages arising out of any octave concess incase of any of the above particulars being false, incorrect or incomplete. J/We hereby suderiate to promptly inform FTMF of any changes to the information provided by me/us, including all changes, updates to such information as and when provided by me/us, to any of the above particulars being false, incorrect or incomplete by me/us as also due to my/our not intimatingly delay in mitimating such changes **Declaration** First/Sole Applicant/Guardian Second Applicant Third Applicant Date: Place Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock - in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded. For investment related enquiries, please contact: Franklin Templeton Investments Service Centres Ph: 1-800-425 4255 or 6000 4255 (If calling from a mobile phone, please prefix the city FRANKLIN TEMPLETON STD code; local call rates apply for both numbers) from 8am to 9pm, Monday to Saturday. INVESTMENTS Email: service@templeton.com www. franklintempletonindia.com < GAIN FROM OUR PERSPECTIVE® > CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of Scheme name e.g. "Franklin India Bluechip Fund". • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the "Third Party Declaration" in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions) SI No **Acknowledgement**

· ·				31. 140.						
Received from										
					Pin					
Scheme Name	Plan/Option			Payment Details						
	☐ Lumpsum ☐ Systematic		AmountBank and Branch details	Cheque/DD No	Date					
	Investment Plan		Amount	Cheque/DD No	Date					
	Pian		Bank and Branch details							
			Amount	Cheque/DD No	Date					
			Bank and Branch details							
			Amount	Cheque/DD No	Date					
			Bank and Branch details							