

## APPLICATION FORM FOR NEW INVESTORS

	,	read rounce labeling a	ctans available on cover page	and instructions before filling this Form)
Advisor ARN / RIA code Sub-	broker/Branch Code	Sub-broker ARI	Representativ	e EUIN For office use only
The unfront 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 blaperson of the above distributor/sub broker or notwithstandir	nk: "I/We hereby confirm that t ng the advice of in-appropriaten	he EUIN box has been intentionally left ess, if any, provided by the employee/r	blank by me/us as this transaction is executed elationship manager/sales person of the dist	's assessment of various factors including service rendered by the ARN Holder. I without any interaction or advice by the employee/relationship manager/sales ributor/sub broker.' <b>Applicable only if RIA Code is mentioned</b> . 'If JWe hereby ou, to the SEBI-Registered Investment Adviser whose code is mentioned herein."
				ents/brokers who have opted to receive transaction charges.
I am a first time investor in mutual funds	• • •		xisting mutual funds investor (Rs	•
DECLARATION (SIGNATURE/S MAN	DATODVA			Date Place
Having read and understood the contents of the Statement of Additi	ional Information (SAI) of Franklin	Templeton Mutual Fund (FTMF), respectiv	ve Scheme Information Document (SID): Kev Info	rnation Memorandum (KIM), the Addenda issued therein till date (together referred as
Scheme Documents) and after evaluating and acknowledging the ri the terms and conditions mentioned in the Scheme Documents. No	isk factors, I / we hereby apply to the	ne Franklin Templeton Trustee Services Pu aforesaid undertaking, I/We hereby confi	vt. Ltd., Trustees to the schemes of FTMF for units rm that (i) I am/ we are not residents of Canada a	rmation Memorandum (KIM), the Addenda issued therein till date (together referred as of scheme(s) of FTMF as indicated above, and agree to abide by all applicable laws and mad m/are not applying for Units on behalf of any resident of Canada (ii) I / we am/are ZRS) and UBO details mentioned above are true and correct and (v) the ARN holder has mended to me/us and I / we have not received nor been induced by any rebate or gifts, te entities including their employees, directors and key managerial persons (collectively and for any consequences in case of any of the above particulars being false, incorrect or hereby authorise brandlin Templeton to use, disclose, share, remit in any form, mode to use, disclose, share, remit in any form, mode on the consequence in case of any of the appresentatives or distributors or any other consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) A. I/We hereby providers, reposent for sharing/disclosing of my/our Aadhaar number upose of updating the same in the folios linked to my/our PAN.
disclosed the details of commissions (in the form of trail commission directly or indirectly in making this investment and are not in contra	on or any other mode), offered by co avention or evasion of any applicable	ompeting schemes of various mutual fund le laws. I/ We further agree to hold FTMF,	s falling in the category of scheme(s) being recom Franklin Resources Inc. its subsidiary and associa	and observable the RRN follows are the and correct and by the RRN follows in mended to me/us and 1 / we have not received nor been induced by any rebate or gifts, te entities including their employees, directors and key managerial persons (collectively
referred as Franklin Templeton) harmless against any losses, costs, incomplete or for the activities performed by them in good faith or manner, all / any of the information provided by me/us, including	damages arising out of any actions on the basis of information provide call changes, undates to such inform	undertaken or activities performed by the d by me/us as also due to my/ our not int nation as and when provided by me/ us	em in accordance with the Scheme Documents a imating / delay in intimating such changes. I/We alongwith the details of investment made by me	nd for any consequences in case of any of the above particulars being talse, incorrect or hereby authorise Franklin Templeton to use, disclose, share, remit in any form, mode or /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 go Templeton updated and to provide any additional information / do	vernmental, statutory, regulatory, accumentation that may be required	lministrative or judicial authorities / ager by Franklin Templeton, in connection wit	ncies without any obligation of advising / informi th this application. I/We hereby provide my/our	ng me/us of the same. I/ We hereby agree to keep the information provided to Franklin consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i)
including demographic information with the asset management cor	npanies of SEBI registered mutual f	ind and their Registrar and Transfer Ager	of the control of the put of the	A. I/ We hereby provide my consent for snaring/disclosing of my/our Aadhaar number irpose of updating the same in the folios linked to my/our PAN.
Sole / First Unit Holder		Second Unit	Holder	Third Unit Holder
MY DETAILS (To be filled in Block Let	tore Places provide the			Tima one Holder
•		Tollowing details in full, Fie	ase refer first uctions)	PAN/PEKRN (1st Applicant) KYC
My Name (Should match with Aadhaar Card)				Trivy Editiv (1st Applicant)
	_			PAN/PEKRN (Guardian/POA) KYC
My Guardian's Name (if minor)/POA/Contact	ct Person			PAN/PEKRN (Guardian/POA) KYC
			Data of Disth	Counties were at its
On behalf of Minor (* Attach Mandatory Documents as per instructions)	Date of Birth Minor's	D D / M M / Y	Proof attached *	Guardian named is:  Father Mother Court Appointed
			_	
IS JOINT APPLICANTS (IF ANY) DET	AILS		Mode of Operation	
2nd Applicant Name (Should match with Aa	dhaar Card)			PAN/PEKRN (2nd Applicant) KYC
3rd Applicant Name (Should match with Aa	dhaar Card)			PAN/PEKRN (3rd Applicant) KYC
MY CONTACT DETAILS (As per KYC	records. To be filled in	Block Letters)		
Email ID				Address Type (Mandatory)
(in capital)				a. Residential & Business
Mobile +91		Tel (STD Code)		b. Residential
Address				c. Business
				d. Registered Office
Landmark				
Landmark City		Pin Code (Mandatory)	State	
		(Mandatory) Physica	al Copy	
City I wish to receive Scheme Annual Report and Abridge	Choose on	(Mandatory) Physica  referred & Default) Physica  line mode to help us save pape	al Copy r and contribute towards a greener and	d cleaner environment.
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<b>BANK ACCOUNT D</b>	ETAILS (Avail	Multiple Bank	Registration Fa	acility)					
Iy Bank Name									
									_
ank A/C No.					A/C Type	SavingsCurr	entNRE	NRO FCNR	Others
ranch Address									
				Ci	ty		Pin		
SC code: (11 digit)				MIC	R code (9 digit)				igit number nex
	DMATION			MIC	K code (7 digit)			your cheque	number)
ADDITIONAL INFO	Aadhaa	r No.⁺		KIN No. (	If KYC done via CKYC)		Dat	e of Birth"	Gende
1st									
2nd							D D /	M M / Y	Y
3rd							D D /	M M / Y	Y
or POA^							D D /	M M / Y	Y
ate of Birth - Mandatory if CKY	C ID mentioned. G	: Guardian; ^POA: Po	ower Of Attorney *If	Aadhaar number is no	ot assigned Aadhaar enrollment numl	per and proof to be pr	rovided.		
Details	2 <sup>nd</sup>	Applicant			3 <sup>rd</sup> Applicant			G or POA	
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