Form ID: 0118

Sl No.

FRANKLIN TEMPLETON

APPLICATION FORM FOR NEW INVESTORS

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

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code
ARN-95070	
Sub-broker ARN	Representative EUIN
	E-101834
For office use only	

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/ Portfolio Manager's Registration Number 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/ SEBI Registered Portfolio Manager whose code is mentioned herein."

Sole / First Unit Holder | Second Unit Holder | Third Unit Holder

☞ EXISTING UNITHOLDERS' FOLIO NUMBER (Please refer Instruction No. 1 on page 10) MY FOLIO NUMBER

☞ MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name
Should match with PAN card and preferably attach a copy of PAN card

PAN/PEKRN (1st Applicant) ☐ **KYC**

Date of Birth/Incorporation* D D / M M / Y Y **Gender** ☐ Male ☐ Female ☐ Others **CKYC NO.**

Guardian's Name (if minor#)/POA/Contact Person
Should match with PAN card and preferably attach a copy of PAN card

PAN/PEKRN (Guardian/POA) ☐ **KYC**

On behalf of Minor#
(* Attach Mandatory Documents as per instructions).

Date of Birth of Guardian* D D / M M / Y Y

Date of Birth Proof attached * ☐

Guardian named is : ☐ Father ☐ Mother ☐ Court Appointed

** DOB is a mandatory field. #Minor investments can be made only from the bank account where the minor is one of the holders or from the Parent/legal guardian bank account only.*

☞ JOINT APPLICANTS (IF ANY) DETAILS

Mode of Operation : ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default]

2nd Applicant Name
Should match with PAN card and preferably attach a copy of PAN card

Date of Birth D D / M M / Y Y ** DOB is a mandatory field.* **PAN/PEKRN** (2nd Applicant) ☐ **KYC**

3rd Applicant Name
Should match with PAN card and preferably attach a copy of PAN card

Date of Birth D D / M M / Y Y ** DOB is a mandatory field.* **PAN/PEKRN** (3rd Applicant) ☐ **KYC**

☞ MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) NRI Investors should mention their Overseas address (Refer instructions).

Email ID (in capital)

Mobile **Tel** (STD Code)

Email ID and Mobile number should pertain to firstholder only

Address

Landmark

City **Pin Code** (Mandatory) State

Address Type (Mandatory)
- ☐ a. Residential & Business
- ☐ b. Residential
- ☐ c. Business
- ☐ d. Registered Office

I wish to receive Scheme Annual Report and Abridged Summary :
☐ **Online (Preferred & Default)** ☐ Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

I declare that Mobile Number in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

I declare that Email address provided in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

☞ MY INVESTMENT DETAILS (For single scheme, cheque/DD should be in favour of "Scheme Name" in case of Multiple schemes, cheque/DD should be in favour of "Franklin Templeton Mutual Fund Collection A/C-MS" and the cheque amount should match with the Total Investment amount. Default plan/option will be applied in case of no information, ambiguity, or discrepancy)

Full Scheme/Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
Scheme Name:			
☐ Lumpsum ☐ SIP Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ Payout of IDCW ☐ Reinvestment of IDCW	Rs. Less DD charges	☐ Cheque/DD No. ☐ RTGS ☐ NEFT ☐ Funds transfer	Name/Branch: A/c no.
Scheme Name:			
☐ Lumpsum ☐ SIP Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ Payout of IDCW ☐ Reinvestment of IDCW	Rs. Less DD charges	☐ Cheque/DD No. ☐ RTGS ☐ NEFT ☐ Funds transfer	Name/Branch: A/c no.
Scheme Name:			
☐ Lumpsum ☐ SIP Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ Payout of IDCW ☐ Reinvestment of IDCW	Rs. Less DD charges	☐ Cheque/DD No. ☐ RTGS ☐ NEFT ☐ Funds transfer	Name/Branch: A/c no.

