

TEMPLETON	(Please		UN FURM FUR N etails available on cover page a	EW INVESIORS and instructions before filling this Form	m)
Advisor ARN / RIA Code/ Portfolio Manager's Registration No. ARN-257030 Sub-broker ARN	Sub-broker/Branch Code  Representative EUIN	The upfront commission on investmen investor's assessment of various factor confirm that the EUIN box has been in manager/sales person of the above of manager/sales person of the distributor my/our consent to share/provide the tyou, to the SEBI-Registered Investment	t made by the investor, if any, shall be paid to the sincluding service rendered by the ARN Holder. At tentionally left blank by me/us as this transic listributor/sub broker or notwithstanding the r/sub broker, "Applicable only if RIA Code/ Por ransactions data feed/portfolio holdings/ NAV et Adviser/SEBI Registered Portfolio Manager who	ARN Holder (AMFI registered distributor) directly by the in Applicable only if ARN is mentioned but EUIN box is left bo nis executed without any interaction or advice by the emp advice of in-appropriateness, if any, provided by the emr tfolio Manager's Registration Number is mentioned: "I/ c. in respect of my/our investments under Direct Plan of all Sc secode is mentioned herein."	vestor, based on lank: "I/We here ployee/relations! ployee/relations! We hereby give y chemes managed
	E 479794				
For office use only		Sole / First Unit Holder	r Second Unit H	Holder Third Unit Holde	er
	instructions and tick the appropriate tual funds (Rs.150 will be deducted)	· · · · · ·	ions routed through distributors/agen xisting mutual funds investor (Rs.1	ts/brokers who have opted to receive transactio 00 will be deducted).	n charges.
<b>©</b> EXISTING UNITHOLDER	S' FOLIO NUMBER (Please refe	er Instruction No. 1 on page 7	y) MY FOLIO NUMBER		
MY DETAILS (To be filled in	n Block Letters. Please provide the	e following details in full; Plea	ase refer instructions)	DAY (DAY DAY OF A A A A A A A A A A A A A A A A A A	
My Name Should match with PAN care	d and preferably attach a co	opy of PAN card		PAN/PEKRN (1st Applicant)	KY0
Date of Birth/Incorporation*		Gender Male Fem	ale Others		
Guardian's Name (if minor*)/POA	/Contact Person	dender Franc Fem	others	PAN/PEKRN (Guardian/POA)	KY
Should match with PAN care	d and preferably attach a co	ppy of PAN card			
On behalf of Minor" (* Attach Mandatory Documents as per i	,	D D / M M / Y	Proof attached *	Guardian named is:  Father Mother Court Appoin	nted
*DOB is a mandatory field. #Minor inves  Solution   Policia   Poli		account where the minor is one of i	the holders or from the Parent/legal guard Mode of Operation :		r(s) [Default
2nd Applicant Name			<u> </u>	PAN/PEKRN (2nd Applicant)	КУС
Should match with PAN care	d and preferably attach a co	ppy of PAN card			
Date of Birth DDD/MD3rd Applicant Name	M / Y Y			PAN/PEKRN (3rd Applicant)	
Should match with PAN car	d and preferably attach a co	ppy of PAN card			
Date of Birth     D     D     M     I       * DOB is a mandatory field.	M   /   Y   Y				
MY CONTACT DETAILS (A	As per KYC records. To be filled in	Block Letters) NRI Investors	should mention their Overseas add	lress (Refer instructions).	
Email ID (in capital)				Address Type (Manda	• •
Mobile +91		Tel (STD Code)		a. Residential & Busi  b. Residential	ness
Email ID and Mobile number should perta  Address	ain to firstholder only			c. Business	
				d. Registered Office	
Landmark					
City		Pin Code (Mandatory)	State		
I wish to receive Scheme Annual F	·			1.1	
I declare that Mobile Number in the	<i>,</i> — ,		per and contribute towards a green  Dependent Children Dependent	dent Siblings	
Dependent Parents Guar		<u></u>	age of these contact details for any	· ·	
I declare that Email address provi	— — ° `		ouse Dependent Children age of these contact details for any	Dependent Siblings communication with FTMF.	
MY INVESTMENT DETAIL	<b>LS</b> (Cheque/DD should be in favour	of "Scheme Name". Default plan	n/Option will be applied incase of no i	information, ambiguity or discrepancy)	
Full Scheme/	Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch	
Scheme Name:		P.c.	Cheque/DD No.	Name/Branch:	
Lumpsum   SIP   Plan:   Regular   Direct		Rs. Less DD	Funds	Name/Branch.	
Option: Growth Payout of	IDCW Reinvestment of IDCW	charges	RTGS NEFT transfer	A/c no.	
Scheme Name:					
Lumpsum SIP		Rs.	Cheque/DD No.	Name/Branch:	
Plan: Regular Direct Option: Growth Payout of	IDCW Reinvestment of IDCW	Less DD charges	RTGS NEFT Funds transfer	A/c no.	
Scheme Name:				11/01101	
Lumpsum SIP		Rs.	Cheque/DD No.	Name/Branch:	
Plan: Regular Direct	_	Less DD	RTGS NEFT Funds		
Option: Growth Payout of	IDCW Reinvestment of IDCW	charges	transfer	A/c no.	
Payment through NACH (Attac IF YOU OPT TO START SIP'S, TH If left blank 100 SIP Date: D D considered as t for monthly and SIP Period Start Date m m	E BELOW MENTIONED DETAILS th will be the default date d quarterly  Refer Page 2'	WILL BE APPLICABLE FOR Frequency Daily \$	yment Rejection, if applicable:  ALL THE SIP'S.	dditional SIP Details	eclarations
Step-up my SIP annually by: Increase in		of 5%) (Amount invested w	or Increase in Rupe	e Value: (in multiples of Rs. 50	00)

BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)
My Bank Name
Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others
Branch Address
City Pin IFSC code: (11 digit)
g additional information
SECOND APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation
I wish to receive Scheme Annual Report and Abridged Summary:  Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
THIRD APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation
I wish to receive Scheme Annual Report and Abridged Summary:  Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
GUARDIAN OR POA APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
TAX STATUS (Mandatory, Please tick)  Residential Individual  NRI-Repatriation  NRI-Non Repatriation
TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation  I wish to receive Scheme Annual Report and Abridged Summary:
Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)  I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.
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 Client Master List OR DP statement

Resident Individual	KNOW YOUR CUST	OMER (KYC)	<b>DETAILS</b> (Pleas	e Tick/ Specify.	The application is	liable to get rejecte	d if detai	ils not filled.)			
Note   Debugstrached   Note	Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation deta	ails for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Conversament Service	Resident Individual					Private Sector					
Minor (from Experimentally						Public Sector					
Policy   Properties	Minor (Repatriable) /					Government Serv	vice				
Minor through Gardina	Minor (Non-Repatriable) / PIO / OCI					Business					
Company (Body   Carperate   Partnership   Hole	Sole Proprietorship		-	-	-	Professional					
HIFF   AnoP   ERFETFIFF   Housespecify	Minor through Guardian		-	-	-	Agriculturist					
Company   Company replaced in Company replac				ate	ship	Retired					
Wear of falling under "Non-Profit Organization" (NPQ) which has been constituted for religious or chartering burghose referred to in clause (15) of section 2 of the Income tax Act the Societies Registration Act (2013).   The Societies Act of the Income tax Act the Societies Registration and Company registered under the section 6 of the Companison Act, 2013 (16) (16) (2013).   The Societies Act of the POP Registration and act of the POP Registration and Company with the Societies Registration Act (2013).   The Societies Re			_	FPI		Housewife					
bas heen constituted for religious or charitable process Act the component of the component of the following of the following of the Scientise Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company register dument here excised to the Companies Act, 2013 (18 of 2013)  If yes, phone quite the NPR objectation in Number provided by DARPAN portal.  (If the straight of the companies Act, 2013 (18 of 2013)  If yes, phone quite the NPR objectation in Number provided by DARPAN portal.  (If the straight of the companies Act, 2013 (18 of 2013)  If yes, phone quite the NPR objectation in Number provided by DARPAN portal.  (If the straight of the companies Act, 2013 (18 of 2013)  If yes, phone quite the NPR object and the companies of the stands portal and phone reports the relevant and provided by DARPAN portal.  (If the straight of the companies Act, 2013 (18 of 2013)  If yes, phone quite the NPR object and the stands provided by DARPAN portal.  (If the straight of the stands of the stands provided by DARPAN portal.  (If the stands of the stands of the stands of the stands provided by DARPAN portal.  (If the stands of the stands o		_	-	- fit 0iti	" [NIDO]l-:-l-	Student					
bon Individual  State legislation or a Cimpure registered under the action in Gallacian and State legislation or a Cimpure registered under the action in Gallacian and State legislation or a Cimpure registered under the action in Gallacian and State legislation or a Cimpure registered under the action in Gallacian (1) (Fitter originated almost, placear engates immediately and comfirms with the applicated almost, placear engates immediately and comfirms with the application (1) (Fitter originated almost, placear engates immediately and comfirms with the application). At the composition of the state of the stat		We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act,									
Yes   No   If yes, places quote the NPO Registration Number provided by JARPAN portal.   OARPAN portal.	Non Individual	the Societies I	Registration Act, 1	.860 (21 of 1860	) or any similar	Politically Expos	sed Pers	on (PEP) detail	s: Is a PEP	Related to PEP	Not Applicable
