

FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM

Distributor information				For Office Use Only
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received
83671			E100500	

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 of the Investor(s) 1. _____ 2. _____ 3. _____

Transaction Charges (Refer Instruction No. 10 and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted). I am an existing mutual funds investor (Rs.100 will be deducted).

Existing Unitholders (Please provide the following details in full; Please refer Instruction 2)

First Applicant Name _____
 Customer Folio No. _____ Account No. _____

Unit Holder Information

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant _____

Country of birth _____ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender: Male Female

PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy Proof of Identity & Address ^ Proof of KYC*

Status: Resident Individual NRI/PIO Company/Body Corporate Partnership Trust Society HUF Bank AOP

Sole Proprietorship Minor through Guardian# FI FII Others (Please specify) _____

Nationality _____ Country of Residence _____

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business

Professional Agriculturist Retired Housewife Student Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr

1 cr- 5 cr 5cr- 10cr > 10 cr or Net-worth as on (date) |D|D|M|M|Y|Y|Y|Y| Rs. _____ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Name of Second Applicant _____

Country of birth _____ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender: Male Female

PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy Proof of Identity & Address ^ Proof of KYC*

Status: Resident Individual NRI/PIO Others (Please specify) _____

Nationality _____ Country of Residence _____

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business

Professional Agriculturist Retired Housewife Student Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr

1 cr- 5 cr 5cr- 10cr > 10 cr or Net-worth as on (date) |D|D|M|M|Y|Y|Y|Y| Rs. _____ (should not be older than 1 year)

Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors:

Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Name of Third Applicant _____

Country of birth _____ Date of Birth# |D|D|M|M|Y|Y|Y|Y| Gender: Male Female

PAN No. (Mandatory)\$ _____ Enclosed: PAN Card Copy Proof of Identity & Address ^ Proof of KYC*

Status: Resident Individual NRI/PIO Others (Please specify) _____

Nationality _____ Country of Residence _____

Country of Tax Residence (Refer instruction) _____

Foreign Tax ID Number _____

If you are not resident in any country (except India) for tax purposes, please tick this box

Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business

Professional Agriculturist Retired Housewife Student Others _____

I/We would like to invest in

Please read Product labeling details available on cover page and instructions before filling this Form.

Investment Details

Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details	
				Cheque/DD No.	Bank, Bank A/c No. and Branch
		Less DD Charges:			

Separate cheque/demand draft required for each investment, drawn in favour of scheme name (see point 4 on page 5). Please fill up the scheme name(s) and the plan/option you may refer to the KIM for more details. Investors in Franklin India Pension Plan are requested to also fill in the option exercise form available at the ISC.

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here

Mandatory for Non-Individual Applicants

Ultimate Beneficiary Owner Details (Refer instruction)

- Applicant is the Ultimate Beneficial Owner(s) of this investment
 - Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form)
- ^ Where no box is ticked, the first statement will be taken as the default meaning that the applicant/investor is the Ultimate beneficial owner

FATCA

Please tick the relevant box below, even if Country of Tax Residency is India

- Form W8 BEN-E / Specified declaration enclosed
- Unable to Provide [Franklin Templeton will contact you in due course to confirm your FATCA Status]

^ Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.

Third Party Payment Documents

KYC Proof enclosed (tick below as appropriate)

- Person making payment Payment by Guardian Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift Custodian on behalf of an FII or a Client Payment by Employer on behalf of Employee - under Payroll deductions Declaration - Attached Declaration from Beneficiary Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift).
- DD against Cash (Please attach): Banker Certificate
- DD against Debit Bank (Please attach): Banker Certificate or A copy of the passbook/bank statement evidencing the debit for issuance of a DD or Challan

Franklin Templeton 'Easy' Services

1. **Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email *
Email Address: _____
 I / We wish to receive the above by email
 I / We do not wish to receive the above by email
2. **Franklin Templeton Easy Web:** Access your account and transact online.
Register online for Easy web by visiting our website
www.franklintempletonindia.com
3. **Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN _____ Yes, I would like to receive my TPIN
4. **Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions *
Mobile Number _____
I/We wish to register for SMS updates on my/our mobile phone. Yes No

* Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates on mobile.

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Franklin Templeton Mutual Fund

Sl. No. _____

Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)



FRANKLIN TEMPLETON INVESTMENTS

Distributor information

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

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 of the Investor(s) 1. _____ 2. _____ 3. _____

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

Name of Sole/First Account holder _____

Existing Unitholders' Folio Number _____ Account No. _____

New Investors (Please also complete and submit a Common Application Form) Regn. No. _____ (For office use only)

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)

Scheme _____ Plan _____ Option _____

SIP Amount Rs. (per installment) _____ Frequency Monthly Quarterly SIP Date 1st 7th 10th 20th 25th

First SIP Cheque Date _____ Cheque No. _____ (If Cheque is given) d d m m y y y y (please tick as applicable) 10th

ECS Period From _____ To _____ m m y y y y m m y y y y

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf). 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. _____

Depository Account Details

The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' form available at any Franklin Templeton branch office or on our website www.franklintempletonindia.com.

Bank Details

Bank Name _____ 9 Digit MICR Code _____

Branch Name _____ Account Type _____

Address _____ Savings CC/OD

City _____ Current NRE/NRO (please ✓)

Account Number _____

Account Holder Name _____ as in Bank Account _____

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 _____

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM 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 employees, agents, 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 FTMF 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 have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

*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 that I/we hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds 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 hereby authorise Franklin Templeton Investments to 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, to any of the Authorised Parties or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

**I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment 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 this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

* Applicable to NRI / PIO / QFI ** Applicable to Micro-investments

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)

Investor's Name _____

Customer Folio _____ Account No. _____

SIP Amount (Rs.) _____ Frequency: Monthly Quarterly _____ Scheme: _____

Franklin Templeton Investor Service Centre Signature & Stamp