



For Existing Investor Only

Sl. No.

Common Transaction Form - • ADDITIONAL PURCHASE • REDEMPTION

- SWITCH • ADDITION OF BANK DETAILS • E-MAIL COMMUNICATIONS • ONLINE ACCOUNT ACCESS
- SIP/SWP/STP/DTP • NOMINATION DETAILS

(Please use separate Transactions Form for each Scheme / Plan and Transaction.)

Distributor information				For Office Use Only
Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received

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 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 whose code is mentioned herein."

Signatures First/Sole Applicant/Guardian Second Applicant Third Applicant

Existing Unitholder Information (Mandatory Enclosures: PAN card copy or copy of KYC acknowledgment. Transactions not including these mandatory enclosures may be rejected)

Name of First/Sole Applicant _____
 Customer Folio No. _____ Account No. _____

Know Your Customer (KYC)

KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement for this folio, you need not provide the same again.

Applicant	PAN No. / PEKRN (Mandatory)	Adhaar No. (Mandatory if KYC is done through)	KIN No. (Mandatory if KYC done via CKYC)	Date of Birth*
1st	_____	_____	_____	D D M Y Y Y Y
2nd	_____	_____	_____	D D M Y Y Y Y
3rd	_____	_____	_____	D D M Y Y Y Y
G or POA	_____	_____	_____	D D M Y Y Y Y

*Date of Birth - Mandatory if CKYC ID mentioned

Transaction Charges (Refer Instruction)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. For an existing mutual funds investor Rs.100 will be deducted

Depository Account Details (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instruction

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 (Mandatory) Client Master List OR DP statement

Additional Purchase Order - Lumpsum (Please read Product labeling details available on cover page of SID and KIM and instructions before filling this Form.)

Scheme _____ Plan _____ Option _____
 Amount (in figures) _____ Amount (in words) _____

Payment by Cheque/draft
 Cheque/Draft No. _____ Cheque/Draft Dated | D | D | M | M | Y | Y | Bank Ac No. _____
 Drawn on Bank/Branch/City _____
 Please register my Pay-in bank, details also as one of the banks in my/our account/folio based on the payment instrument attached. Please refer the instruction for supporting document required for registering Bank Mandate. (Please tick if applicable) I/We do not wish to register this bank as additional bank in my/our account details.
 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" available on our website in the KIM and Application Form section.

Payment by NACH (Please tick if applicable): If Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below.
 Bank Name _____ Account No. _____
 Note: Per transaction limit should be less than or equal to the amount as mentioned in the ADF already registered

Systematic Investment Plan (SIP) Application for Normal SIP Micro SIP (For Micro SIP, Please provide required proof /documentation)

Scheme _____ Plan _____ Option _____
 Frequency Monthly (default) Quarterly SIP Date: _____ of every month. If left blank 10th will be considered as the default date
 Tick here if SIP is being "Stepped Up" (Please ensure that you attach the "SIP Variants Form" with the step-up section duly completed.)

Payment by Cheque/draft
 Enrolment Period From ___/___/___ (mm/yy) To ___/___/___ (mm/yy) Cheque No(s). From _____ To _____ No. of Cheques _____
 Bank Ac No. _____ Drawn on Bank/Branch/City _____

Payment by Auto Debit (Please tick as applicable): Auto Debit Form (ADF) is already registered in the Folio then please mention Bank Name and Account Number below. SIP auto debit can start in FIVE Days i.e. for debit date 7th, form can be submitted till 2nd of the month
 Bank Name _____ Account No. _____
 If ADF is attached and to be registered in the Folio. SIP Auto Debit will start after mandate registration which takes 30 Business days.
 Note - Per transaction limit should be less than or equal to the amount as mentioned in the ADF already registered / submitted, if not registered.

Document proofs for Micro SIP
 (Please provide any one of the name of identification document as mentioned in the instructions)
 Identification document _____ Field Issuing Authority _____ Document Identification No. _____
 Disclaimer: In case the Micro SIP application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment instalment together with this proposed SIP instalments exceeds Rs.50,000/- in a year, the Micro SIP registration may be cancelled for future instalments and no refund may be made for the units already allotted.

