

Advisor ARN	71279	Representative EUIN	E062011
Sub-broker ARN		Sub-broker/Branch Code	

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 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: First Holder/Sole applicant \_\_\_\_\_ Second Holder \_\_\_\_\_ Third Holder \_\_\_\_\_

Application for Normal SIP  Micro SIP  (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder \_\_\_\_\_

Existing Unitholders' Folio Number \_\_\_\_\_

New Investors (Please also complete and submit a Common Application Form)

Existing Unitholders' Account Number \_\_\_\_\_

**SIP Details** (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit) (Please read Product labeling details available on cover page and instructions before filling this Form)

All SIP investments in this form must have the same investment frequency, SIP Date and ECS Period. In case you wish to have different investment frequency, SIP date and ECS period for any scheme, please use additional form.

Frequency:  Monthly  Quarterly; SIP Date:  1st  7th  10th  20th  25th;

ECS Period:  From: | m m | | y y y y | To: | m m | | y y y y |

Goal & Additional Details \_\_\_\_\_

Scheme \_\_\_\_\_

Plan \_\_\_\_\_

Option \_\_\_\_\_

SIP Amount Rs. (per installment) \_\_\_\_\_

Account No. \_\_\_\_\_

Regn. No. \_\_\_\_\_

(for office use only)

Goal & Additional Details \_\_\_\_\_

Scheme \_\_\_\_\_

Plan \_\_\_\_\_

Option \_\_\_\_\_

SIP Amount Rs. (per installment) \_\_\_\_\_

Account No. \_\_\_\_\_

Regn. No. \_\_\_\_\_

(for office use only)

Goal & Additional Details \_\_\_\_\_

Scheme \_\_\_\_\_

Plan \_\_\_\_\_

Option \_\_\_\_\_

SIP Amount Rs. (per installment) \_\_\_\_\_

Account No. \_\_\_\_\_

Regn. No. \_\_\_\_\_

(for office use only)

Goal & Additional Details \_\_\_\_\_

Scheme \_\_\_\_\_

Plan \_\_\_\_\_

Option \_\_\_\_\_

SIP Amount Rs. (per installment) \_\_\_\_\_

Account No. \_\_\_\_\_

Regn. No. \_\_\_\_\_

(for office use only)

(Should be from the Bank Account from which ECS/Direct Debit is to be effected). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

**Mandatory Enclosures:** If 1st installment is not by cheque

Blank cancelled cheque  Copy of cheque

**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. \_\_\_\_\_

**Bank Details**

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Account Number \_\_\_\_\_

Account Holder Name \_\_\_\_\_

as in Bank Account \_\_\_\_\_

9 Digit MICR Code \_\_\_\_\_

Account Type

Savings

CC/OD

Current

NRE/NRO (please ✓)

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.

**Authorisation of the Bank Account Holders**

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number \_\_\_\_\_

**Signatures of Bank Account holders**

1st Holder/Guardian \_\_\_\_\_

2nd Holder \_\_\_\_\_

3rd Holder \_\_\_\_\_

I have read and understood the terms and conditions of the Family Solutions facility and agree to abide by the terms, conditions, rules and regulations of the said Facility as may be prescribed by Franklin Templeton Mutual Fund from time to time. 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 Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments, its authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. 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. \* 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 remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines. 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 is being recommended to me/us I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP 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 the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted. <sup>§</sup> Applicable to Non Resident Investors

Date \_\_\_\_\_ Signature of the Investor(s) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Banker's Attestation (For bank use only)**

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account No.

**Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)**

Sl.No.

Investor's Name \_\_\_\_\_

Customer Folio \_\_\_\_\_

Date | D D M M Y Y Y Y |

Franklin Templeton Investor  
Service Center Signature & Stamp