

Common Application Form for FIBCF, FIPF, FIPP, FIOF, TIGF, FIIF, FIFCF, FBIF, FAEF, FIF, FFF, FPF, TICAP, TIPP, FIT, TIEIF, FIHGGF, FTIBF, FTDPEF & FTLF

W99999

Distributor information			For Office Use Only
Advisor Code*	Sub-broker/Branch Code	Representative Code	Application received
ARN - 82087			
* AMFI Registered Distributors			

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.

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

First Applicant Name	
Customer Folio No.	Account No.

Unit Holder Information

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

Name of First/Sole Applicant	
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Proof of KYC enclosed*	<input type="checkbox"/>	Date of Birth#	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
PAN No. (Mandatory)\$		Enclosed:	<input type="checkbox"/> PAN Card Copy Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Status:	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP										
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Minor through Guardian# <input type="checkbox"/> FI <input type="checkbox"/> FII <input type="checkbox"/> Others (Please specify) _____										
Nationality and Country of Residence	_____										

Name of Second Applicant	
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Proof of KYC enclosed*	<input type="checkbox"/>	Date of Birth#	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
PAN No. (Mandatory)\$		Enclosed:	<input type="checkbox"/> PAN Card Copy Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Status:	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Minor through Guardian# <input type="checkbox"/> Others (Please specify) _____										
Nationality and Country of Residence	_____										

Name of Third Applicant	
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Proof of KYC enclosed*	<input type="checkbox"/>	Date of Birth#	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
PAN No. (Mandatory)\$		Enclosed:	<input type="checkbox"/> PAN Card Copy Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Status:	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Minor through Guardian# <input type="checkbox"/> Others (Please specify) _____										
Nationality and Country of Residence	_____										

Name of Guardian	
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Proof of KYC enclosed*	<input type="checkbox"/>	Date of Birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
PAN No. (Mandatory)\$		Enclosed:	<input type="checkbox"/> PAN Card Copy Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Status:	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Others (Please specify) _____										
Nationality and Country of Residence	_____ Relationship with Minor <input type="checkbox"/> Parent <input type="checkbox"/> Guardian										

*Please provide copy of the KYC acknowledgement issued by CVL (Mandatory for all Investors for investments of value Rs. 50,000 & Above). \$PAN: In terms of SEBI circular dated April 27, 2007, verification of PAN is mandatory for all Unitholders (including joint holders, guardians in case of minors, PoA holders and NRIs) w.e.f. July 2, 2007 irrespective of the amount of transaction. Please submit photocopy of the PAN card (alongwith the original for verification, which will be returned across the counter). #Date of Birth - mandatory for Minors and all investments in TIPP (in TIPP, only individuals may invest).

I/We would like to invest in

Separate cheque/demand draft required for each investment, drawn in favour of scheme name (see point 4 on page 31). Please fill up the scheme name(s) and the plan/option you may refer to the KIM for more details. Investors in Templeton India Pension Plan and Templeton India Children's Asset Plan are requested to also fill in the option exercise form available at the ISC.

Scheme Names (Please tick (✓))

<input type="checkbox"/> FIBCF	<input type="checkbox"/> FIPF	<input type="checkbox"/> FIPP	<input type="checkbox"/> FIOF	<input type="checkbox"/> TIGF	<input type="checkbox"/> TIEIF	<input type="checkbox"/> FIHGGF	<input type="checkbox"/> FIFCF	<input type="checkbox"/> FIF	<input type="checkbox"/> FPF	<input type="checkbox"/> FFF	<input type="checkbox"/> TIPP	<input type="checkbox"/> FIT	<input type="checkbox"/> FTIBF	<input type="checkbox"/> FTDPEF
<input type="checkbox"/> FAEF	<input type="checkbox"/> FTLF	<input type="checkbox"/> 20's Plan	<input type="checkbox"/> 30's Plan	<input type="checkbox"/> Education Plan	<input type="checkbox"/> BSE Sensex Plan									
<input type="checkbox"/> FBIF	<input type="checkbox"/> 40's Plan	<input type="checkbox"/> 50's Plan	<input type="checkbox"/> TICAP	<input type="checkbox"/> Gift Plan	<input type="checkbox"/> NSE Nifty Plan									
<input type="checkbox"/> 50's Plus Floating Rate Plan														

Plan /Options (Please tick (✓))

<input type="checkbox"/> Lumpsum	<input type="checkbox"/> Growth
<input type="checkbox"/> Systematic Investment Plan	<input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout

Amount Invested _____ (Less DD Charges) _____

Net Amount Paid _____

Payment Details*

Cheque/DD No. _____ Bank, Bank A/C No. and Branch _____

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here ☐ Instructions : * a) For payments by demand draft of Rs. 50,000 & above, please attach proof of debit to your bank account by way of a copy of the DD request evidencing debit to your account or a letter from your banker confirming the account debited for issue of the DD. b) If the payment is not made from the investor's account, issuers of the payment instrument must complete a '3rd Party Declaration'.

