## Franklin Templeton Mutual Fund

## **Common Transaction Form**

Advisor ARN Bo	onanza - 0	186			Repi	esentat	ive EU	IN													
Sub-broker ARN					Sub-	broker/	Branch	n Cod	le												
The upfront commission on investment made by the in I/We hereby confirm that the EUIN box has been in advice of in-appropriateness, if any, provided by the emp																					
Signature: First Holder/Sole applicant	Secon	d Holder		T	ird Holder																
This Form is for use of Existing Inv • SWITCH • CHANGE OF BANK • Online Account Access • SIP/SW Please use separate Transactions For	K DETAILS • E P/STP/DTP •	-MAIL C NOMINA	OMMUN ATION D	IICATIC ETAILS	NS							H	For (			Only	7				
<b>Existing Unitholder Inform</b>	nation																				
Name of Sole / First Account hold	er (Leave space	between f	irst/midd	e/last na	ne)			Aco	cour	nt No.		Custo	omer	Folic	No.						
Transaction Charges (Refe	er Instruction)																				
Applicable for transactions routed th	rough distribute	ors/agents/	brokers w	ho have o	oted to r	eceive t	ransacti	ion ch	arge	s. For	an exi	sting	gmut	ual fu	ınds i	nvesto	r Rs.	100 v	vill be c	leduct	ed
Depository Account Deta	ils																				
The units are offered for subsciDEPOSITORY ACCOUNT D form and in such cases Account S Form matches with the sequence	DETAILS' belo Statement wo	ow. If suc uld be issu	ch details ued for v	are not	given,	it wou	ld be (	deem	ed 1	hat y	ou h	ave	opte	d fo	r sul	scrib	ing ı	ınit	(s) in	physi	ical
Depository Name	☐ National	Securities	s Deposito	ry Limit	ed (Plea	se tick)	1	□ C	ent	ral De	posit	tory	Serv	ices	(Ind	ia) Li	mite	d (P	ease t	ick)	
Depository Participant Name																					
DP ID	I N							(16 di	igit l	enefic	iary A	A/c I	No. (I	OPID	& B	ENID	) to b	e me	ntione	l belov	w)
Beneficiary Account Number																					
Note: Please submit legible copi date of demat account statement s Investors who have an existing u for the current purchase, may ge	should be with mits holding i et their existin	iin 90 day n the sam	s of the a ne accour olding co	pplication t in whi	n ch the	curren	t purc	hase	is b l. Tl	eing n	nade	and	l hav	е ор	ted f	or all	otme	ent i	n dem	at fo	rm
account as that of the current pure  I / We wish to convert my/ou  Note: Where the investor has not opted fo	r existing unit																				
☐ I / We wish to convert my/ou:  Note: Where the investor has not opted fo  Additional Purchase Order	r existing unit or any option or ha	as opted for	both optio	ns, the app	ication w	vill be pro	ocessed	as per	the d	lefault (	option	, i.e.,	NOT	to co	onvert						
☐ I / We wish to convert my/ou.  Note: Where the investor has not opted fo  Additional Purchase Order  Please read Product labeling descriptions.	r existing unit or any option or ha er letails availab	s opted for le on cov	both optio	ns, the app	ication w	vill be pro	ocessed	as per	the d	efore	option fillin	, i.e., ng t	NOT	to co	onvert						
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☐ I / We wish to convert my/ou.  Note: Where the investor has not opted fo  Additional Purchase Order  Please read Product labeling descriptions.	r existing unit or any option or ha er letails availab	le on cov	both optio	of SID a	nd KIN	vill be pro	instru	as per	ns b	efore Acc	fillin count	ng t	NOT	to co	onvert						
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☐ I / We wish to convert my/ou: Note: Where the investor has not opted fo  Additional Purchase Order Please read Product labeling of Scheme  Amount (in figures)  Cheque/Draft No.	r existing uniter any option or hear  letails availab  Pla  Cheque/E	le on cov  Ar  Oraft Date	mount (in	of SID a	nd KIN Option (Favo	vill be provided and uring s	instru cheme	e nam	ns bene is	efore Acc enclo	filline count () Bran	ng t t No	his F	Form	n.	the ex	isting	holdi	ng in de	mat fo	orm.
