### Know Your Client (KYC) Application Form (For Non-Individuals Only)

☐ (Attested) True copies of documents received



Place for Intermediary Logo

Application No.:

Name of the Organization

Signature Date

1. Name of Applicant (Please write complete source as part Certificate of incorporation   Registration   Regist	Please fill in ENGLISH and in BLOCK LETTERS	VL						Sout	h Gu	ıjar	at A	RN:	548	354			
2. Date of Incorporation  2. Date of Incorporation  3. Registration No. (e.g. CN)  4. Status Riseas Ed. (*) [Finals List Co.   Rody, Corporate   Perturbably   This / Chaillacy / MGOs   RIJE	A. Identity Details (please see guidelines overleaf)																
3. Registration No. (e.g. CN)    A Status Peace Ltd. (	1. Name of Applicant (Please write complete name as per Certificate of Incorporation	n / Registr	ration; lea	ving	one box	blank	betw	reen 2	words.	Plea	se do	not a	abbrev	/iate t	:he Na	me).	
3. Registration No. (e.g. CN)    A Status Peace Ltd. (	2 Pate of leasurements and add												Ļ				
4. Stabs Rece tick (*)   Proze Lts Co   Public Ltd. Co   Body Concorne   Pathership   Inst. (*Charles Nicko   Nick   File   File		of Incorp													Н		
PR Catapoy   PR	3. Registration No. (e.g. CIN)		Date o	f con	nmence	ment	of b	usines	s d	d	]/[	m n	<u>n</u> /	У	У	У	У
B. Address Details (please see guidelines overleaf)  1. Address for Correspondence  City   Tom   Vilage   Caunty   Prosa Cobe    State   Caunty   Prosa Cob	☐ FPI Category I ☐ FPI Category II ☐ FPI Category III ☐ AOP ☐	Bank	_ ☐ Gov	ernme	ent Body					_			FI		-11		
1. Address for Correspondence    Copy   Dan   Village	5. Permanent Account Number (PAN) (MANDATORY)			P	ease en	close a	duly	/ attes	ted cop	by of	your	PAN	Card				
City   Donn / Village   Country   Postal Cide	B. Address Details (please see guidelines overleaf)																
State	1. Address for Correspondence																
State											_		_	_			
State													-	+-	-		
State	City / Town / Village									Post	al Cor	de de					
Rel (Off.) (ISD) (STD)   Rel (Res.) (ISD) (STD)   Rel (Res.) (ISD) (STD)   Rel (ISD) (STD) (STD)   Rel (ISD) (STD) (STD) (STD)   Rel (ISD) (STD) (ST						Coun	try			103	ui co	10					
Mobile   (ISD)   (STD)	2. Contact Details																
EMail Id.  3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (v') against the document attached "Latest Blephone Bill (only Land Line)   "Latest Blectricity Bill   "Latest Bank Account Statement   Registered Lease / Sale Agreement of Office Premises Any other proof of address document (as listed overleaf). (Please specify)  *Not more than 3 Months old. Validity/Expiry date of proof of address submitted   d   / m m / y y y y    4. Registered Address (If different from above)    City / Dwn / Village   Postal Code			Tel.				-										
Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (~) against the document attached   Latest Electricity Bill   Latest Bild   Milling   Millin				Fax	(ISD)	(ST	D)						_				
DECLARATION  We hereby declare that the details furnished above are true and princect to the best of my/our knowledge and belief and I/we undertake inform you of any changes therein, immediately. In case any of the pove information is found to be false or untrue or misleading or isrepresenting, I am/we are aware that I/we may be held liable for it.  PERSON(S)  FOR OFFICE USE ONLY  MC/Intermediary name OR code  Seal/Stamp of the intermediary should contain Staff Name	City / Town / Village  State  Froof of address to be provided by Applicant. Please submit ANY O  *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Telephone Pall (only Land Line) *Latest Electricity Bill *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Electr	etest Banl	k Accou	nt Sta	atemen	docui t	men Regis	y	Lease	/ <b>) a</b> / Sa	<b>gain</b> : le Ag	st the	nent o	of Of	fice P	remi	ses
We hereby declare that the details furnished above are true and present to the best of my/our knowledge and belief and I/we undertake inform you of any changes therein, immediately. In case any of the prove information is found to be false or untrue or misleading or disrepresenting, I am/we are aware that I/we may be held liable for it.    Person(s)	•												_	_			_
NAME & SIGNATURE(S) of inform you of any changes therein, immediately. In case any of the bove information is found to be false or untrue or misleading or nisrepresenting, I am/we are aware that I/we may be held liable for it.  PERSON(S)  FOR OFFICE USE ONLY  Seal/Stamp of the intermediary should contain Staff Name		1															
MC/Intermediary name OR code  Seal/Stamp of the intermediary should contain Staff Name	orrect to the best of my/our knowledge and belief and I/we undertake o inform you of any changes therein, immediately. In case any of the	NA	OF A	UT	HORI	SED	•	)									
MC/Intermediary name OR code  Seal/Stamp of the intermediary should contain Staff Name		FFICE	USE (	INC	Y												
	MC/Intermediary name <b>OR</b> code			, 141				Sea	al/Stam	тр о	f the	inter	media	ary sh	nould	cont	ain

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals
South Gujarat ARN: 54854 Photograph PAN of the Applicant Relationship with Applicant (i.e. promoters, whole time directors etc.) Residential / Registered Address DIN (For Directors) / Aadhaar Number (For Others) Name PAN Name of Applicant Sr. No.

