FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM

Distributor inform	ation				For Office Use Only		
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN		Application received		
Bonanza 0186							
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.							
"I/We hereby confir. employee/relationsh employee/relationsh	m that t ip manager/sales person of the ip manager/sales person of the a	above distributor/sub br listributor/sub broker."	roker or notwithstanding the	aa	lvice of in-appropriateness, if any, provided by the		
Signature of the Inves	tor(s) 1		- 2. —		3. —		
Transaction Charg	es (Refer Instruction No. 10 and tick	the appropriate option)					
☐ I am a first time	sactions routed through distr investor in mutual funds (Rs	s.150 will be deducted).	☐ I am an existin		ansaction charges. mutual funds investor (Rs.100 will be deducted).		
Existing Unitholders (Please provide the following details in full; Please refer Instruction 2) First Applicant Name Customer Folio No. Account No.							
Unit Holder Inform			······································				
	Letters. Use one box for one alphab Applicant						
	Тррпсин						
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N	mp - minor tinough Gua		_ others (Flease speen)	"/_			
	sidence (Refer instruction)						
Foreign Tax ID Nu	mber						
If you are not resid	ent in any country (except In	dia) for tax purposes, p	lease tick this box □				
					Government Service ☐ Business		
	me Details (please tick) Mano 10cr □ > 10 cr or Net-wo		er annum: □ Below Rs. 1lac 		l 1-5 lac □ 5-10 lac □ 10-25 lac □ 25-1cr		
					/ Trustees / Whole-time directors:		
	sed Person (PEP)	Related to a Politically I	Exposed Person (PEP)				
Name of Second A	pplicant						
Country of birth Date of Birth# DDMMMYYYYY Gender: Male Female							
PAN No. (Mandatory)\$ Enclosed: \square PAN Card Copy \square Proof of Identity & Address $^{\sim}$ \square Proof of KYC*							
Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify)							
Foreign Tax ID Number							
If you are not resident in any country (except India) for tax purposes, please tick this box One of the state of the sta							
Occupation (please tick any one and give brief details) Mandatory: Private Sector Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others							
Gross Annual Income Details (please tick) Mandatory: Income range per annum: Below Rs. 1lac 1-5 lac 5-10 lac 10-25 lac 25-1cr							
\square 1 cr- 5 cr \square 5cr- 10cr \square > 10 cr or Net-wo \square							
Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors: □ Politically Exposed Person (PEP) □ Related to a Politically Exposed Person (PEP)							
Name of Third App	plicant						
Country of birth_							
PAN No. (Mandatory)\$ Enclosed: \square PAN Card Copy \square Proof of Identity & Address $^ \square$ Proof of KYC*							
Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify)							
Country of Tax Residence (Refer instruction)							
Foreign Tax ID Number							
If you are not resident in any country (except India) for tax purposes, please tick this box \square							
Occupation (please	tick any one and give brief de	etails) Mandatory: 🗆 P	rivate Sector 🗆 Public Sect	tor	☐ Government Service ☐ Business		

□ Professional □ Agriculturist □ Retired □ Housewife □ Student □ Others _____

Gross Annual Income Details (please tick) Mandatory: Income range per annum: □ Below Rs. 1lac □ 1-5 lac □ 5-10 lac □ 10-25 lac □ 25-1cr □ 1 cr- 5 cr □ 5cr- 10cr □ > 10 cr or Net-wo						
Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors: Politically Exposed Person (PEP)						
Name of Guardian						
Country of birth Date of Birth# DDDMMMYYYYY Gender: Male = Female						
PAN No. (Mandatory) \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Status: Resident Individual NRI/PIO Others (Please specify)						
N						
Country of Tax Residence (Refer instruction)						
Foreign Tax ID Number						
If you are not resident in any country (except India) for tax purposes, please tick this box The state of t						
Occupation (please tick any one and give brief details) Mandatory: □ Private Sector □ Public Sector □ Government Service □ Business □ Professional □ Agriculturist □ Retired □ Housewife □ Student □ Others						
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Please tick, if applicable, for the applicant / any authorised signatories / Promoters / Partners / Karta / Trustees / Whole-time directors: Politically Exposed Person (PEP)						
Relationship with Minor 🗆 Father 🗆 Mother 🗀 Legal Guardian 🗆						
(Please specify relationship)						
Mode of Operation						
□ Single □ Joint □ Either or Survivor(s)						
Power of Attorney (POA) Details						
Name of POA Holder Date of Birth D D M M Y Y Y						
Enclosed						
Status: Resident Individual NRI/PIO Others (Please specify) Gender: Male Female						
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Please provide a cancelled, signed cheque of the bank account you wish to register. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment 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.] Multiple Bank Registration Form provided.