Redemption (Please fill any one i.e. either Amount or number of Units. Subject to Lock - in, if any)

Scheme _____ Account No. _____ Please redeem my/our Franklin Templeton units as per following details.
 Amount (in figures) _____ Amount (in words) _____
 Units (in figures) _____ Units (in words) _____ Tick to redeem all units

Switch (Subject to Lock - in, if any) (DOB: ___/___/___, Mandatory for investment in FIPEP)

Scheme _____ Plan _____ Option _____ Account No. _____
 Please transfer _____ units (Tick for all Unit Switch) OR Rs. _____ to Destination scheme Account No (if available)
 (Destination scheme name) _____ Plan/Option _____ Others Specify _____

Acknowledgement Slip (To be filled in by the Investor)

Customer Folio _____ Date _____ Received from _____
 Additional Purchase or Amount (Rs.) _____ Cheque(s) _____ Cheque No.(s) _____
 Redemption or Switch : Amount (Rs.) _____ OR Units _____
 SWP STP DTP Addition of Bank Account Nomination Details

Service Centre
 Signature & Stamp

Systematic Transfer Plan (STP) (Subject to Lock-in, If any)

Source Scheme _____ Plan _____ Option _____

Please transfer Fixed Amount _____ OR Capital Appreciation to Destination Scheme Ac. No(if Available) _____

Destination Scheme Name _____ Plan/Option _____

Frequency Daily Weekly Monthly Quarterly

For Weekly: 7 14 21 28 of every month | For Monthly/Quarterly: Specify date: _____ of every Month & Enrolment Period From to

NOTE: The following schemes/plans/options are not available as Source Scheme: • FIPEP • FIT • FIGSF - PF Plan

Dividend Transfer Plan (DTP)

Scheme Name _____ Plan _____ Option _____

I/We would like to transfer Dividend to New Scheme Name _____
 _____ Plan/Option _____ Existing Account No., if any in this scheme _____

Systematic Withdrawal Plan (SWP) (Subject to Lock-in, If any)

Scheme Name _____ Plan _____ Option _____

Frequency Monthly Quarterly Fixed Amount Rs. _____ OR Capital Appreciation

Date: 15th Last business day of month (Applicable for fixed amount), Enrolment Period From

Addition of Bank Account (Mandatory - For new investors) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.

Scheme Account No. _____ All Schemes

Bank Name (*Do not abbreviate*) _____

Account No.# _____ Branch/City _____

Branch Address _____ | Pin _____

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

*RTGS/NEFT/IFSC code _____ *MICR code _____

Enclosed: Cancelled Cheque with name of 1st unit holder pre-printed Bank Statement & cancelled cheque Pass Book & cancelled cheque
 Others (please specify) _____

Note: There will be a cooling period 10 calendar days for registering the COB requests. This new bank will be treated as your default bank account. All future Redemption and Dividends payments will be made into this bank account only through electronic payment facility, for more information please refer the "Registration of bank mandate" instruction. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) . *For more details on RTGS/NEFT/MICR codes, please refer detailed instructions in the KIM. 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.

Nomination Details (In case of more than one nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instruction no.14

Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Proof)		Allocation	Nominee/ Guardian Signature
	DOB	Guardian Name & Address		
			100 %	X

OR I/We DO NOT wish to nominate and sign here
 (To be signed by all the joint holders irrespective of the mode of holdings.) _____

Franklin Templeton 'Easy' Services

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; Yes No

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

3. **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.

Third Party Payment: Please attach the Third Party Declaration Form with the application

Change of Address: Please submit KYC change request form (refer instructions)

Declaration

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I / we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., Trustees of FTMF for transaction(s) in scheme(s) of FTMF and/or to avail facilities as indicated above, and agree to abide by the terms, conditions, rules and regulations as applicable. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and derived through legitimate sources. I / we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon.

* I / We confirm that I am / we are Non-Resident Indian(s) (NRIs) / Person(s) of Indian Origin (PIOs)/ Foreign Portfolio Investor(s) (FPIs), 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 domestic account maintained in accordance with applicable RBI guidelines.

I / We confirm that I am / we are not United States (U.S.) persons within the meaning of Regulation (S) under the U.S. Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

I/We have understood the information requirements of this Form (read along with the FATCA instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/we have read and understood the FATCA Terms and Conditions and hereby accept the same.

I/We further agree not to hold FTMF, Franklin Resources Inc. and its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton Investments / Franklin Templeton) liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/We hereby undertake to promptly inform Franklin Templeton Investments of any changes to the information provided hereinabove and agree and accept that Franklin Templeton Investments shall not liable or responsible for any losses, costs, damages arising out of any actions undertaken or 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 understand and acknowledge that FTMF, its Trustee, the AMC reserves the right to accept / reject any transactions / redeem any investments, at their sole discretion and as they may deem fit without assigning any reason thereto. The rejection may be for any reason including but not limited to comply and adhere to such orders or instructions issued by any Indian or foreign governmental or statutory or regulatory authorities / agencies.

I/We hereby agree to provide any additional information / documentation that may be required by Franklin Templeton Investments, in connection with this application. I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including KYC data registered with regulatory/quasi regulatory agencies and all changes, updates to such information as and when provided 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 or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising / informing me/us of the same.

**I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted.

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(s) is being recommended to me/us.

Sole/First Holder/Guardian Second Holder Third Holder

Date: _____ * Applicable to NRI / PIO / FPI ** Applicable to Micro-investments