☐ Payment through NACH (Attach NACH form) | Documents attached to avoid Third Party Payment Rejection, if applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

IF YOU OPT TO START SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR ALL THE SIP'S. → **My Additional SIP Details**

SIP Date: D D **If left blank 10th will be considered as the default date for monthly and quarterly**

Investment Frequency $ Refer Page 17 for T & C ☐ Daily $ ☐ Monthly(default) ☐ Quarterly ☐ Weekly $ ☐ **MON** ☐ **TUE** ☐ **WED** ☐ **THU** ☐ **FRI**

SIP Period Start Date m m / y y y y End Date m m / y y y y **First SIP Cheque Date:** m m / y y y y

Step-up my SIP annually by: ☐ Increase in %: (in multiples of 5%) (Amount invested will be rounded off to the nearest Rs. 100) **OR** ☐ Increase in Rupee Value: (in multiples of Rs. 500)

☞ BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

My Bank Name

Bank A/C No. A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others_____

Branch Address

City Pin IFSC code: (11 digit)

☞ ADDITIONAL INFORMATION

SECOND APPLICANT'S DETAILS

CKYC NO. **Gender** ☐ Male ☐ Female ☐ Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) ☐ Residential Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

I wish to receive Scheme Annual Report and Abridged Summary :
☐ **Online (Preferred & Default)** ☐ Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

I declare that Mobile Number in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

I declare that Email address provided in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

THIRD APPLICANT'S DETAILS

CKYC NO. **Gender** ☐ Male ☐ Female ☐ Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) ☐ Residential Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

I wish to receive Scheme Annual Report and Abridged Summary :
☐ **Online (Preferred & Default)** ☐ Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

I declare that Mobile Number in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

I declare that Email address provided in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

GUARDIAN OR POA APPLICANT'S DETAILS

CKYC NO. **Gender** ☐ Male ☐ Female ☐ Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) ☐ Residential Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation

I wish to receive Scheme Annual Report and Abridged Summary :
☐ **Online (Preferred & Default)** ☐ Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

I declare that Mobile Number in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

I declare that Email address provided in this form belongs to (tick one option) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings
☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA, and approve for usage of these contact details for any communication with FTMF.

☞ DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.

☐ NSDL: DP Name DP ID I N Beneficiary Ac No.

☐ CDSL: DP Name Beneficiary Ac No.

Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. Enclosed ☐ Client Master List OR ☐ DP statement

☞ KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Resident Individual	☐	☐	☐	☐
NRI (Repatriable) / NRI (Non-Repatriable) / Minor (Repatriable) / Minor (Non-Repatriable) / PIO / OCI	☐	☐	☐	☐
Sole Proprietorship	☐	-	-	-
Minor through Guardian	☐	-	-	-
Non Individual	☐ Company/Body ☐ Corporate ☐ Partnership ☐ HUF ☐ Bank ☐ AOP ☐ FI/FII/FPI ☐ Trust ☐ Society We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). ☐ **YES** ☐ **NO** If yes, please quote the NPO Registration Number provided by DARPAN portal. _____ *(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)*			
Others (Please specify)	_____	_____	_____	_____

Gross Annual Income Range (in Rs.)				
Below 1 lac	☐	☐	☐	☐
1-5 lac	☐	☐	☐	☐
5-10 lac	☐	☐	☐	☐
10-25 lac	☐	☐	☐	☐
25 lac- 1 cr	☐	☐	☐	☐
1 -5 cr	☐	☐	☐	☐
5 - 10 cr	☐	☐	☐	☐
> 10 cr	☐	☐	☐	☐
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	_____ as on D D M M Y Y	_____ as on D D M M Y Y	_____ as on D D M M Y Y	_____ as on D D M M Y Y

Occupation details for	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Private Sector	☐	☐	☐	☐
Public Sector	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1st Applicant	☐	☐	☐
2nd Applicant	☐	☐	☐
3rd Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors/Turstee	☐	☐	☐

☞ FATCA/CRS/UBO DETAILS: For Individuals (Mandatory). Non Individual Investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth				
Nationality				
Father's Name				
Are you a tax resident of any country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If Yes: Mandatory to fill below FATCA / CRS Details			
Country of Tax Residency#				
Identification Type [TIN or other, please specify]				
Tax Identification Number				

To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax identification is not available, kindly provide its functional equivalent.

☞ ACKNOWLEDGEMENT SLIP Sl. No.

