Know Your Client (KYC)		□ New	South Gujarat AR	N: 54854	
Application Form (For Individua	als only) Application Type*		-		KYC Services
(Please fill the form in English and in BLOCK Le Fields marked with '*' are mandatory fields	etters)	Update K			KTC Services
		e* Normal (PA	N is mandatory) 🗌 PAN Ex	empt Investors (Refer instruction K)
1. Identity Details (Please refer instruction	on A at the end)				
PAN	Please enc	lose a duly atteste	d copy of your PAN Card		
Prefix	FirstNam	e	MiddleNam	e	Last Name
Name* (same as ID proof)					
Maiden Name (If any*)					
Father / Spouse Name*					
Mother Name*					
Date of Birth*					Photo
Gender* 🗌 M- Mal	e	🗌 F- Fema	le 🗌 T-Transge	ender	
Marital Status*	d	🗌 Unmarri	ed 🗌 Others		
Citizenship* 🗌 IN- Ind	ian	Others –	Country	Country	Code
Residential Status*	nt Individual	Non Res	ident Indian		
Foreign	n National	Person o	f Indian Origin		
	ice Private Sector	Public Se		_	
☐ O-Othe ☐ B-Busir	ers Drofessional	 Self Emp X-Not Ca 		Housewife	Signature/ Thumb Impression
2. Proof of Identity (Pol)* (for PAN exem		_	0	tion C & K at the e	nd)
(Certified copy of <u>any one</u> of the following F	•				
A- Passport Number			Passport E	xpiry Date	D D - M M - Y Y Y
B- Voter ID Card					
D- Driving Licence			Driving Lice	ence Expiry Date	
E- Aadhaar Card					
F- NREGA Job Card				ifi an tin a Niverska a	
Z- Others (any document notified b	y the central governm			ification Number	
3. Proof of Address (PoA)*			- (d		
3.1 Current / Permanent / Overseas A	adress Details (Please	see instruction D	at the end)		
Line 1*					
Line 2					
Line 3				City / Town / Vi	llage*
District*	Zip / Post Co	ode*	State/	UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*		Country*			country Code as per ISO 3166
Address Type*	Business 🗌 Re	esidential	Business	Registere	d Office 🛛 Unspecified
(Certified copy of <u>any one</u> of the follow	ving Proof of Address [PoA] needs to b	e submitted)		
Proof of Address*			Passport E	xniry Date	
Voter ID Card				Aprily Date	
Driving Licence		++-	Driving Lic	ence Expiry Date	
Aadhaar Card			2g 2.0		
NREGA Job Card					
Others (any document notified by t	he central governmen	t)	Ident	ification Number	
3.2 Correspondence / Local Address	Details* (Please see ins	truction E at the e	nd)		
Same as Current / Permanent / Overs	seas Address details (In case of multiple co	rrespondence / local address	es, please fill 'Annexi	ure A1', Submit relevant documentary proof)
Line 1*					
Line 2					
Line 3				City / Town / Vi	7
District*	Zip / Post Co		State/		as per Indian Motor Vehicle Act, 1988
State/UT*		Country*			country Code as per ISO 3166

