



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 Sub-broker ARN Representative EUIN For office use only

TRANSACTION CHARGES (Refer instructions and tick the appropriate option) Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

EXISTING UNITHOLDERS' FOLIO NUMBER (Please refer Instruction No. 1 on page 9) MY FOLIO NUMBER

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

My Name PAN/PEKRN (1st Applicant) KYC Date of Birth/Incorporation* Gender CKYC NO. Guardian's Name (if minor*)/POA/Contact Person PAN/PEKRN (Guardian/POA) KYC On behalf of Minor* Date of Birth of Guardian* Date of Birth Guardian named is: Proof attached * Father Mother Court Appointed

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 PAN/PEKRN (2nd Applicant) KYC 3rd Applicant Name Should match with PAN card and preferably attach a copy of PAN card Date of Birth 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) Address Type (Mandatory) a. Residential & Business b. Residential c. Business d. Registered Office Mobile +91 Tel (STD Code) Email ID and Mobile number should pertain to firstholder only Address Landmark City Pin Code (Mandatory) State

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 FTME.

MY INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name". 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.

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 Investment Frequency: Daily Monthly Quarterly Weekly MON TUE WED THU FRI 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 FTME.

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 FTME.

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 FTME.

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 FTME.

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 FTME.

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 FTME.

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	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 (Repatriable) / NRI (Non-Repatriable) / Minor (Repatriable) / Minor (Non-Repatriable) / PIO / OCI	<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"/> 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"/>
	<input type="checkbox"/> Trust <input type="checkbox"/> 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). <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please quote the NPO Registration Number provided by DARPAN portal. <i>(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.)</i>				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"/>
Others (Please specify)					Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Others (Please specify)				
Gross Annual Income Range (in Rs.)					Politically Exposed Person (PEP) details:				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a PEP	<input type="checkbox"/>	Related to PEP	<input type="checkbox"/>	Not Applicable
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<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"/>	2 nd Applicant	<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"/>	3 rd Applicant	<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"/>	Guardian	<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"/>	Authorised Signatories	<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"/>	Promoters	<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"/>	Partners	<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 [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]	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<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 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

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death

Nomination can be made upto three nominees in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
Mandatory Details				
Name of the nominee(s) (Mr./Ms.)*				
Share of each Nominee	Equally [If not equally, please specify percentage]	%	%	%
		<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>		
Relationship With the Applicant (If Any)				
Date of Birth		D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
Name of Guardian				

* Date of Birth and Name of Guardian to be provided in case of minor nominee(s)

Non-Mandatory Details			
Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:			
Pincode			
Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
Email ID of nominee(s)/ Guardian in case of Minor			
Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID

OR I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

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 authorize 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.

_____	_____	_____
Sole / First Unit Holder	Second Unit Holder	Third Unit Holder

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

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



Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIIN	For office use only
ARN-83784			E069303	

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

My Name											
My Folio Number				Scheme (Account 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 29 for T & C)		SIP Period* (MMYY)		SIP Step Up Amount: 5% OR in Multiple of ₹500/-	
			Daily ^s	Weekly ^s	From	To		
			<input type="checkbox"/> Daily ^s <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly ^s <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	From			
			<input type="checkbox"/> Daily ^s <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly ^s <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	To			
			<input type="checkbox"/> Daily ^s <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly ^s <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	From			
			<input type="checkbox"/> Daily ^s <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly ^s <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	To			

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 EUIIN box is left blank: "I/We hereby confirm that the EUIIN 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 of this 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 to the 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
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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	<input type="checkbox"/> Daily ^s	<input type="checkbox"/> Weekly ^s	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> Monthly (default)	<input type="checkbox"/> Quarterly		

Franklin Templeton
Investor Service 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 30 Business 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 FIGDf, 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 FIFLSF 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/FTMF reserves 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 there is 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 and Addenda issued till date will be applicable for the transactions which are connected with realization 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 in case 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 and Addenda 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 for any 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, lightning, 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:-
 - 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.
 - Select the appropriate checkbox to create, modify or cancel the mandate
 - Bank A/c Type: Tick the relevant box
 - Fill Bank Account Number
 - Fill name of Destination Bank
 - IFSC / MICR code: Fill respective code
 - Mention amount of mandate
 - Select frequency of mandate
 - Select whether the mandate amount is fixed value or maximum value
 - Reference 1: Mention Folio Number
 - Reference 2: Mention Application Number
 - Telephone Number (Optional)
 - Email ID (Optional)
 - Period: Starting and Ending dates should be mandatorily mentioned in the NACH registration (in format DD/MM/YYYY).
 - Signature as per bank account
 - 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.
 - In case no frequency has been selected or multiple frequencies are selected
 - In case no debit type has been selected or multiple types are selected
 - In case no SIP end date mentioned will be 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 instalments		
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 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.
- 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.
- Transaction charges as mentioned in the SID will be applicable for daily, weekly, monthly and quarterly SIP.
- Registration for daily and weekly SIP frequencies will require 7 calendar days.

Applicable for Daily SIP:

- 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.
- Facilities under Freedom SIP would not be available for Daily SIP frequency

- Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
 - A fixed amount will be invested via SIP only during weekdays* (Mon, Tue, Wed, Thu, Fri).
 - 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.
 - Available for all Franklin Templeton schemes except for Franklin India Taxshield Fund & Franklin India Pension Plan.
 - SIP start date and end date is mandatory
- Applicable for Weekly SIP:
- 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.
 - Facilities under Freedom SIP would not be available for Weekly SIP frequency.
 - Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
 - 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.
 - 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.
 - SIP start date and end date is mandatory

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

SIP Auto Debit Form

UMRN

F o r o f f i c e u s e

Date

[Date grid]

Sponsor Bank Code

For Office Use

Utility Code

For Office Use

Tick (✓)

CREATE [checked]
MODIFY [unchecked]
CANCEL [unchecked]

I/We hereby authorize

Franklin Templeton Mutual Fund

to debit (tick ✓)

SB CA CC [checked] SB-NRE SB-NRO Other

Bank a/c number

[Bank account number grid]

with Bank

Bank Name

IFSC

[IFSC grid]

or MICR

[MICR grid]

an amount of Rupees

[Amount grid]

₹ [Rupee symbol grid]

FREQUENCY [checked] Mthly [checked] Qtly [checked] H-Yrly [checked] Yrly [checked] As & when presented

DEBIT TYPE [checked] Fixed Amount [checked] Maximum Amount

Reference 1

Folio Number

Phone No.

[Phone number grid]

Reference 2

Application Number

Email ID

[Email ID grid]

PERIOD

From [Month/Year grid]

To [Month/Year grid]

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

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in Bank records

2. Name as in Bank records

3. Name as in Bank records

This is to confirm that I/we have carefully read, understood and agree to abide by the Terms and conditions and instructions. I am authorizing Franklin Templeton to debit my account. I/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to Franklin Templeton or the bank where I have authorized the debit'