Received from _____ 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_____

☞ NOMINATION DETAILS

☐ /We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our folio / account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

Mandatory Details

Sr. No.	Details	1st Nominee	2nd Nominee	3rd Nominee
1.	**Name of the nominee**			
2.	**Relationship with the Applicant**			
3.	**Date of Birth** (to be provided in case of nominee is minor)			

Optional details of nomination:

Sr. No.	Information	1st Nominee	2nd Nominee	3rd Nominee
a.	**% Share of nominee**** (equal share if % is not specified			
b.	**Mobile of nominee***** (Please note that the DP / MFRTA will be able to reach out to your nominee if you provide the contact details).			
c.	**Email ID of nominee***** (Please note that the DP / MFRTA will be able to reach out to your nominee if you provide the contact details).			
d.	**Specify Personal identifier document Aadhaar (last four digit), PAN, Driving Licence, Passport *****			
e.	**Guardian Name** (applicable if the Nominee is minor)			

**Any odd lot after division shall be transferred to the first nominee mentioned in the form.
*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

I want the following nomination details to be printed in the account / holding statements (tick one of the boxes below):
☐ Name of the Nominee(s) ☐ Whether nomination given: Yes / No (not name of the nominee)

OR

☐ Opt-Out I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time. I understand that –

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.
(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).
(iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

DECLARATION (SIGNATURE/S MANDATORY)

Date _____ Place _____

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), respective Scheme Information Document (SID); Key Information Memorandum (KIM), the Addenda issued therein till date (together referred as Scheme Documents) and after evaluating and acknowledging the risk factors, I / we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., Trustees to the schemes of FTMF for units of scheme(s) of FTMF as indicated above, and agree to abide by all applicable laws and the terms and conditions mentioned in the Scheme Documents. Notwithstanding the generality of the aforesaid undertaking, I/We hereby confirm that (i) I am/ we are not residents of Canada and am/ are not applying for Units on behalf of any resident of Canada (ii) I /we am/are not a 'US Person' and are not applying for Units on behalf of any 'US Person' (iii) the money used for investment is my/our own and from legitimate sources (iv) the tax residency status (FATCA/CRS) and UBO details mentioned above are true and correct and (v) the ARN holder has disclosed the details of commissions (in the form of trail commission or any other mode), offered by competing schemes of various mutual funds falling in the category of scheme(s) being recommended to me/us and I / we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment and are not in contravention or evasion of any applicable laws. I/ We further agree to hold FTMF, Franklin Resources Inc. its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton) harmless against any losses, costs, damages arising out of any actions undertaken or activities performed by them in accordance with the Scheme Documents and for any consequences in case of any of the above particulars being false, incorrect or incomplete or for the activities performed by them in good faith or on the basis of information provided by me/us as also due to my/ our not intimating / delay in intimating such changes. I/We hereby authorise Franklin Templeton to use, 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 alongwith the details of investment made by me/us, to any of its agents, service providers, representatives or distributors or any other parties located in India or outside India or any Indian or foreign governmental, statutory, regulatory, administrative or judicial authorities / agencies without any obligation of advising / informing me/us of the same. I/ We hereby agree to keep the information provided to Franklin Templeton updated and to provide any additional information / documentation that may be required by Franklin Templeton, in connection with this application. I/We confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition. By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

Signature(s) – The Signature of all the holders shall be obtained for providing/changing the nomination.

	Sole / First Holder (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Signature / Thumb Impression	X		

*** Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.**

***Witness 1 Name & Address**		***Witness 2 Name & Address**	
***Witness 1 Signature**		***Witness 2 Signature**	

Quick Checklist ☞

- ☐ Name, Address are correctly mentioned
- ☐ Email ID / Mobile number are mentioned along with declaration.
- ☐ KYC information provided for each applicant
- ☐ FATCA/CRS details provided for each applicant
- ☐ Corporate Documents/ Trust Deed
- ☐ PoA Documents
- ☐ Full scheme name, plan, option is mentioned
- ☐ Pay-In bank details and supportings are attached
- ☐ Nomination facility opted
- ☐ Form is signed by all applicants
- ☐ Proof of relationship with minor
- ☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- ☐ Non Individual investors should attach
  - ☐ FATCA Details and Declaration Form
  - ☐ UBO Declaration Form

FRANKLIN TEMPLETON

Sl No.