Mode of Operation

☐ Single ☐ Joint ☐ Either or Survivor(s)

Power of Attorney (POA) Details

Name of POA Holder _____

Enclosed* ☐ Proof of KYC ☐ PAN Card Copy

PAN \$(Mandatory) _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Status: (Please tick (✓))

☐ Resident Individual ☐ NRI/PIO

☐ Others (Please specify) _____

Gender: ☐ Male ☐ Female

Acknowledgement

W99999

Received from _____ Pin _____

Scheme Name	Plan/Option	Payment Details
	<input type="checkbox"/> Lumpsum	Amount _____ Cheque/DD No. _____ Date _____
	<input type="checkbox"/> Systematic Investment Plan	Bank and Branch details _____

[illegible][illegible]

City State Country Pin/Zip

If the Applicant is Sole Proprietorship Firm, please provide the name of Sole Proprietor. If HUF, please provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.

Name _____

Tel _____

STD Code Office Residence Fax

Email

 Mobile

1. **Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email *

Email Address:

☐ I / We wish to receive the above by email

☐ I / We do not wish to receive the above by email

2. **Franklin Templeton Easy Web:** Access your account and transact online at www.franklintempletonindia.com using your HPIN

☐ Yes, I would like to receive my HPIN

3. **Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN ☐ Yes, I would like to receive my TPIN

4. **Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions *

Mobile Number | | | | | | | | | |

I/We wish to register for SMS updates on my/our mobile phone. ☐ Yes ☐ No

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

[illegible]

Account No.		Branch/City	
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Please provide the full account number

[illegible][illegible]

Account type For Residents ☐ Savings ☐ Current | For Non-Residents ☐ NRO ☐ NRE | ☐ Others _____

☐ Repatriable ☐ Non-Repatriable[illegible]

*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions in page 33.

Direct Credit Facility is currently available with: ABN Amro bank, Citibank, Development Credit Bank, Deutsche Bank, HDFC Bank, HSBC Bank, IDBI Bank, ICICI Bank, Kotak Mahindra Bank, Standard Chartered Bank, YES Bank & Axis Bank. Please provide a cancelled, signed cheque of the bank account you wish to register for Direct Credit. If you do not provide a cancelled and signed cheque, Franklin Templeton will record the new bank details as provided, but reserves the right to effect payments of dividends and redemptions by way of a cheque or payment instrument till such time that the account details provided can be verified. **I/We DO NOT wish to avail direct credit facility (Please tick)** ☐
Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

Nominee Name & Address	
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Guardian name & address (if nominee is a minor) _____ Signature of Nominee/Guardian _____

Witness Name & Address _____ Signature of Witness _____

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 units of scheme(s) of Franklin Templeton Mutual Fund as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment and confirm that the monies invested in the fund legally belong to me / us. I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

* I/ We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time, and I/ We hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our NRE/NRO Account.

I/We hereby declare that all the particulars given herein are true, correct and comply to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence Unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application."

I/We confirm and declare that I/ We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I/ We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN/ TPIN/ Email services facility.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us

Date: _____ Place: _____ * Applicable to Non-Resident investors

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock – in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.



FRANKLIN[®] TEMPLETON[®]
INVESTMENTS

For investment related enquiries, please contact:

Franklin Templeton Investments Service Centres

Ph: 1-800-425 4255 or 6000 4255 (If calling from a mobile phone, please prefix the city STD code; local call rates apply for both numbers) from 8am to 9pm, Monday to Saturday.

Email: service@templeton.com

www.franklintempletonindia.com

CHECK LIST: Please ensure the following :

- Application form is complete in all respects and signed by all Applicants
- Bank Account details are filled
- You have registered Permanent Account Number (PAN) for all holders, including joint holders, guardians, PoA holders & NRI s and submitted the necessary proof (refer instructions)
- Appropriate Options are filled up
- Cheques/DDs should be drawn in favour of the respective fund name
- If you are investing for the first time, please ensure that you fill in the contact details for us to contact you in case of any discrepancy in the form.
- You have provided a copy of the KYC acknowledgement for all applicants, guardians for minors and POA holders