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□ I / We wish to convert my/ou:  Note: Where the investor has not opted for the convert of the please read Product labeling of Scheme  Amount (in figures)  Cheque/Draft No.  Drawn from Bank-Account No Instructions: *a) For payments by to your account or a letter from your instrument must complete a "3rd Par Third Party Payment Docum KYC Proof enclosed (tick below as a Person making payment □ Par □ Custodian on behalf of an FII or a Declaration - Attached □ Declar in consideration of natural love and a DD against Cash (Please attach): □ DD against Debit Bank (Plea	r existing unit or any option or he present any option or he present a Cheque/E  Lumber	le on cov  Ile on	mount (in	of SID a composition of site in the site i	ond KIN Deption Orav Orav Orav Orav Orav Orav Orav Orav	wn on of the function of the f	cheme (Name (Name ebit to b) If the cation I was a Minor nder Pastodiar asse of p ank stated state to be cation programmer assertion programmer assertions of the influence of t	as per e nam e of E e o	ms be ne is leading to the delayer other than the control of the c	efore Acc encld and a cacol is not on.  eration according to the cacol is not on.  eration according to the cacol is not on.  eration according to the cacol is not been and the cacol in t	filling count osed)  Bran  unt by made  a of na  arents Guar  g the  brandur arents  randur arents  agree a on the tall  addition on the tall  addition and als  and als  and als  and als  and als  con the tall  agree a second the tall  agree a se	ng t t No  ing t t	his F  b y of a a  l love  the Ac  SIP/SI  any relative remitts  trent the fithe in remitts  trent the fithe in command the command	and arent issual deeda arent is sual to copy investigation of the copy	nvert  y of t  stor's  affect  affect  p/SWI  gifts, de  futual  ion pre  futual  futu	the DI till date as on the Unit of the Uni	or requirements of the second	dest on least of this step in the same as a seents of the same as a	apply to challar and a see to my unit the second of the challar and the second of the second o	the Trus the Trus f a min the Trus the	nor stees of thereby ment.  All of the stees

Sl. No

Advisor ARN				Representative EUI	N		
Sub-broker ARN				Sub-broker/Branch	Code		
I/We hereby confirm that the EUIN box hadvice of in-appropriateness, if any, provided by	nas been intentionally lef by the employee/relation	it blank by me/us as this is a nship manager/sales person of	n "execution-only" transa f the distributor and the c	ction without any interaction or distributor has not charged any ac		investor's assessment of various factors including service employee/relationship manager/sales person of the above this transaction".	
Signature: First Holder/Sole applicant			Thir	rd Holder			
Transaction Charges	\ \ \	/					
Applicable for transactions ro	outed through dis	stributors/agents/bro	okers who have op	ted to receive transaction	on charges	. For an existing mutual funds investor R	s.100 will be deducted
Existing Unitholder I	nformation						
Name of Sole / First Account				ne)	Account		
Please read Product labe	eling details av	vailable on cover	page of SID ar	nd KIM and instruc	ctions be	fore filling this Form.	
Redemption							
						m my/our Franklin Templeton units as	per following details.
Amount (in figures)		Amount (in v	words)				
Units (in figures)		Units (in word	s)			Please fill any one i.e. either An	nount or number of Units.
Switch							
(Source Scheme)							
Scheme Name	Plan	Opt	ion A	Account No			
Please transfer	units or Rs.	to (I	Destination sc	heme name)		Others Specify	estination Scheme
Account No (if available	:)		P	lan/Option		Others Specify	
Systematic Investme	nt Plan (SIP	) through PDC	Application for	Normal SIP □ Mic	ro SIP 🗆	(For Micro SIP, Please provide required J	proof /documentation)
Scheme		Plan	C	ption		Account No.	
						·ly Amount	
						ToNo	
Cheque No(s) From	т	io	No. of Chear	100		10 110	. or oneques
D	*		_ 140. or Chequ		1 1	City	1
Drawn on bank / branch	Miana SID (Dla			of identification de		as mentioned in the instructions)	
						Document Identification No	
						ate documentation or if the existing aggrega	
together with this proposed SIP is	nstalments exceeds	Rs.50,000/- in a year, th	e Micro SIP registrat	ion may be cancelled for fu	ture instalm	nents and no refund may be made for the units al	ready allotted.