DARPAS potential (If the respected phease register immediately and confirm with the death, kP / AMY/ R will be required to register your entity on the sold parted and/or report to the relevant autorities an agricultural.  Others (Please specify)  Others (Please specify)  Others (Please specify)  From the sold parted and/or report to the relevant autorities an agricultural.  Authorised Signatories  Partners  Partners  Partners  Partners  Partners  Whole-time Directors/Turstee  OR Networth in Re. Or Netw			es Act, 2013 (18 of	2013).		1 <sup>st</sup> Applicant					
Closers (Please specify)		If yes, please		gistration Numb	er provided by	2 <sup>nd</sup> Applicant					
Others (Please specify)  Define the state of the selection of the selection of the state of the stat		(If not registered	d already, please regi on. In absence of rec	eipt of the Darpan r	ortal reaistration	3 <sup>rd</sup> Applicant					
Cross Annual Income Range (in Rs.)   Below 1 lac		details, MF / AM	IC/ RTA will be requi	red to register your	entity on the said						
Partners	Others (Please specify)						itories				
Below 1 lac		(1 P.)									
1.5-Stac											
S-10 lac							ctors/Tu	ırstee			
10-25 lac						Whole time Biret					
25 lac-1 cr											
5-10 cr											
> 10 cr											
Reservent in Rs. [Mandatory for Non individual (not older than 1 year)]  Details  Sole/ 1st Applicant  Details  Sole/ 1st Applicant  Place & Country of Birth  Nationality  Father's Name  Are you a tax resident of any country other than India?  Country of Tax Residency#  Identification Type [TIN or other, please specify]  Tax Identification Number  Reserved  Are you a tax In Place & Country of Tax Residency#  Identification Number  Reserved  R	5 - 10 cr										
Mandatory for Non individual (not older than 1 year)  Details  Sole/1st Applicant  Details  Sole/1st Applicant  Are you a tax resident of any country of Tax Residency#  Country of Tax Residency#  Identification Type [TIN or other, please specify]  Tax Identification Number	> 10 cr										
Details Sole/1st Applicant 2nd Applicant 3rd Applicant Guardian/POA  Place & Country of Birth  Nationality  Father's Name  Are you a tax resident of any country other than India?  Country of Tax Residency#  Identification Type [TiN or other, please specify]  Tax Identification Number  Sole/1st Applicant 2nd Applicant 3rd Applicant 3rd Applicant Guardian/POA  Father's Name  If Yes Mandatory to fill below FATCA / CRS Details  Father's Name  If Yes Mandatory to fill below FATCA / CRS Details  Tax Identification Number	(Mandatory for Non Individual) (not older										
Place & Country of Birth  Nationality  Father's Name  Are you a tax resident of any country other than India?  Country of Tax Residency#  Identification Type [TIN or other, please specify]  Tax Identification Number	FATCA/CRS/UBO D	ETAILS: For Ir	ndividuals (Man	datory). Non Ir	ndividual Investo	ors including HUF	should	mandatorily fil	l separate FA	ΓCA/CRS/UBO α	details form
Place & Country of Birth  Nationality  Father's Name  Are you a tax resident of any country other than India?  Country of Tax Residency#  Identification Type [TIN or other, please specify]  Tax Identification Number	Deteile		Solo / 1st Ann	licant	2nd An	alicant		2rd Applicant		Cuardia	2/POA
Nationality  Father's Name  Are you a tax resident of any country other than India?  Country of Tax Residency#  Identification Type [TIN or other, please specify]  Tax Identification Number			- 30ic/ 13t/прр	ireant	Ziiu ripj	pireant		314 Applicant		Guardiai	
Father's Name  Are you a tax resident of any country other than India?  Country of Tax Residency#  Identification Type [TIN or other, please specify]  Tax Identification Number	-										
Are you a tax resident of any country other than India?    Yes											
Are you'd tax resident of any country other than India?  If Yes: Mandatory to fill below FATCA / CRS Details  Country of Tax Residency#  Identification Type [TIN or other, please specify]  Tax Identification Number				7.,				<b></b>			
Identification Type [TIN or other, please specify]  Tax Identification Number		ny	Yes	No					No	Yes	No
[TIN or other, please specify]  Tax Identification Number	Country of Tax Residency#	ŧ									
		fy]									
	Tax Identification Number										
# To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax identification is not available, kindly provide its functional equivalent.  Sl. No.											