4. Contact Details (All	communic	ations	will be s	ent on	provi	ded	Mobil	le no	b. / Ei	mail-I[D) (I	Pleas	e ref	er i	nstru	ictic	on F	at	the	enc	d)										
Email ID													Π			Τ			Τ		Τ					Τ			Τ		Τ
Mobile		TT	$\frac{1}{1}$	Tel.	(Off)			<u> </u>	-		1	1	Ħ	7	Tel. (Re	s)[T	T	T	1_1		Ť	Ť	Ť	Ť	T	$\overline{\Box}$		_	
5. FATCA/CRS Inform	ation (Tick	if Appl	licable)			Pos	idenc	n fo	r Tay	Purp	250	e in I	uriec	_					ndir	. (D	دما		ofo	r in	etru		n B	l at t	ho	and)	
Additional Details Re	``		,	ly if at							J3C	5 11 5	unsc	licti	011(3)	, 01	JISI		nuid	ו) ג	ica	30 1	ere	1 11 1	อแน	Cliu		all		enu)	
Country of Jurisdictio	•			ly II at				, 13 (, ´	ount	try C	ode	of 、	Juris	dic	tior	ר of	Re	sid	en	ce [26.1	nar I	50	3166			
Tax Identification Nu				ssued	bv iu	risd	iction	ו)*											7						a3	501 1	00	5100			
Place / City of Birth*						_	Cour		of B	irth*	╧	+		╈	<u> </u>		\dashv	╈	╧		Со	unti	rv (Cod	de [Τ		as p	er IS	SO 31	66
Address																_	_			_			_			_	_				
Line 1*											\perp			\downarrow																	\perp
Line 2				++		+		$\left \right $		+	+	_		+	_								Ļ	-	-				+	_	-
Line 3							*	$\left \right $	_	++	+	+-								n /	VII	lage T),								
District*			 +	Ζір	/ Pos	t Co	ode.							5	State	e/U	ТС	ode	e T	L							or V	1		t, 198	
State/UT*								Co	ountry	/*											С	oun	try	Co	bde			as	per I	SO 3	166
6. Details of Related F	Person (Op	tional)	(please	refer i	nstruc	tion	G at	the	end)	(in ca	se o	of add	dition	al r	elate	ed p	ers	ons	, pl	eas	e fi	ll 'Ar	nne	exur	еB	1')					
Related Person		Deletion	of Rela	ated Pe	erson		K	YCI	Numł	per of	Rel		_		•			,													
Related Person Type*	_		n of Mir		Tiret M		As	sign	ee] Aut			Re	pres	sent	tativ	/e					0.01	Ne	200				
Name*		efix			First Na	ame				1 [Midd		lame					[Last	Nar	ne 				7
	(If K	YC num	ber and	name ai	e provi	ided,	below	/ deta	ails of	section	6 a	ire opt	ional))	1						_					_					_
Proof of Identity [P			,				,	. ,																							
(Certified copy of <u>any or</u>		lowing F	Proof of	Identity	(Pol] I ¬	need	ls to b	be su	bmitte	əd)			D -		T		·	De					_	1 1							
A- Passport Numbe				++				1					Ра	ssp	ort I	Ξxμ	шу	Da	le			D		1-1	IVI	IVI		r r	Y	Y	
B- Voter ID Card	\vdash		$\left \right $	++																											
D- Driving Licence		++	$\left \right $	++									Dri	vin	g Lio	200	~~	Evr	in	Da	to		_	1 1							
E- Aadhaar Card		++	+++	++	++	+							DI	VIII	y Lit	Jen	ce	ΓΛμ	лгу	Da	le	D	D	1-1	IVI	IVI		Y Y	Y	Y	
F- NREGA Job Car	rd H	++	+++	++		+		П																							
Z- Others (any doc		ified b	v the c	entral	dove	rnm	ent)								Iden	tifia	cati	on	Nu	mbe	٩r										
7. Remarks (If any)			,		J									_									_								
							11									Т	Т	1					Т			-	Т	1			
					+	╈	++	+						+		┢	┢	┢			-	+	+	+	+	+	+	+		+	+
8. Applicant Declarati	ion												1 1																		
 I hereby declare that the det therein, immediately. In case 	ails furnished a																														_
liable for it. I hereby declar legislation or any notification	re that I am no	ot making	g this app	lication f	or the p	ourpos	se of c	ontrav	ventior	of any												[\$	Sign	ature	e / Th	านmb	Impi	ressio	n]		
 I hereby consent to receiving 											ed nu	imber/e	email a	addre	ess.																
Date: DD-MI	VI — Y Y	ΥΥ		Pla	ce:																S	ignat	ure	/ Thu	umb I	mpre	essio	on of A	Applic	cant	
9. Attestation / For Of	fice Use C	only																													
Documents Receiv																			• • •												
	erification C		Out by (F	Refer Ins	structio	n I)												Inst	titut	ion	Det	ails									
Date	DD -	MM	- Y Y	YY				_			me			-					_	_	_	_	_	_	_	_	_	_	_		_
Emp. Name											de.																				_
Emp.Code								-		En	np. E	Brand	h																		
Emp. Designation																															
In-Person Ve	rification (IF	V) Carr	ried Out	by (Re	fer Inst	ructio	on J)											Inst	titut	ion	Det	ails									
Date	D D —	MM	— Y Y	YY						Na	me																				
Emp. Name										Со	de																				
Emp. Code										En	np.E	Brand	ch																		
Emp. Designation																															٦
			1			1		1																							