Systematic Transfer	Plan (STP)						
(Source Scheme)							
Scheme Name	Plan	Opt	ion A	ccount No			
Please transfer □ Fixed	Amount Rs		OR	☐ Capital Appre	ciation to	o (Destination scheme name)	
				Plan/Op	otion	Others Specify	
Frequency Daily V				r i n'ir	,	(11)	/ /11/ / >
		y/Quarterly Specify	y date	Enrolment Period Fr	om /_	/ (dd/mm/yy)To/	/ (dd/mm/yy)
Dividend Transfer Pl							
Scheme Name							
I/We would like to trans	fer Dividend t	to the following: 1	□ New Scheme	e Name/Plan/Optio	on 🗆 Exi	isting Account No., if any in this s	scheme
	151 /614	(T)					
Systematic Withdraw	val Plan (SW	/P)					
Scheme Name			ion A				
Frequency   Monthly	□ Quarterly [	☐ Fixed Amount	Rs	OR □ Capi	tal Appre	eciation	
			le for fixed am	ount), Enrolment P	eriod Fro	om/ (mm/yy) To/_	(mm/yy)
Franklin Templeton '	Easy' Servic	es					
1. Franklin Templeton Ea	asy e-Update:	Receive account	statements, anr	nual reports and oth	er inforr	nation instantly by Email *	
Email Address:	<u> </u>						
☐ I / We wish to receiv	e the above by	v email; □ I / We	do not wish to	receive the above b	y email		
2. Franklin Templeton Eas	y Web: Access	your account and	transact online.	Register online for	Easy web	by visiting our website www.frankl	intempletonindia.com
3. Franklin Templeton Ea	asy Call: Just o	call 1800 425 425	5 or 6000 4255	to access your acco	unt usin	g TPI 🛘 🗆 Yes, I would like to re	eceive my TPIN
4. Franklin Templeton Ea	asy Mobile: G	et instant SMS ale	erts to confirm	your transactions *	Mobile	e Number	
I/We wish to register fo					,		1 1 0370 1 111
* Note: Where the investor has not opted for	any option or has opted	for both options, the applicat	tion will be processed as p	er the default option, i.e., receive	the account sta	tement, annual report and other correspondence by E-mail	and receive SMS updates on mobile.
Declaration							
Having read and understood the conte	ents of the Statement	of Additional Information,	Scheme Information I	Occument of the Fund, the Ke	y Information	n Memorandum and the Addenda issued till date, I/w	e hereby apply to the Trustees of
declare that the particulars given above * I / We confirm that I am / we are No	are correct and comple	ete. I/We confirm that the fu	nds invested legally belo / Qualified Foreign In	ong to me/us and that I/we have	not received	nor been induced by any rebate or gifts, directly or indi n the meaning of Regulation (S) under the United S	rectly in making this investment.
defined by the U.S. Commodity Futu my/our monies in my/our domestic acc	ures Trading Commis count maintained in ac	sion, as amended from time cordance with applicable RI	ne to time or residents of BI guidelines.	of Canada, and I / we hereby f	urther confirm	n that the monies are remitted from abroad through ap	proved banking channels or from
I/We hereby declare that all the particul particulars being false, incorrect or inco	lars given herein are tru omplete. I hereby under	ue, correct and complete to take to promptly inform th	the best of my/our kno he mutual fund of any cl	wledge and belief. I further agre nanges to the information prov	e not to hold ided hereinabo	Franklin Templeton Investments liable for any conseq ove and agree and accept that the Mutual Funds, their	uences in case of any of the above authorised agents, representatives,
distributors ('the Authorised Parties') ai delay in intimating such changes. I here	re not liable or respons eby authorize the muti	able for any losses, costs, dar ual fund to disclose, share, r	nages arising out of any emit in any form, mode	or manner, all / any of the info	performed by rmation provi	y them on the basis of the information provided by me ided by me to Authorised Parties including Financial Ii	as also due to my not intimating / ntelligence unit-India (FIU-IND)
Parties, in connection with this applicati	inomiation as and whe	retood the terms 1	ditions for LIDIN	ig me/us of the same. I hereby	agree to provi	In Memorandum and the Addenda issued till date, I/vs of the Fund and the SIP/STP/DTP/SWP as on the da now the Fund and the SIP/STP/DTP/SWP as on the da now the meaning of Regulation (5) under the United S to that the moines are remitted from abroad through a Franklin Templeton Investments liable for any conseque and agree and accept that the Mutual Funds, their them on the basis of the information provided by me ded by me to Authorised Parties including Financial It ided any additional information / documentation that mervices and agree not to hold Franklin Templeton Investments agree and condervices and agree not to hold Franklin Templeton Investmenting Schemes of various Mutual Funds from amoposed SIP will result in aggregate investments exceed	litions as posted on the multi-
www.franklintempletonindia.com. I/ We relating to the use of HPIN/TPIN/Fr	e agree and shall abide mail services facility	by the norms, terms and c	onditions for HPIN usag	age and online transactions/ TI	PIN/ Email se	rvices and agree not to hold Franklin Templeton Inves	tments responsible for any action
The ARN holder has disclosed to me recommended to me/us.	e/us all the commission	ns (in the form of trail cor	nmission or any other	mode), payable to him for the	e different cor	mpeting Schemes of various Mutual Funds from amo	ongst which the Scheme is being
I/We confirm that I/we do not have an	ny other existing System e Franklin Templeton	matic Investment Plan (SIP) Mutual Fund processes the	) with Franklin Templet first Micro SIP installm	on Mutual Fund which togethe	er with this pr	oposed SIP will result in aggregate investments exceed to be incomplete in any respect or not supported by ed for future installments and no refund shall be made f	ting Rs.50,000/- in a year. Further, adequate documentation or if the
existing aggregate investment installmen	nts together with this p	proposed SIP installments ex	ceeds Rs.50,000/- in a y	ear, the Micro SIP registration	will be cancelle	ed for future installments and no refund shall be made f	or the units already allotted.
