



OF 16

**APPLICATION FORM FOR NEW INVESTORS**  
(Please read Product labeling details available on cover page and instructions before filling this Form)

ACKNOWLEDGEMENT SLIP		Sl. No.
Received from _____		Pin _____
Scheme Name	Plan/Option	Payment Details
_____	_____	Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____
_____	_____	Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____

**FATCA/CRS/UBO DETAILS:** For Individuals (Mandatory). Non Individual investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Mandatory to enclose FATCA /CRS Annexure				

**BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility)

My Bank Name										
Bank A/C No.	A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____									
Branch Address										
	City									
	Pin									
IFSC code: (11 digit)	MICR code (9 digit)									
(This is a 9 digit number next to your cheque number)										

**MY INVESTMENT DETAILS** (Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy)

Full Scheme/Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP	Rs. Less DD charges	<input type="checkbox"/> Cheque/DD No. <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch:  A/c no.
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP	Rs. Less DD charges	<input type="checkbox"/> Cheque/DD No. <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Name/Branch:  A/c no.

☐ Payment through NACH (Attach NACH form) | Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

**IF YOU OPT TO START TWO SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR BOTH THE SIP'S.**

**Additional details for SIP:** SIP Date:   (If left blank 10<sup>th</sup> will be considered as the default date)

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

**Investment Frequency** ☐ Monthly(default) ☐ Quarterly **First SIP Cheque Date:**       **Cheque No.**

**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)

**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 instructions.

Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Proof)		Allocation	Nominee/ Guardian Signature
	DOB	Guardian Name & Address		
			100 %	<b>X</b>

**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.)

**DEPOSITORY ACCOUNT DETAILS** (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.

<input type="checkbox"/> NSDL: DP Name	DP ID	<input type="checkbox"/> I <input type="checkbox"/> N	Beneficiary Ac No.
<input type="checkbox"/> 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

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

Date	Place
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Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), respective Scheme Information Document (SID); Key Information Memorandum (KIM), the Addenda issued therein till date (together referred as Scheme Documents) and after evaluating and acknowledging the risk factors, 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 all applicable laws and the terms and conditions mentioned in the Scheme Documents. Notwithstanding the generality of the aforesaid undertaking, I/We hereby confirm that (i) I/ we am/are not a 'US Person' and are not applying for Units on behalf of any 'US Person' (ii) the money used for investment is my/our own and from legitimate sources (iii) the tax residency status (FATCA/CRS) and UBO details mentioned above are true and correct and (iv) the ARN holder has disclosed the details of commissions (in the form of trail commission or any other mode), offered by competing schemes of various mutual funds falling in the category of scheme(s) being recommended to me/us and 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 applicable laws. I/ We further agree to hold FTMF, Franklin Resources Inc. its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton) harmless against any losses, costs, damages arising out of any actions undertaken or activities performed by them in accordance with the Scheme Documents and for any consequences in case of any of the above particulars being false, incorrect or incomplete or for the activities performed by them in good faith or on the basis of information provided by me/us as also due to my/ our not intimating / delay in intimating such changes. I/We hereby authorise Franklin Templeton to use, disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us alongwith the details of investment made by me/us, to any of its agents, service providers, representatives or distributors or any other parties located in India or outside India or any Indian or foreign governmental, statutory, regulatory, administrative or judicial authorities / agencies without any obligation of advising / informing me/us of the same. I/ We hereby agree to keep the information provided to Franklin Templeton updated and to provide any additional information / documentation that may be required by Franklin Templeton, in connection with this application. 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 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) 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

1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday)

service@franklintempleton.com

www.franklintempletonindia.com

**Quick Checklist**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Name, Address are correctly mentioned         | <input type="checkbox"/> Full scheme name, plan, option is mentioned      | <input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. |
| <input type="checkbox"/> Email ID / Mobile number are mentioned        | <input type="checkbox"/> Pay-In bank details and supportings are attached | <input type="checkbox"/> Non Individual investors should attach  |
| <input type="checkbox"/> KYC information provided for each applicant   | <input type="checkbox"/> Nomination facility opted                        | <input type="checkbox"/> FATCA Details and Declaration Form  |
| <input type="checkbox"/> FATCA/CRS details provided for each applicant | <input type="checkbox"/> Form is signed by all applicants                 | <input type="checkbox"/> UBO Declaration Form  |
| <input type="checkbox"/> Corporate Documents/ Trust Deed               | <input type="checkbox"/> Proof of relationship with minor                 |  |
| <input type="checkbox"/> PoA Documents                                 |   |  |