SIP THROUGH NACH FORM

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only

☞ MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name

My Folio Number

☞ SIP DETAILS (Please note that 30 Business days are required to set up the Auto debit. Default plan/Option will be applied incase of no information, ambiguity or discrepancy)

Scheme Name/Plan/Option	SIP Date	Instalment Amount	Frequency ($ Refer Page 17 for T & C)	SIP Period* (MMYY)	SIP Step Up Amount: 5% OR in Multiple of ₹500/-
			☐ Daily$ ☐ Weekly$ ☐ Monthly ☐ MON ☐ TUE ☐ Quarterly ☐ WED ☐ THU ☐ FRI	From ☐ Until cancelled To ☐	
			☐ Daily$ ☐ Weekly$ ☐ Monthly ☐ MON ☐ TUE ☐ Quarterly ☐ WED ☐ THU ☐ FRI	From ☐ Until cancelled To ☐	
			☐ Daily$ ☐ Weekly$ ☐ Monthly ☐ MON ☐ TUE ☐ Quarterly ☐ WED ☐ THU ☐ FRI	From ☐ Until cancelled To ☐	

First SIP Cheque Date: **Cheque No.**

Drawn on Bank/Branch

☐ Tick here, if an Open Mandate - Auto Debit Form (ADF) is already registered in the Folio. Please mention in space provided below the Bank Name and Account Number:

Bank Name **Account No.**

☐ Tick here if attaching a New Auto Debit Form. ☐ Change in Bank for Existing SIP.

☞ DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

Date _____ Place _____

☐ **Tick here 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.

☐ **Tick here only if RIA Code/ Portfolio Manager's Registration Number 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/ SEBI Registered Portfolio Manager whose code is mentioned herein.

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 any of the aforesaid facility, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities/ agencies and the terms, conditions, rules and regulations of the Fund and the aforesaid facility(ies) as on the date ofthis application. 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 and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given herein are true, correct and complete tothe best of my/our knowledge and belief and will promptly inform FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FTI. I hereby agree and accept that the Mutual Funds, their authorised agents, representatives, distributors its sponsor, AMC, trustees, their employees, service providers, representatives ('the Authorised Parties')are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or as a result of this investment 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 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 any of the Indian or foreign governmental or statutory or judicial authorities / agencies including Financial Intelligence unit-India (FIU-IND) without any obligation of advising me/us of the same.

× Sole / First Unit Holder	Second Unit Holder	Third Unit Holder

☞ ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO DEBIT (To be Filled In by Investor)

Investor's Name

Customer Folio **Account No.**

SIP Amount (Rs.) **Scheme:**

Frequency ☐ Daily$ ☐ Weekly$ ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ Monthly (default) ☐ Quarterly

Franklin Templeton InvestorService Centre Signature & Stamp

SIP Payment through National Automated Clearing House Facility / ACH/ Direct Debit

General T&C

Auto Debit is a facility which enables automatic transfer of funds from the investor's registered bank account to Franklin Templeton Mutual Fund ("FTMF"), as per the chosen frequency. Auto Debit includes NACH, ACH and Direct Debit.

