

APPLICATION FORM FOR NEW INVESTORS

TEMPLETON	(Please	read Product labeling de	tails available on cover page a	nd instructions before filling this Forn	n)
Advisor ARN / RIA Code/ Portfolio	Sub-broker/Branch Code	The upfront commission on investment investor's assessment of various factors	t made by the investor, if any, shall be paid to the sincluding service rendered by the ARN Holder. A	ARN Holder (AMFI registered distributor) directly by the inv Applicable only if ARN is mentioned but EUIN box is left bl	vestor, based on the lank: "I/We hereby
Manager's Registration No. ARN-181211	,	confirm that the EUIN box has been int manager/sales person of the above di manager/sales person of the distributor	tentionally left blank by me/us as this transacti- istributor/sub broker or notwithstanding the r/sub broker." Applicable only if RIA Code/Por	on is executed without any interaction or advice by the emp advice of in-appropriateness, if any, provided by the emp folio Manager's Registration Number is mentioned: "I, Va. L. In respect of my/ our investments under Direct Plan of all Sci se code is mentioned herein."	loyee/relationship loyee/relationship We hereby give you
	Donnagantativa EIIIN	my/our consent to share/provide the tr you, to the SEBI-Registered Investment	ránsactions data feed/portfolió holdings/ NÁV et Adviser/ SEBI Registered Portfolio Manager who	c. in respect of my/our investments under Direct Plan of all Ścl se code is mentioned herein."	hemes managed by
Sub-broker ARN	Representative EUIN				
For office was only	Ξ				
For office use only		Sole / First Unit Holder			
I am a first time investor in mutual		_	ions routed through distributors/agen xisting mutual funds investor (Rs.1	ts/brokers who have opted to receive transaction 00 will be deducted).	n cnarges.
MY DETAILS (To be filled in Blo	ock Letters. Please provide the	following details in full: Plea	se refer instructions)		
My Name (Should match with PAN Car		<i>-</i>		PAN/PEKRN (1st Applicant)	КУС
My Guardian's Name (if minor)/POA/	/Contact Person			PAN/PEKRN (Guardian/POA)	
			Date of Birth	S	
On behalf of Minor (* Attach Mandatory Documents as per instru	Date of Birth uctions). Minor's	D D / M M / Y	Proof attached *	Guardian named is: Father Mother Court Appointed	
IS JOINT APPLICANTS (IF ANY) DETAILS		Mode of Operation :	Single Joint Either or Survivor	(s) [Default]
2nd Applicant Name (Should match v			•	PAN/PEKRN (2nd Applicant)	КУС
3rd Applicant Name (Should match w	vith PAN Card)			PAN/PEKRN (3rd Applicant)	□ кус
MY CONTACT DETAILS (As p	er KYC records. To be filled in	Block Letters)			
Email ID				Address Type (Manda	tory)
(in capital) Mobile +91		Tel (STD Code)		a. Residential & Busin	ness
Email ID and Mobile number should pertain to	o firstholder only			b. Residential c. Business	
Address				d. Registered Office	
Landmark		Dis Co. I			
City		Pin Code (Mandatory)	State		
				e paper and contribute towards a greener and cleaner endert Siblings Dependent Parents Guardian	
Custodian POA, and approve for usage			Sause Bependent annaren Bepen	acine oiloningo 🗆 proponacine i arcinio 🗀 data ditani [
MY INVESTMENT DETAILS (Cheque/DD should be in favour o	of "Scheme Name". Default plan	n/Option will be applied incase of no i	information, ambiguity or discrepancy)	
Full Scheme/Plan		of "Scheme Name". Default plan Amount / Each SIP Amount	n/Option will be applied incase of no i	nformation, ambiguity or discrepancy) Drawn on Bank/Branch	
		-			
Full Scheme/Plan Scheme Name: Lumpsum SIP	n/Option Plan: Regular Direct	-			
Full Scheme/Plan Scheme Name: Lumpsum SIP	n/Option Plan: Regular Direct me Distribution cum	Amount / Each SIP Amount Rs. Less DD	Payment Mode Cheque/DD No.	Drawn on Bank/Branch	
Full Scheme/Plan Scheme Name: Lumpsum SIP Option: Growth Payout of Inco capital withdr Reinvestment	n/Option Plan: Regular Direct me Distribution cum awal option of Income Distribution	Amount / Each SIP Amount	Payment Mode Cheque/DD No. RTGS NEFT	Drawn on Bank/Branch Name/Branch:	
Full Scheme/Plan Scheme Name: Lumpsum SIP Option: Growth Payout of Inco capital withdr Reinvestment cum capital w	n/Option Plan: Regular Direct me Distribution cum awal option	Amount / Each SIP Amount Rs. Less DD	Payment Mode Cheque/DD No.	Drawn on Bank/Branch	
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© ADDITIONAL INFORMATION										
			KIN No. (If KYC	lo. (If KYC done via CKYC)			of Birth"	Gender		
	st					D D / M	M / Y Y			
	nd					D D / M	M / Y Y			
Gor	rd POA^					D D / M D D / M	M / Y Y	□ M □ F		
	andatory if CKYC ID mention	oned. ^G: Guardian; ^PO	A: Power Of Attorney							
Details	Details 2 nd Applicant				3 rd Applicant		G or l	POA		
Mobile No.										
Email Id.										
NOMINA	ATION DETAILS (In	case of more than o	one nominee, please	e submit a separate	e nomination form available	with any of our ISCs or	on our website). Refe	r instructions.		
					(s) more particularly describe ne units held by me/ us in the in		e units held my/our folio	o(s) listed below in the		
of	ne and address Nominee(s) Mandatory]	PAN** of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder	Date of Birth* [Mandatory]	Name and address of Guardian* [Mandatory if Nominee is Minor]	Signature o Nominee / Guardian*	Guardian's Relationship with Nominee* [attach proof]	Allocation % to each nominee [Mandatory] (Aggregate should be 100%]		
				DDMMYYYY			☐ Mother ☐ Father ☐ Legal Guardian			
				DDMMYYYY			□ Mother □ Father □ Legal Guardian			
				DDMMYYYY			□ Mother □ Father □ Legal Guardian			
	case the Nominee is a Minor case the Nominee is a Mino		copy of the minor's birt	h certificate or School	Leaving Certificate or Passport o	r Others equivalent proof)				
involved in no such other con	n-appointment of nomin npetent authority, based o	ee(s) and further are on the value of the ass	aware that in case of sets held in the mutua	death of all the acco fund folio.	any nominee(s) for my mutual unt holders, my / our legal hei					
I / We have re		tions for nominatio	n and hereby nomin	ate the above nomi	de of holding] nee(s) to receive all the amo ies of the indicated Mutual Fi		in the event of my / our	death. Signature of		
	Sole / First Unit Holder	/ Guardian	_	Second U	nit Holder	.	Third Unit Holder			
	255 or 1800 258 4255 (from				nklintempleton.com		www. franklintempletonind			
Quick Checklist			d Pay icant Nor plicant For	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 			

DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.										
NSDL: DP Name			DP II	D I N		Beneficiary	Ac No.			
CDSL: DP Name					Beneficiary Ac No.					
Dlace ancure that the coguence	of names as mention	ned in this Application	on Form matches wi	th the sequence of n	umas in the Demat account Find	locad Client Mc	eter Liet OP	DP statement		
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 Applican	t 3 rd Applicant	Guardian	
Resident Individual					Private Sector					
NRI (Repatriable) / NRI					Public Sector					
(Non-Repatriable) / Minor (Repatriable) /					Government Service					
Minor (Non-Repatriable)					Business					
/ PIO / OCI Sole Proprietorship		-	-	_	Professional					
Minor through Guardian		-	-	-	Agriculturist					
	☐ Company/Body ☐ Corporate ☐ Partnership				Retired					
Non Individual	□ Trust □ Bank	□ Society □ AOP	□ HUF □ FI/FII/FF	PI	Housewife					
Others (Please specify)				-	Student					
	ungo (in Dc)									
Gross Annual Income Ra					Others (Please specify)			<u> </u>		
Below 1 lac 1-5 lac					Politically Exposed Pers	on (PEP) details	: Is a PEP	Related to PEP	Not Applicable	
5-10 lac					1 st Applicant					
10-25 lac					2 nd Applicant					
25 lac- 1 cr					3 rd Applicant					
1 -5 cr					Guardian					
5 - 10 cr					Authorised Signatories					
> 10 cr					Promoters					
OR Networth in Rs. (Mandatory for Non					Partners					
Individual) (not older	as on	as on	as on	as on	Karta					
than 1 year)	D D M M Y Y	D D M M Y Y	D D M M Y Y	D D M M Y Y	Whole-time Directors/Tu	irstee				
FATCA/CRS/UBO DI	ETAILS: For Inc	dividuale (Mana	latory) Non Ind	dividual Invocto	re including HIIE NDIs sh	ould mandator	ily fill conara	to EATCA /CDS/I	IBO dotails form	
	IAILS. TOT III						ny mi separa			
Details Place & Country of Birth		Sole/ 1st Appl	cant	2nd App	dicant	3rd Applicant		Guardian	/POA	
Nationality										
Are you a tax resident of ar			No	Yes	□No			∏Yes	□No	
Hie you a tax resident of an	177		INU	165						
country other than India?	у	Yes			s: Mandatory to enclose FATCA /	Yes N	0	☐ Yes	No	
					_		0			
country other than India? DECLARATION (SIGNA					_		0	Place	NO	
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