Annexure A1 – Addition/Modification/Change of Address – Corre	espondence/Local Address	CAMSKRA
Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters.	KYC Services South Gujarat ARN: 54854	
For office use only Application Type* New (To be filled by financial institution) KYC Number	for KYC update request)	
I. Correspondence / Local Address Details (Please see instruction of the section of the sec	ction E at the end) Enclose relevant documentary p	roof
Line 1* Line 2 Line 3 District* Zip / Post Code* State/UT 2. Contact Details (All communications will be sent on provided N	Country*	n / Village* as per Indian Motor Vehicle Act, 1988 Country Code as per ISO 3166 the end)
Email ID	Tel. (Res)	
3. Applicant Declaration		
 I hereby declare that the details furnished above are true and correct to the best of my known therein, immediately. In case any of the above information is found to be false or untrue of liable for it. I hereby declare that I am not making this application for the purpose of i legislation or any notifications/directions issued by any governmental or statutory authority. I hereby consent to receiving information from Central KYC Registry through SMS/Email or Date: 	or misleading or misrepresenting, I am aware that I may be held contravention of any Act, Rules, Regulations or any statute of from time to time.	[Signature / Thumb Impression] Signature / Thumb Impression of Applicant

Annexure B1 – Addition/Deletion of Related Persons	CAMSKRA
Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters.	KYC Services South Gujarat ARN: 54854
For office use only Application Type* New Update/Change (To be filled by financial institution) KYC Number (Mandatory for	KYC update request)
1. Details of Related Person (In case of additional related persons, please fill 'Annexure B1') (please refer instruction of	G at the end)
Addition of 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 Name* Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Name* Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Name* Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Image: Comparison of Minor Ima	Last Name
Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the end)	
A- Passport Number Passport Expiry Date B- Voter ID Card Passport Expiry Date	
C - PAN Card D- Driving Licence Driving Licence Expiry Da E - Aadhaar Card Driving Licence Expiry Da	$te \Box \Box - M M - Y Y Y Y$
F-NREGA Job Card Identification Numb Z- Others (any document notified by the central government) Identification Numb	er
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 M Y Y Place: Image: Comparison of the second	Signature / Thumb Impression of Applicant
3. Attestation / For Office Use Only	
Documents Received Certified Copies	
KYC Verification Carried Out by Institution	Details
Date D M Y Y Name Code Emp. Name Emp. Code Code <t< td=""><td>Stamp]</td></t<>	Stamp]
[Employee Signature]	

Fields marked with * are mand	,	DAN Exampt Investors							
1. Identity Details (Please r	refer instruction A at the end)								
PAN Please enclose a duly attested copy of your PAN Card									
	Prefix First Na	me	Middle	Name	Last Name				
Name* (same as ID proof)									
Maiden Name (If any*)									
Mother Name*									
Residential Status*	Resident Individual	Non Resi	dent Indian						
	Foreign National		f Indian Origin						
Occupation Type*	S-Service Private Secto	_		rnment Sector					
	O-Others Professional	Self Emp	•	ed 🗌 Housewife	Student				
	B-Business	X-Not Ca	tegorised						
2. FATCA/CRS Information	n (Tick if Applicable)	esidence for Tax Pu	poses in Jurisdiction	n(s) Outside India (Plea	ase refer instruction B at the end)				
Additional Details Require	ed* (Mandatory only if above op	tion is ticked)							
Country of Jurisdiction of	Residence*		Country Code of Ju	urisdiction of Residen	ce as per ISO 3166				
Tax Identification Number	r or equivalent (If issued by juris	sdiction)*							
Place / City of Birth*		Country of Birth*		Co	ountry Code as per ISO 316	36			
Address		-							
Line 1*									
Line 2									
Line 3				City / Town / Vil	lage*				
District*	Zip / Post	Code*	St	tate/UT Code	as per Indian Motor Vehicle Act, 1988	в			
State/UT*		Country*		C	country Code as per ISO 31	66			
3. Details of Related Perso	on (Optional) (please refer instruction	on G at the end) (in c	ase of additional rela	ted persons, please fill 'A	nnexure B1')				
Related Person	Deletion of Related Person	KYC Number of	of Related Person (if	f available*)					
Related Person Type*	Guardian of Minor	Assignee	Authoriz	zed Representative					

Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)

South Gujarat ARN: 54854

For Individuals Only (Please fill the form in English and in BLOCK Letters)

Know Your Client (KYC) Application Form

KYC Type:

Normal (PAN is mandatory)

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*
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* 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*) Image: Comparison of the second sec
Related Person Type* Guardian of Minor Assignee Authorized Representative
Prefix First Name Middle Name Last Name Name* Image: Comparison of the provided below details of section 6 are optional) Image: Comparison of the 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 <u>any one</u> of the following Proof of Identity[PoI] needs to be submitted)
A- Passport Number Passport Expiry Date DD - MM - YYYY
B- Voter ID Card
C- PAN Card
D- Driving Licence Expiry Date D D - M M - Y Y Y Y
E- Aadhaar Card
F-NREGA Job Card
Z- Others (any document notified by the central government)
4. Remarks (If any)
 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 unfrue 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 - M - Y Y Y Place: Signature / Thumb Impression of Applicant
Page 1



FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)

South Gujarat ARN: 54854

	First / Sole Applicant /	Guardian	
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 avail	lable in KRA database. In case of any	change please approach KRA & no	tify the changes
Type of address given at KYC \checkmark	Residential or Business \checkmark	Residential 🖌 Business	Registered Office
Permissible documents are O Passport O	C Election ID Card C PAN Card C Govt. I	D Card \bigcirc Driving License \bigcirc UIDAI Ca	rd O NREGA Job Card O Others
Date of Birth	Place of Birth		
Country of Birth			
Nationality			
Are you a tax resident of any country ot	ther than India? Yes 🗸	No 🗸	
If yes, please indicate all countries i			ID Numbers below
	· ·	Ida	ntification Type
Country [#]	Tax Identification Nu		Other, please specify)
[#] To also include USA, where the individual i	-		
[%] In case Tax Identification Number is not av	Second applica		
Name			
	PAN		Service Business Others
		Occupation Type	
Father's Name			
Cust ID / Folio No. Address of tax residence would be taken as avail	lable in KPA database. In case of any	change please approach KPA & pc	tify the changes
Type of address given at KYC	Residential or Business	Residential Business	Registered Office
	Election ID Card O PAN Card O Govt. I	· · · · · · · · · · · · · · · · · · ·	v C
	Place of Birth		
Country of Birth			
Nationality			
Are you a tax resident of any country ot	ther than India? Yes √	No 🗸	
If yes, please indicate all countries i	in which you are resident for tax p	urposes and the associated Tax	ID Numbers below.
Country [#]	Tax Identification Nu	mber [%] Ide	ntification Type Other, please specify)
-		(1140)	Ourier, prease specify)
[#] To also include USA, where the individual i	is a citizen / green card holder of "	The USA	
*In case Tax Identification Number is not av	-		

Third applicant							
Name							
Gender M F O PAN Image: Constraint of the second	°S						
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 🗸 Residential or Business 🏑 Residential 🗸 Business 🗸 Registered Office							
Permissible documents are O Passport O Election ID Card O PAN Card O Govt. ID Card O Driving License O UIDAI Card O NREGA Job Card O Others							
Date of Birth Place of Birth							
Country of Birth							
Nationality							
Are you a tax resident of any country other than India? Yes 🗸 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							
First / Sole Applicant / Guardian Second Applicant Third Applicant							
Date d d m y y y Place							
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.



REQUEST FOR AADHAAR NUMBER LINKING WITH FRANKLIN TEMPLETON MUTUAL FUND INVESTMENTS

South Gujarat ARN: 54854

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)
PAN/PEKRN
Name
Aadhaar Number
Enrollment Number
□ Aadhaar Enrollment proof Gender Date of Birth DD/ MM/ YY
Mobile Number

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 X

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 Mu	tual Fund Investments
Name	
PAN/PEKRN Place Place	
Linking your Aadhaar with Franklin Templeton Mutual Fund folio will be subject to successful verification of your Aadhaar number with UIDAI.	
Aadhaar huinder with OIDAI.	Stamp