 $[*]Note: For more details on RTGS/NEFT/MICR codes, please {\it refer detailed instructions on page no.~13}.$

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Please read Product labe	ing details available	on cover page a	na instructions before	ming this form.
Investment Details				
Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details Cheque/DD No. Bank,Bank A/c No. and Branch
		Less DD Charges:		
Separate cheque/demand draft required Investors in Franklin India Pension Pla				the scheme name(s) and the plan/option you may refer to the KIM for more details.
				tirect Debit) form alongside and submit it together with the application form. If you has at. If you prefer to have a new account in the same scheme please tick here [
Mandatory for Non-Individ	dual Applicants			
Ultimate Beneficiary O	wner Details (Refer	instruction)		
☐ Applicant is the Ultimate	Beneficial Owner(s) of t	this investment		
☐ Applicant is not the Ultin	nate			
^Where no box				
Please tick the relevant box below, Form W8 BEN-E / Specified of Unable to Provide [Franklin T Where no box is ticked, the confirm the same in future.	leclaration enclosed empleton will contact you in	due course to confirm	,	oplicant/investor currently is unable to confirm FATCA status and wi
Third Party Payment Do	cuments			
of natural love and affection of Declaration - Attached D (other than Guardian) on bel DD against Cash (Please atta	☐ Payment by Guardian or as gift ☐ Custodian or eclaration from Beneficial of a minor in conside the ☐ Banker Certific	on behalf of an FII ary Declaration eration of natural l eate	or a Client □ Payment by n from Third Party (Custo ove and affection or as gif	ed persons (other than Guardian) on behalf of a Minor in consideration y Employer on behalf of Employee - under Payroll deductions odian, Employer, Guardian or Parents/Grand-Parents/related persons ft). k statement evidencing the debit for issuance of a DD or □ Challan
Franklin Templeton 'Eas	y' Services			
Franklin Templeton Easy of and other information insta		nt statements, annu	your acc	n Templeton Easy Call: Just call 1800 425 4255 or 6000 4255 to access count using TPIN TYPIN Yes, I would like to receive my TPIN TPIN
Email Address:			4. Franklin	n Templeton Easy Mobile: Get instant SMS alerts to confirm your
			Mobile I	
☐ I / We wish to receive th	,			to register for SMS updates on my/our mobile phone. \square Yes \square No
☐ I / We do not wish to re 2. Franklin Templeton Easy Wegister online for Easy www.franklintempletoning	Web: Access your account eb by visiting our website		ie. the applicat	ere the investor has not opted for any option or has opted for both option tion will be processed as per the default option, i.e., receive the accour- annual report and other correspondence by E-mail and receive SMS update

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The units are offered for subscription in electronic as well as in physical form. If you wish to subscribe to units in electronic form, please fill the 'DEPOSITORY ACCOUNT DETAILS' below. If such details are not given, it would be deemed that you have opted for subscribing unit(s) in physical form and in such cases Account Statement would be issued for valid applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. ☐ National Securities Depository Limited (Please tick) ☐ Central Depository Services (India) Limited (Please tick) Depository Name Depository Participant Name DP ID Ι (16 digit beneficiary A/c No. (DPID & BENID) to be mentioned below) Beneficiary Account Number Note: Please submit legible copies of the application client master list or DP statement of account if the units are to be allotted under Demat form. The date of demat account statement should be within 90 days of the application Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in demat form for the current purchase, may get their existing unit holding converted into demat form as well. The existing holding will be credited to the same demat account as that of the current purchase. \square I / We wish to convert my/our existing unit holding into demat form. ☐ I / We do not wish to convert my/our existing unit holding into demat form. 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., NOT to convert the existing holding in demat form. Nominee Name & Address Guardian name & address (if nominee is a minor) Signature of Nominee / Guardian (optional) Nominee Date of Birth (mandatory for minor) ☐ Proof of minor DOB submitted, Witness Name and Address Signature of Witness ☐ I/We do not wish to nominate any person for my investments. Signature of Investor(s) 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 (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of FTMF as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and I / we have not received not be any under the origin. A great of the scheme (s) of the fund as on the date of this investment. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and 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 rinks appetite and investment horizon. **If We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin / Qualified Foreign Investors but not United States persons within the meaning of Regulation (S) under the United States 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, and I / we hereby further confirm that the monies are ventued from a broad through approved banking chamnels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines. I/We hereby adeclare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/We further agree not to hold Franklin Templeton Investments or their responsible for any longes, costs, damages arising out of any consequences in case of any of the above particulars being false, incorrect or incomplete; J/We hereby while on the basis of the information provided by me/us, including a provided by me/us First/Sole Applicant/Guardian Second Applicant Third Applicant Place Date: 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.



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@franklintempleton.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 • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of Scheme name e.g. "Franklin India Bluechip Fund". • For payment by Demand Draft, please attach a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. • For Third Party payment, you have enclosed the 'Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by CVL for the person making the payment. • You have enclosed supporting documents for bank account details furnished in the Form. • You have provided a copy of the KYC acknowledgement or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders (Refer Instructions)

Acknowledgement	dgement				Sl. No.		
Received from					Pin		
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