1) This facility is offered to investors having Bank accounts in select banks mentioned in the link below (please refer point 14 in T&C for SIP through Auto Debit). The Banks in the list may be modified/updated/ changed/removed at any time in future entirely at the discretion of Franklin Templeton Asset Management (India) Pvt. Ltd. ("AMC"), Franklin Templeton Trustee Services Pvt. Ltd. ("Trustee") or Franklin Templeton Mutual Fund ("FTMF") without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued. **2)** The AMC/ Trustee/ FTMF will not liable for any transaction failures due to rejection by the investors bank/branch. **3)** The investor agrees to abide by the terms and conditions of NACH facility of NPCI and ACH/Direct Debit facility of Reserve Bank of India (RBI) **4)** Investor will not hold AMC/ Trustee/ FTMF and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH/ ACH/ Direct Debit Registration / Cancellation / Rejections, if any. **5)** The AMC/ Trustee/ FTMF reserves the right to reverse allotments in case the Auto debit/ ACH/ Direct Debit is rejected by the bank for any reason whatsoever. **6)** The AMC/ Trustee/ FTMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the Auto Debit facility of NACH / ACH/ Direct Debit and takes full responsibility for the same. **7)** The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis. **8)** The AMC/ Trustee reserves the right to discontinue the SIP in case of Auto Debit through NACH / ACH/ Direct Debit routes are rejected by the investor bank for any reasons. **9)** For load details and other terms of issue, please refer to the, Scheme Information Document, Key Information Memorandum and the addendum issued from time to time. **10)** The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof. **11)** SIP cancellation can be done separately by submitting the request at least 20 calendar days in advance; however the associated NACH / Direct Debit / ACH mandate can be retained for future investments. **12)** For intimating the change in bank particulars, please use the Auto Debit Form to modify transaction limit or add / remove banks from the NACH / Direct Debit / ACH facility. Also fill-up all the relevant details as applicable. Requests for any changes/ cancellation in the NACH / Direct Debit / ACH Bank Mandate request should be submitted at least 30 Business days in advance. **13)** In case of micro SIPs, please provide any one of the following photo identification documents as mentioned below: Voter Identity Card, Driving License, Government / Defense identification card, Passport Photo Ration Card, Photo Debit Card (Credit card will not be accepted)., Employee ID cards issued by companies registered with Registrar of Companies, Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks., Senior Citizen / Freedom Fighter ID card issued by Government., Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI., Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL)., Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO **14)** The amount of each SIP instalment should be less than 1 crore in case of a transaction in FICDF, FIGSF, FISF, FIDHF, FIPEP and FIBPDF. Transaction will be rejected if the instalment amount is greater than 1 crore **15)** Minimum Investments: 12 installments of ₹500/- (or) 6 installments of ₹1000/-. In FILSF 12 installments of ₹2000/- (or) 6 installments of ₹4000/-, in FIDPEF 12 installments of ₹1000/- (or) 6 installments of ₹2000/- and in FIGSF 12 installments of ₹10, 000/- or 6 installments of ₹20, 000/-. **16)** If during the tenure of a SIP, the unit holder changes the plan or option in which he/she had invested, the same would be treated as termination of existing SIP and re-registration of a new SIP and all the terms and conditions of the SIP such as minimum term/amount etc. shall apply in both plans/options. **17)** The AMC / Trustee/FTMFreserves the right to modify or discontinue the SIP facility at any time in future on a prospective basis. It is clarified that the load applicable for a SIP shall be the load prevailing on the date of registration.

T&C for Step Up SIP facility for New SIPs:

1) All the terms applicable to SIP facility shall also apply to Step up SIP. **2)** Step-up SIP is applicable only for AMC initiated debit feeds i.e. ACH / NACH/Direct Debit, etc. 3) Investor will need to provide an alternate mandate in case the existing mandate cannot be utilized for the Step Up and the alternate mandate shall be utilized to debit money for all future SIP installments. The existing mandate will still be active and the investor may choose to use the same if required at a later point of time.

T&C for SIP through Auto Debit

1) Existing investors must provide their Folio Number / Account number and need to fill up a Common Transaction Form in case the investment is into a new scheme. **2)** New investors who wish to enroll for SIP through Auto Debit should also fill up the Common Application form in addition to this form. **3)** The SIP through Auto Debit Form, and the Common Application Form (in case of new investors), along with the necessary cheque or copy thereof should be submitted at least 30 Business days in advance of the date of the first Auto Debit. **4)** If Auto Debit Form (ADF) is already registered in the folio, SIP Auto debit can start in FIVE Business Days. **5)** Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form already registered or submitted, if not registered. **6)** Investors are required to ensure adequate funds in their bank account on the date of investment transaction. FTMF will endeavor to debit the investor's bank account on the date of investment transaction, however if thereis any delay all such transactions will be debited subsequently. The AMC/ Trustee/ FTMF (or any of its associates) shall not be held responsible for any delay/wrong debits on the part of the bank for executing the auto debit instructions on a specified date from the investor's bank account. **7)** FTMF or its authorized banker or agent will initiate the registration of the Auto Debit form / debit instructions. **8)** Investments made through Auto Debit/ ACH/ Direct Debit/NACH mode are subject to realization of funds from investor bank accounts and the NAV guidelines as per Scheme Information Document(s), Key Information Memorandum andAddenda issued till date will be applicable for the transactions which are connected withrealization of funds. **9)** ACH/Direct Debit bank/NACH mandate is applicable only for investments via debit instructions. **10)** The payment towards investment can happen only from the bank account of 1st holder and therefore the 1st holder need to be a holder in the bank account. **11)** The transactions are liable to rejection incase Investor has Multiple Auto Debit Mandate at folio level and Bank Name & Account number are not mentioned in the request form. **12)** The AMC/ Trustee/ FTMF/ Sponsor/ Bank / NPCI are not liable for the bank charges, in case debited from investor's bank account, by the destination bank, on account of payment through NACH/ ACH/ Direct Debit. **13)** For further details of the Scheme features like minimum amounts, risk factors etc., investors should, before investment, refer to the Scheme Information Document(s), Key Information Memorandum andAddenda issued till date available free of cost at any of the Investor Service Centers or distributors or from the website www.franklintempletonindia.com. **14)** Please contact Franklin Templeton ISC / visit www.franklintempletonindia.com for updated list of banks / branches eligible for ACH/ Direct Debit/NACH Facility **15)** The bank branch provided for ACH/Direct Debit should participate in the local MICR clearing. The investor shall inform their Bankers about the ACH/Direct Debit mandate and AMC/Trustee/ FTMF will not liable forany transaction failures due to rejection by the investors bank/branch. **16)** Only one installment per month/quarter is allowed under one SIP registration. e.g., if for a monthly SIP, the first installment is in the month July, say 2nd July, then the second installment should be in August. **17)** Please write the Bank Name in "Full Form" to avoid any ambiguity and rejections E.g., State Bank of India (and not SBI). **18)** FTMF reserves the right to determine which payment mode (NACH, ACH or Direct Debit) will be used for each specific transaction. **19)** FTMF reserves the right to choose which mandate will be utilized in case an investor has provided multiple mandates for the same bank account. **20)** In case the payment isn't processed through NACH within 30 days then same shall be processed through Direct Debit / ACH using my/our below mentioned account **21)** For HDFC Bank account holders:

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be on a non-business day as per the Mutual Fund, execution of the SIP will not happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document of the Mutual Fund. HDFC Bank shall not be liable for, non be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, munity, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events or any other cause of peril which is beyond HDFC Bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank. I/we acknowledge that no separate intimation will be received from HDFC Bank in case of non-execution of the instructions for any reasons whatsoever.

Instructions To Fill Auto Debit Form and Terms and Conditions

- Following fields need to be filled mandatorily:-
  1. Date: In format DD/MM/YYYY. If this is left blank, then the date of receipt of Auto Debit Form will be considered as the default date.
  2. Select the appropriate checkbox to create, modify or cancel the mandate
  3. Bank A/c Type: Tick the relevant box
  4. Fill Bank Account Number
  5. Fill name of Destination Bank
  6. IFSC / MICR code: Fill respective code
  7. Mention amount of mandate
  8. Select frequency of mandate
  9. Select whether the mandate amount is fixed value or maximum value
  10. Reference 1: Mention Folio Number
  11. Reference 2: Mention Application Number
  12. Telephone Number (Optional)
  13. Email ID (Optional)
  14. Period: Starting and Ending dates should be mandatorily mentioned in the NACH registration (in format DD/MM/YYYY).
  15. Signature as per bank account
  16. Name: Mention Holder Name as Per Bank Record
- Auto Debit Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the Auto Debit bank account has the adequate funds to honor multiple debits
- Auto Debit Bank Mandate is applicable for both Individual and Non-Individual
- Registration of Multiple Auto Debit forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form Mandate already registered or submitted, if not registered
- For cancelling / updating an Auto Debit mandate. Investor has to use a separate form – "Auto Debit Cancellation/ Update Form". Update option is only for updating the "Debit Amount"
- Investors are required to submit "New Auto Debit / ACH Mandate" registration first and only after successful registration an existing "Auto Debit Mandate" associated with a SIP can be cancelled.
- Auto Debit Mandate request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list. Please contact Franklin Templeton ISC / visit www.franklintempletonindia.com for updated list of banks eligible for Auto Debit Facility.
- Submitting Auto Debit/ ACH/Direct Debit form does not confirm your investments in FTMF unless supported by SIP Investment Form or Common Transaction forms
- Franklin Templeton will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH Auto Debit/ACH/Direct Debit payments please refer to SID or www.franklintempletonindia.com
- Auto Debit bank mandate is applicable only for investments via debit instructions
- By submitting the Auto Debit mandate the investor authorizes Franklin Templeton to utilize the information provided herein for the purpose of his/her investments in Franklin Templeton Mutual Fund
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents

The following applications will be considered as 'not in good order' (NIGO) and are liable to be rejected:

