

FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM (Please read instructions before filling up the form)

Distributor information				For Office Use Only
Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received
ARN - 3280	SWSA			

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.

Applicable only if ARN is mentioned but EUIN box is left blank: "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." Applicable only if RIA Code is mentioned: "I / We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser whose code is mentioned herein."

Signatures First/Sole Applicant/Guardian Second Applicant Third Applicant

1 Transaction Charges (Refer Instruction No. 13 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).

2 Existing Unitholders (To be filled in Block Letters. Please provide the following details in full; Please refer Instruction 2)

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

3 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 _____

City & Country of birth _____ Enclosed: PAN Card Copy CKYC application/KYC acknowledgment* PEKRN/Proof of Identity & Address ^

Guardian details for Minors: Relationship with Minor** Father Mother Legal Guardian (Please specify relationship) _____

Name of Guardian _____

City & Country of birth _____ Enclosed: PAN Card Copy CKYC application/KYC acknowledgment* PEKRN/Proof of Identity & Address ^

Power of Attorney (POA) Details: Name _____

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

Enclosed: PAN Card Copy CKYC application/KYC acknowledgment* PEKRN/Proof of Identity & Address ^

4 Joint Holder Information (if any) Mode of Operation : Single Joint Either or Survivor(s) [Default]

Name of Second Applicant _____

City & Country of birth _____ Enclosed: PAN Card Copy CKYC application/KYC acknowledgment* PEKRN/Proof of Identity & Address ^

Name of Third Applicant _____

City & Country of birth _____ Enclosed: PAN Card Copy CKYC application/KYC acknowledgment* PEKRN/Proof of Identity & Address ^

5 Additional Information

Applicant	PAN No. (Mandatory)	Adhaar No. (Mandatory if KYC is done through Aadhaar)	KIN No. (Mandatory if KYC is done through CKYC)	Date of Birth#	Gender
1st	_____	_____	_____	[D][M][M][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	_____	_____	_____	[D][M][M][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	_____	_____	_____	[D][M][M][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA	_____	_____	_____	[D][M][M][Y][Y][Y]	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned

6 KYC/FATCA/CRS/UBO Details (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian#	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI				Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Others (Please specify)	_____	_____	_____	_____

FATCA / CRS / Ultimate Beneficiary Owner (UBO) details (Please consult your professional tax advisor for further guidance on your tax residency, if required)

Non individuals/HUF: Mandatory to enclose FATCA / CRS / UBO Annexure

For Individuals (including sole proprietor) - Tax residence declaration

Nationality	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
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

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest)

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on _____	as on _____	as on _____	as on _____

^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website. *KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. ^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website. **Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account.

Acknowledgement Slip

Received from _____ Sl. No. _____ 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 _____
_____	_____	Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____

Advisor ARN	ARN - 3280	Representative EUIN	
Sub-broker ARN		Sub-broker/Branch Code	SWSA

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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction*.

Signature: First Holder/Sole applicant _____ Second Holder _____ Third Holder _____

Transaction Charges (Refer Instruction)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. For an existing mutual funds investor Rs.100 will be deducted

Existing Unitholder Information

Name of Sole / First Account holder (Leave space between first/middle/last name) _____ Account No. _____
 _____ Customer Folio No. _____

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

Redemption

Scheme _____ Account No. _____ Please redeem my/our Franklin Templeton units as per following details.
 Amount (in figures) _____ Amount (in words) _____
 Units (in figures) _____ Units (in words) _____ Please fill any one i.e. either Amount or number of Units.

Switch

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Please transfer _____ units or Rs. _____ to (Destination scheme name) _____ Destination Scheme
 Account No (if available) _____ Plan/Option _____ Others Specify _____

Systematic Investment Plan (SIP) through PDC Application for Normal SIP Micro SIP (For Micro SIP, Please provide required proof /documentation)

Scheme _____ Plan _____ Option _____ Account No. _____
 Frequency Monthly Quarterly; Date 1st 7th 10th 20th 25th Monthly/Quarterly Amount _____
 Enrolment Period From ____ / ____ (mm/yy) To ____ / ____ (mm/yy) Cheque No(s). From _____ To _____ No. of Cheques _____
 Cheque No(s). From _____ To _____ No. of Cheques _____
 Drawn on Bank /Branch _____ City _____

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. _____

Disclaimer: In case the Micro SIP application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment instalments together with this proposed SIP instalments exceeds Rs.50,000/- in a year, the Micro SIP registration may be cancelled for future instalments and no refund may be made for the units already allotted.

Systematic Transfer Plan (STP)

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Please transfer Fixed Amount Rs. _____ OR Capital Appreciation to (Destination scheme name) _____
 Destination Scheme Account No (if available) _____ Plan/Option _____ Others Specify _____
 Frequency Daily Weekly Monthly Quarterly
 Weekly 7 14 21 28 Monthly/Quarterly Specify date _____ Enrolment Period From ____ / ____ / ____ (dd/mm/yy) To ____ / ____ / ____ (dd/mm/yy)

Dividend Transfer Plan (DTP)

Scheme Name _____ Plan _____ Option _____ Account No. _____

I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Existing Account No., if any in this scheme

Systematic Withdrawal Plan (SWP)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Frequency Monthly Quarterly Fixed Amount Rs. _____ OR Capital Appreciation
 Date: 15th Last business day of month (Applicable for fixed amount), Enrolment Period From ____ / ____ (mm/yy) To ____ / ____ (mm/yy)

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 TPI 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.