Place for Intermediary Logo

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Date [d | d ] / [m | m ] / [y | y | y | y |

Name & Signature of the Authorised Signatory(ies)



# Details of Ultimate Beneficial Owner including additional FATCA, GST & CRS information

Nan	ne of the entity																	
Тур	e of address given at KYC	√ Residential or Bu	ısiness	/	Resid	ential		$\checkmark$	Е	usine	ss	<b>√</b>		Reg	ist	ered C	ffice	)
	"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"																	
Cus	tomer ID / Folio Number																	
GST	ΓN Number																	
PAN	l				Date of	f incor	oora	atio	on	D	D	) /	M	/1 /	/	YY	Υ	Υ
City	of incorporation																	
Cou	ntry of incorporation																	
	·	ership Firm <b>b</b> HUF <b>c</b> Priva H Liquidator <b>h</b> Limited Liab													OF	P/BOI		
Ple	ase tick the applicable tax re	sident declaration -																
1. I	s "Entity" a tax resident of any o	country other than India		No ID nun	nber below.	)												
	Country	Tax Ide	ntificatio	n N	umber	,%				(TIN	de	ntifi Other	catio	n Ty ase	yp sp	ecify)		
							Т			•			, <b>.</b>		•	•		
							+											
							+											
							+											
	e Tax Identification Number is not availal			n num	her or Gl	ohal Ent	ity Id	leni	tificatio	n Nun	nher	r or GII	N etc					
	·													n E,	nti	h.lo		
	se the Entity's Country of Incomption code here	rporation / Tax residence	S 0.5. bu	ι⊏n	illy is no	ot a Sp	eci	ше	ea U.	5. PE	ersc	on, n	ientio		nu	ty S		
	(Please con	FATCA a sult your professional tax adv					CA 8	& C	CRS (	lassi	ficat	tion)						
DA	DT A (to be filled by fine weight to		A/CC-)															
PA	RTA (to be filled by Financial In	stitutions or Direct Reporting	NFES)															
1.	We are a,	GIIN																
	Financial institution <sup>6</sup>	<b>Note:</b> If you do not have a GIIN above and indicate yo					anot	the	er enti	y, ple	ase	prov	ide yo	ur sp	or	sor's		
	Direct reporting NFE'	Name of sponsoring ent	ity															
	(please tick as appropriate)							I										
	GIIN not available (please tick																	
	If the entity is a financial institution		-			digits sı	np-c	ate	egory	° 🔲								
	Not obtained – Non-participating FI																	
PA	RT B (please fill any one as appr	ropriate "to be filled by NFEs o	other than E	Direct	Reportii	ng NFE	s")											
1.	Is the Entity a publicly traded cowhose shares are regularly traded		Yes 🗸	(li	yes, please	specify ar	ny one	e sto	ock exch	ange on	whic	ch the st	ock is reg	ularly	trac	led)		
	securities market)		Name of															
2.	Is the Entity a related entity <sup>2</sup> of (a company whose shares are requ				yes, please s		e of th	ne lis	ted comp	any and	one s	stock exc	hange on	which t	the s	tock is reg	gularly i	traded)
	established securities market)	narry traded orr arr	Name of I Nature of			/ Subs	idiary	of t	the List	ed Com	npany	y or 🗸	Contro	lled by	v a	Listed C	ompai	nv
			Name of															
3.	Is the Entity an active <sup>3</sup> NFE		Yes 🗸	(h	yes, please f	ill UBO dec	laratio	n in	the next	section.)								
			Nature of Please s			uh oot	000	<b>an</b> 1	of A	otivo	NE					ode –		
	In the Entity of page of MEE			1								<u> </u>	r	efer 2	c of	Part D)		
4.	Is the Entity a <i>passive</i> ⁴ NFE		Yes V		yes, please f	III UBU dec	aratio	ın ın	ıne next	section.)								
10	for 2a of Part D. I. <sup>2</sup> Pofor 2b of Part I	D 1 3D 1 0 1D 1D 1 4	Pofor 3(ii) of				۲۵		D 1 7		۰	., (D		100		40.0		