- If folio number mentioned in the Fresh / Additional Purchase, SIP Auto Debit form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in Auto Debit registration mandate Form.
- If the folio number mentioned in the Auto Debit mandate registration form does not match with our record, the Auto Debit mandate will not be registered.
- If the SIP period mentioned in SIP via Auto Debit form is beyond the Auto Debit Mandate validity period or Auto Debit validity period expired.
- Incase no frequency has been selected or multiple frequencies are selected
- Incase no debit type has been selected or multiple types are selected
- Incase no SIP end date mentioned will treated as NIGO

$ Daily and Weekly SIP highlights:

- Franklin Templeton Mutual Fund will accept a minimum amount and minimum instalments from any SIP investor based on the grid given below. In case of applications for registration of Systematic Investment Plan (SIP), the mode of payment of SIP instalments should be E-NACH or Direct Debit or NACH or any other mode of payment accepted by the AMC from time to time. Post dated cheques will not be accepted.

	Daily SIP	Weekly SIP
Minimum amount	INR 100	INR 500
Minimum installments		
If INR 100 to INR 499	20	NA
INR 500 to INR 999	12	12
INR 1000 and above	6	6

- During the period when SIP remains active, if the unitholder changes the plan or option in which he/she had invested, the same would be treated as termination of existing SIP and re-registration of a new SIP and all the terms and conditions of the SIP such as minimum term/amount etc. shall apply in both plans/options.
- The AMC / Trustee reserves the right to discontinue the SIP in case of rejection of Direct Debit/NACH by the bank for any reason.
- The AMC / Trustee reserves the right to modify or discontinue the SIP facility at any time in future on a prospective basis.
- Registration for daily and weekly SIP frequencies will require 7 calendar days.

Applicable for **Daily SIP:**

1. Minimum Investment Amount: INR 100 and multiples of INR 1 thereafter. Minimum number of instalments would be based on the slab structure as provided in the grid above.
2. Facilities under Freedom SIP would not be available for Daily SIP frequency
3. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
4. A fixed amount will be invested via SIP only during weekdays* (Mon, Tue, Wed, Thu, Fri).
5. In case the specified date of SIP instalment is a non-business day for the scheme, the respective SIP instalment will be skipped, and subsequent instalment will be processed.
6. Available for all Franklin Templeton schemes except for Franklin India Taxshield Fund & Franklin India Pension Plan.
7. SIP start date and end date is mandatory

Applicable for **Weekly SIP:**

1. Available for all Franklin Templeton schemes with a minimum Investment Amount of INR 500 and above with multiples of INR 1 thereafter except for Franklin India Taxshield Fund which requires investments in multiples of INR 500. Minimum number of instalments would be based on the slab structure as provided in the grid above.
2. Facilities under Freedom SIP would not be available for Weekly SIP frequency.
3. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
4. In case the specified date of SIP instalment is a non-business day for the scheme, the respective SIP instalment will be skipped, and subsequent instalment will be processed.
5. A fixed amount will be invested via SIP on a pre-specified day* (Mon, Tue, Wed, Thu, Fri - to be chosen by the investor) of every week.
6. SIP start date and end date is mandatory

All other features pertaining to SIP will be applicable to Daily and Weekly frequencies.

FRANKLIN TEMPLETON

SIP Auto Debit Form

|ADF|

UMRN For office use | Date 1

Sponsor Bank Code For Office Use | **Utility Code** For Office Use

Tick (✓) 2

CREATE	✓
MODIFY	☒
CANCEL	☒

I/We hereby authorize **Franklin Templeton Mutual Fund** **to debit (tick ✓)** SB | CA | CC | SB-NRE | SB-NRO | Other 3

Bank a/c number 4

with Bank Bank Name 5 IFSC 6 or MICR

an amount of Rupees ₹ 7

FREQUENCY ☒ Daily ☒ Weekly ☒ Bi-Monthly ✓ As & when presented 8 **DEBIT TYPE** ☒ Fixed Amount ✓ Maximum Amount 9
☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly

Reference 1 Folio Number 10 Phone No. 12

Reference 2 Application Number 11 Email ID 13

PERIOD **Maximum period of validity of this mandate is 40 years only.**

From **To**

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us, I am authorizing the user entity/corporate to debit the account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit. 4. I/We understand and accept that in case transaction(s) initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act). 14

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Signature Primary Account holder | Signature of Account holder | Signature of Account holder 15

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records 16