Sole/First Holder/Guardian			Second Holder			Third Holder	
Date:			occond Holdel	2			pplicable to Non Resident Investors
				_		**1	1

Name of Sole / First Account holder (Leave space between f	irst/middle/last name)	Account No.	
Name of 30te / 11st Account notice (Leave space between 1	ist/initute/last name)	Customer Folio No	D.
(now Your Customer (KYC)			
KYC Compliance is mandatory for all investors irrespective of a pe rejected. If you have already provided a MIN/KYC acknowle			vestments without valid KYC may
roof of KYC enclosed: 🗆 1st Holder 🗆 2nd Hold		☐ POA Holder	
AN Details - (Mandatory for all Investors regardless of mo		cluding joint holders, guardians in case of	minors, PoA holders and NRIs)
Please Provide your PAN details if you have not registered th Sole/First Applicant/Guardian PAN	em before Second Applicant	Third Applicant	PoA Holder
			☐ Copy of PAN Card/KYC ack.
Mandatory Enclosures: PAN card copy or copy of KYC ack Change of Address	lowledgment. Transactions not includin	g these mandatory enclosures may be r	ejected
New Address			
New Address			
Sity			
tate			Pin
Addition of Bank Account (Mandatory - For new in	vestors) - For payment through electron	ic mode, please attach a cancelled chequ	ie leaf or a copy of the cheque.
cheme Account No			☐ All Scheme
Bank Account Number (Please provide the full Accoun	t Number)		
Account type 🗆 Savings 🗆 Current 🗆 NRO 🗆 NRE		□ R <sub>€</sub>	patriable 🗌 Non Repatriable
	Tame	City	Pin
	*MICR code		
	MICK code	INETT Code	
Occument attached (Any one)			11 1 1
Cancelled Cheque with name of 1st unit holder pre-	printed   Bank Statement and can	celled cheque	ancelled 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 y	our default bank account. All future Redempti	on and Dividends payments will be mad
nto this bank account only, for more information please refer the "Regis	tration of bank mandate" instruction. * For more	details on RTGS/NEFT/MICR codes, please	refer detailed instructions in the KIM
Please provide a cancelled, signed cheque of the bank account you wish	o register. The registered bank will be the default	bank and all redemptions / dividends proceed	s will be processed into default bank onl
through electronic payment facility. I/We DO NOT wish to avail Elect	ronic Payment Facility (Please tick) 🗌 Please v	erify and ensure the accuracy of the bank deta	ils provided above and as shown in you
account statement. Franklin Templeton cannot be held responsible for de	elays or errors in processing your request if the inf	formation provided is incomplete or inaccurate	-
Nomination Details (To be signed by all the joint holders irrespe	ctive of the mode of holdings. In case of more than or	ne nominee, please submit a separate form available	with any of our ISCs or on our website).
Nominee Name & Address			
Guardian name & address (if nominee is a minor)			
Nominee Date of Birth DD   MM   YYYY	(mandatory for	r minor).	
Proof of minor DOB submitted. Signature of Invest	or(s)		
signature of Nominee / Guardian (Optional)			
Witness Name and Address			_
withess I value and Address			
7.7		ignature of Witness	
☐ I/We do not wish to nominate any person for my inv	restments. Signature of Investor(s)		
Note: Nomination cannot be registered in Folios/Acco	unts held in the name of a minor.		
Declaration			
We have read and understood the contents of the Statement to Addendum(s) issued from time to time and the Key Infor			
ole/First Holder/Guardian	Second Holder	Third Holder	
Date:			Applicable to Non Resident Investor
			**
	Acknowledgement Slip (To be filled in by t		
stomer Folio	Date		
eived from			
dditional Durchase or CID. Total Amount (Da)	Total Cheana(a)	Chaqua No (s)	Service Centre
Additional Purchase or SIP: Total Amount (Rs.)		_ Cheque No.(s)	Service Centre Signature & Stamp
Additional Purchase or   SIP: Total Amount (Rs.)  Redemption or   Switch: Amount (Rs.)  SWP   STP   DTP   Change of Bank Account   Nominat	OR Units		