UBO Declaration										
Category (Please tick applicable category):	✓ Unlisted Co	mpany	✓ Partne	rship Firm	V	Limited	Liability F	artnershir	p Company	
Unincorporated association / body of individuals	V	Public 0	Charitable Trust		✓ Relig	gious Trus	t	√ Pı	rivate Trust	
✓ Others (please specify		)								
Please list below the details of controlling person(s), Numbers for EACH controlling person(s).	· ·					•	•			
Owner-documented FFI's <sup>5</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E  Name - Beneficial owner / Controlling person  Tax ID Type - TIN or Other, please specify										
Name - Beneficial owner / Controlling person  Country - Tax Residency*  Tax ID No Or functional equivalent for each country*	Beneficial Inte	rest - in perc	entage		s - Include Sta s Type -	ate, Country, F	PIN / ZIP Code	& Contact Det	tails	
1. Name	Tax ID Type			Addres	s					
Country	Type Code									
Tax ID No. <sup>%</sup>	AddressType		dence Busines stered office	SS ZIP		State:		Country:		
2. Name	Tax ID Type			Addres	s					
Country	Type Code									
Tax ID No. <sup>%</sup>	AddressType		dence Busines stered office	SS ZIP		State:		Country:		
3. Name	Tax ID Type			Addres	s					
Country	Type Code									
Tax ID No.*	AddressType		dence Busines	SS ZIP		State:		Country:		
# If passive NFE, please provide below additional	details.			(Please a	ttach addition	al sheets if n	ecessary)			
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Job Card, Othe City of Birth - Country of Birth	ers)	Nationali	on Type - Service, B ty Name - Mandatory if F		able		DOB - Date Gender - M	of Birth Male, Female, C	Other	
1. PAN							DOB	DD/MM		
City of Birth		Occupation Nationality					Gender M		Female 🗸	
Country of Birth		Father's N					Gender	Others		
2. PAN		Occupation	n Type				DOB	DD/MM	1/YYYY	
City of Birth		Nationality	/				Gender M	lale 🗸 F	Female 🗸	
Country of Birth		Father's N	lame					Others	<b>√</b>	
3. PAN		Occupation					DOB	DD/MM		
City of Birth		Nationality					Gender M		Female 🗸	
Country of Birth		Father's N						Others		
# Additional details to be filled by controlling persons was to include US, where controlling person is a US citizen an action of the case Tax Identification Number is not available, kir	en or green car	d holder		citizenship	) / Green (	Card in an	y country	other than	i India:	
·	of Part D   <sup>5</sup> R			r 3(iv) (A) o	f Part D					
_FA	TCA - CR	S Term	s and Con	ditions						
The Central Board of Direct Taxes has notified Rules 114F to 114H, a and beneficial owner information and certain certifications and docur Towards compliance, we may also be required to provide information relation thereto.	is part of the Income nentation from all ou	-tax Rules, 19 ir account ho	962, which Rules requi ders. In relevant cas	re Indian finan es, informatior	icial institution will have to	be reported	to tax authori	ities/ appointe	ed agencies.	
Should there be any change in any information provided by you, please of	-		-							
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.										
country information field along with the US Tax Identification Number.	If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.  St is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and									
*It is mandatory to supply a TIN or functional equivalent if the country in Certification	which you are tax re	sident issues	such identifiers. If no T	IN is yet availa	ble or has not	t yet been iss	ued, please p	rovide an exp	lanation and	
I / We have understood the information requirements provided by me / us on this Form is true, correct, and cobelow and hereby accept the same.										
Name										
Designation										
								-		
						Place	e			
Signature	Si	gnature			Signature		Dat	.e/		



## REQUEST FOR AADHAAR NUMBER LINKING FOR NON- INDIVIDUAL ACCOUNTS WITH FRANKLIN TEMPLETON MUTUAL FUND INVESTMENTS

### Information to Investors/ Authorised Signatory

South Gujarat ARN: 54854

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 belo	· · · · · · · · · · · · · · · · · · ·	11							
Folio number(s)	PAN of Non-Inc	dividual investor							
Name of Non-Individual investo									
Details of Aadhaar Number and PAN for our Authorised Signatories (ASL) and their consent:  [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.									
Name of ASL	Aadhaar Number	PAN	Date of Birth	Gender	Mobile No.	Pin Code	Signature of ASL		
			dd/mm/yy	□M □F					
			dd/mm/yy	□M □F					
			dd/mm/yy	□M □F					
			dd/mm/yy	□M □F					
			dd/mm/yy	□M □F					
			dd/mm/yy	□M □F					
			dd/mm/yy	□M □F					
Cartificata from Campan	Sacratarylany atlanta	actant Authorit	of the one	nization					
I/We, Company Secretary/Competent Authority of the organization  [Authority of the organization of the organization, hereby confirm the correctness of the above information. The details provided above covers details of all the authorized signatories of our organization. In case of any change in the aforesaid information same shall be shared with Franklin Templeton Investments.									
Signature <u>x</u>		х			х				
Date Place Seal of the Organisation									
nstructions									
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.  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.  In case ASL list is more than the rows provided please provide annexure in the same format.									

ACKNOWLEDGEMENT: Received request for Aadhaar Number linking with Franklin Templeton Fund investments									
	Name								
	PAN Place								
	Linking of Aadhaar Number with Franklin Templeton Mutual Fund Folio is subject to successful verification with UIDAI	Stamp							