

Know Your Client (KYC)**Application Form (For Individuals only)**

(Please fill the form in English and in BLOCK Letters)

Fields marked with '*' are mandatory fields

Application ☐ New

Type*

☐ Update

KYC Number*

South Gujarat ARN: 54854

CAMSKRA
KYC Services

KYC Type*

☐ Normal (PAN is mandatory)☐ PAN Exempt Investors (Refer instruction K)**1. Identity Details** (Please refer instruction A at the end)PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector
	<input type="checkbox"/> O-Others	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student

Photo

Signature/
Thumb Impression**2. Proof of Identity (Pol)*** (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

3. Proof of Address (PoA)*☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address			
Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified	

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*			
<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile

 Tel. (Off)

 Tel. (Res)

5. FATCA/CRS Information (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*

 Country Code of Jurisdiction of Residence

 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

 Country of Birth*

 Country Code

 as per ISO 3166

Address
Line 1*

Line 2

Line 3

 City / Town / Village*

District*

 Zip / Post Code*

 State/UT Code

 as per Indian Motor Vehicle Act, 1988
State/UT*

 Country*

 Country Code

 as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative
Name* Prefix

 First Name

 Middle Name

 Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number

 Passport Expiry Date

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence

 Driving Licence Expiry Date

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government)

 Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

CAMSKRA
KYC Services
South Gujarat ARN: 54854

Fields marked with '*' are mandatory fields.
Please fill the form in English and in BLOCK letters.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update/Change

KYC Number

[illegible]

(Mandatory for KYC update request)

☐ **1. Correspondence / Local Address Details** (Please see instruction E at the end) Enclose relevant documentary proof

☐ Same as Current / Permanent / Overseas Address details

Line 1*																																															
Line 2																																															
Line 3																										City / Town / Village*																					
District*											Zip / Post Code*										State/UT Code												as per Indian Motor Vehicle Act, 1988														
State/UT																Country*										Country Code												as per ISO 3166									

☐ **2. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile – Tel. (Off) – Tel. (Res) –

Fax –

3. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date:

D	D
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M	M
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Y	Y	Y	Y
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[illegible]

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Annexure B1 – Addition/Deletion of Related Persons

Fields marked with “*” are mandatory fields.

Please fill the form in English and in BLOCK letters.

South Gujarat ARN: 54854

For office use only

(To be filled by financial institution)

Application Type*

☐ New☐ Update/Change

KYC Number

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(Mandatory for KYC update request)

☐ **1. Details of Related Person** (In case of additional related persons, please fill ‘Annexure B1’) (please refer instruction **G** at the end)☐ Addition of Related Person☐ Deletion of Related Person

KYC Number of Related Person (if available*)

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Related Person Type*

☐ Guardian of Minor☐ Assignee☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

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(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)☐ A- Passport Number☐ B- Voter ID Card☐ C- PAN Card☐ D- Driving Licence☐ E- Aadhaar Card☐ F- NREGA Job Card☐ Z- Others (any document notified by the central government)

Passport Expiry Date

D	D																
M	M																
Y	Y	Y	Y														

Driving Licence Expiry Date

D	D																
M	M																
Y	Y	Y	Y														

Identification Number

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2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Date:

D	D																
M	M																
Y	Y	Y	Y														

Place:

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Signature / Thumb Impression of Applicant

3. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies

KYC Verification Carried Out by

Date

D	D																
M	M																
Y	Y	Y	Y														

Emp. Name Emp.

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Code

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Emp. Designation

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Emp. Branch

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[Employee Signature]

Institution Details

Name

Code

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[Institution Stamp]

KYC Type: ☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors

1. Identity Details (Please refer instruction A at the end)

PAN

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 Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)				
Maiden Name (If any*)				
Mother Name*				

Residential Status* ☐ Resident Individual ☐ Non Resident Indian
☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector
☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student
☐ B-Business ☐ X-Not Categorised

2. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

[illegible]

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
 State/UT* Country* Country Code as per ISO 3166

3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

	Prefix	First Name	Middle Name	Last Name
Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number

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 Passport Expiry Date

D	D	-	M	M	-	Y	Y	Y	Y
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☐ B- Voter ID Card

☐ C- PAN Card☐ D- Driving Licence☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

4. Remarks (If any)

[illegible]

5. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Date:

D	D
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M	M
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Y	Y	Y	Y
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[illegible]

Signature / Thumb Impression of Applicant

Third applicant

Name																											
Gender	M	F	O		PAN															Occupation Type	Service	Business	Others				
Father's Name																											
Cust ID / Folio No.																											
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes																											
Type of address given at KYC	<input checked="" type="checkbox"/> Residential or Business <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input checked="" type="checkbox"/> Registered Office																										
Permissible documents are	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> PAN Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Job Card <input type="radio"/> Others																										
Date of Birth																											
Place of Birth																											
Country of Birth																											
Nationality																											
Are you a tax resident of any country other than India? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

[#]To also include USA, where the individual is a citizen / green card holder of The USA

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Signatures

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First / Sole Applicant / Guardian

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Second Applicant

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Third Applicant

Date

d	d	m	m	y	y	y	y
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Place

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FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Incometax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Franklin Templeton Asset Management (India) Pvt. Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Information to Investors/ Authorised Signatory

As per the recent amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005, mutual fund account/folio holders (in case of individual investor) and managers, officers or employees holding an attorney to transact on behalf of non-individual investor are required to update their Aadhaar numbers by 31st December 2017, failing which the said account/folio will cease to be operational.

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations.

Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

Please fill in the details below:

Folio number(s) (Please submit these details separately for All Holders/ Authorised Signatories)

PAN/PEKRN

Name

Aadhaar Number

Enrollment Number (In case Aadhaar number has not been issued)

☐ Aadhaar Enrollment proof Gender Date of Birth

Mobile Number Email id

Consent

I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I hereby provide my consent for sharing/disclosing of my 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 my folios linked to my PAN.

Signature ☒ Date _____ Place _____

Instructions

- 1) Aadhaar number shall be updated in all folios held with Franklin Templeton Mutual Fund in your capacity as sole/joint investor, guardian or authorized signatory based on PAN match only post successful validation with UIDAI.
- 2) This form should be submitted separately for each account holders/ Authorised Signatory
- 3) Validation of Aadhaar number with UIDAI shall be done basis identity information already recorded in the existing folios. If the same is not available, the details provided herein shall be utilized. The application is subject to rejection in case of discrepancy in information.

ACKNOWLEDGEMENT: Received request for Aadhaar Number linking with Franklin Templeton Mutual Fund Investments

Name

PAN/PEKRN Date Place

Linking your Aadhaar with Franklin Templeton Mutual Fund folio will be subject to successful verification of your Aadhaar number with UIDAI.

Stamp