Declaration

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. 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 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 I / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence Unit-India (FIU-IND) including all changes, updates to such information as and when provided by me 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 and declare that I / We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I / We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

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

Sole/First Holder/Guardian _____ Second Holder _____ Third Holder _____

Date: _____

Advisor ARN	ARN - 3280	Representative EUIN	
Sub-broker ARN		Sub-broker/Branch Code	SWSA

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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction*.

Signature: First Holder/Sole applicant _____ Second Holder _____ Third Holder _____

Transaction Charges (Refer Instruction)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. For an existing mutual funds investor Rs.100 will be deducted

Existing Unitholder Information

Name of Sole / First Account holder (Leave space between first/middle/last name) _____ Account No. _____
 _____ Customer Folio No. _____

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

Redemption

Scheme _____ Account No. _____ Please redeem my/our Franklin Templeton units as per following details.
 Amount (in figures) _____ Amount (in words) _____
 Units (in figures) _____ Units (in words) _____ Please fill any one i.e. either Amount or number of Units.

Switch

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Please transfer _____ units or Rs. _____ to (Destination scheme name) _____ Destination Scheme
 Account No (if available) _____ Plan/Option _____ Others Specify _____

Systematic Investment Plan (SIP) through PDC Application for Normal SIP Micro SIP (For Micro SIP, Please provide required proof /documentation)

Scheme _____ Plan _____ Option _____ Account No. _____
 Frequency Monthly Quarterly; Date 1st 7th 10th 20th 25th Monthly/Quarterly Amount _____
 Enrolment Period From ____ / ____ (mm/yy) To ____ / ____ (mm/yy) Cheque No(s). From _____ To _____ No. of Cheques _____
 Cheque No(s). From _____ To _____ No. of Cheques _____
 Drawn on Bank /Branch _____ City _____

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. _____

Disclaimer: In case the Micro SIP application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment instalments together with this proposed SIP instalments exceeds Rs.50,000/- in a year, the Micro SIP registration may be cancelled for future instalments and no refund may be made for the units already allotted.

Systematic Transfer Plan (STP)

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Please transfer Fixed Amount Rs. _____ OR Capital Appreciation to (Destination scheme name) _____
 Destination Scheme Account No (if available) _____ Plan/Option _____ Others Specify _____
 Frequency Daily Weekly Monthly Quarterly
 Weekly 7 14 21 28 Monthly/Quarterly Specify date _____ Enrolment Period From ____ / ____ / ____ (dd/mm/yy) To ____ / ____ / ____ (dd/mm/yy)

Dividend Transfer Plan (DTP)

Scheme Name _____ Plan _____ Option _____ Account No. _____

I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Existing Account No., if any in this scheme

Systematic Withdrawal Plan (SWP)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Frequency Monthly Quarterly Fixed Amount Rs. _____ OR Capital Appreciation
 Date: 15th Last business day of month (Applicable for fixed amount), Enrolment Period From ____ / ____ (mm/yy) To ____ / ____ (mm/yy)

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

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* 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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* 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 I / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence Unit-India (FIU-IND) including all changes, updates to such information as and when provided by me 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.

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 Amount (in figures) _____ Amount (in words) _____
 Units (in figures) _____ Units (in words) _____ Please fill any one i.e. either Amount or number of Units.

Switch

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Please transfer _____ units or Rs. _____ to (Destination scheme name) _____ Destination Scheme
 Account No (if available) _____ Plan/Option _____ Others Specify _____

Systematic Investment Plan (SIP) through PDC Application for Normal SIP Micro SIP (For Micro SIP, Please provide required proof /documentation)

Scheme _____ Plan _____ Option _____ Account No. _____
 Frequency Monthly Quarterly; Date 1st 7th 10th 20th 25th Monthly/Quarterly Amount _____
 Enrolment Period From ____ / ____ (mm/yy) To ____ / ____ (mm/yy) Cheque No(s). From _____ To _____ No. of Cheques _____
 Cheque No(s). From _____ To _____ No. of Cheques _____
 Drawn on Bank /Branch _____ City _____

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. _____

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Systematic Transfer Plan (STP)

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Please transfer Fixed Amount Rs. _____ OR Capital Appreciation to (Destination scheme name) _____
 Destination Scheme Account No (if available) _____ Plan/Option _____ Others Specify _____
 Frequency Daily Weekly Monthly Quarterly
 Weekly 7 14 21 28 Monthly/Quarterly Specify date _____ Enrolment Period From ____ / ____ / ____ (dd/mm/yy) To ____ / ____ / ____ (dd/mm/yy)

Dividend Transfer Plan (DTP)

Scheme Name _____ Plan _____ Option _____ Account No. _____

I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Existing Account No., if any in this scheme

Systematic Withdrawal Plan (SWP)

Scheme Name _____ Plan _____ Option _____ Account No. _____
 Frequency Monthly Quarterly Fixed Amount Rs. _____ OR Capital Appreciation
 Date: 15th Last business day of month (Applicable for fixed amount), Enrolment Period From ____ / ____ (mm/yy) To ____ / ____ (mm/yy)

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 TPI 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.

Declaration

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. 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 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 I / we hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence Unit-India (FIU-IND) including all changes, updates to such information as and when provided by me 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 and declare that I / We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I / We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

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

Sole/First Holder/Guardian _____ Second Holder _____ Third Holder _____

Date: _____

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

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Switch Transaction Form

Date: _____

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

Caution:Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

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PAN (1st Holder):

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

Caution:Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)