\_Pin\_

Date\_

Payment Details

Cheque/DD No.

Cheque/DD No.

Received from

Plan/Option

Amount

Amount

Bank and Branch details\_

Bank and Branch details

<b>☞ NOMINATION DETAILS</b>							
				(s) more particularly described hereun		nits held my/our folio	(s) listed below in th
	PAN of the Nominee Guardian PAN to be quoted if u	e by me / us pre	Date of Birth*	Name and address  of Guardian*	Signature of Nominee / Guardian [Optional]	Guardian's Relationship with Nominee*	Allocation % to each nominee [Mandatory] (Aggregate should be 100%]
			DDMMYYYY			□ Mother □ Father □ Legal Guardian	
			DDMMYYYY			☐ Mother ☐ Father ☐ Legal Guardian	
			DDMMYYYY			☐ Mother ☐ Father ☐ Legal Guardian	
aving read and understood the contents of emorandum (KIM), the Addenda issued thrustee Services Pvt. Ltd., Trustees to the schocuments. Notwithstanding the generality nada (ii) I /we am/are not a 'US Person' an ATCA/CRS) and UBO details mentioned ab hemes of various mutual funds falling in the vestment and are not in contravention or early managerial persons (collectively referred heme Documents and for any consequence voided by me/us as also due to my/our not formation provided by me/us, including all presentatives or distributors or any other bligation of advising / informing me/us of the	of the Statement of Addience in till date (togethenemes of FTMF for units of the aforesaid under ind are not applying for I ove are true and correct in category of scheme (vasion of any applicable d as Franklin Templetones in case of any of the tot intimating / delay in ill changes, updates to suparties located in India he same. I/ We hereby a series in till whereby a series in the same. I/ We hereby a series in the same and the same a series in the ser	r referred as Scs of scheme(s) of scheme(s) of taking, I/We he Juits on behalf of t and (v) the AF as) being recomme laws. I/We furn) harmless aga above particul untimating suchuch information or outside Indagree to keep th	theme Documents) at of FTMF as indicated a reby confirm that (i) of any 'US Person' (iii) kN holder has disclose mended to me/us an- ther agree to hold FT inst any losses, costs, ars being false, incorr changes. I/We hereby as and when provide ia or any Indian or for the information provide	n Templeton Mutual Fund (FTMF), rend after evaluating and acknowledging above, and agree to abide by all applica. I am/ we are not residents of Canada the money used for investment is my/dd the details of commissions (in the fo d I / we have not received nor been in MF, Franklin Resources Inc. its subsidia damages arising out of any actions unrect or incomplete or for the activities a authorise Franklin Templeton to use, de by me/ us alongwith the details of in reign governmental, statutory, regulated to Franklin Templeton updated and	the risk factors, I / ible laws and the ter and am/ are not ap our own and from le rm of trail commissi duced by any rebatury and associate ent dertaken or activitie performed by them disclose, share, remit nvestment made by ory, administrative c to provide any addit	we hereby apply to ms and conditions m pplying for Units on begittimate sources (iv) on or any other mode e or gifts, directly or it ities including their ets performed by them in good faith or on time and the performed by them in good faith or on time and form, mode or me/us, to any of its agor judicial authorities tional information / d	the Franklin Templ entioned in the Sch ehalf of any reside! the tax residency st el), offered by compendirectly in making mployees, directors in accordance with the basis of informs of the service provides agencies without ocumentation that
required by Franklin Templeton, in conne mber, I hereby authorize Franklin Temple sturb (DND) registry of TRAL I have opted neline to effect such modification. I acknow	eton Asset Managemen to receive updates from	t (India) Pvt. Li Franklin Temp	td or any of its autho leton via SMS and Wh	rised representative to call on my reg atsApp. I am aware about the option to	istered mobile num	ber irrespective of its	registration in Do
Sole / First Unit Holde	r	L	Second Un	it Holder		Third Unit Holder	
Sole / First Unit Holde  Sole / First Unit Holde  1800 425 4255 or 1800 258 4255 (from 8 a Quick Name, Address are corre	nr m to 9 pm, Monday to Saturda	y)	Second Un Second Un  Service@fran			Third Unit Holder Third Unit Holder	
Quick Checklist Email ID / Mobile numbe KYC information provide FATCA/CRS details provi Corporate Documents/	er are mentioned alon ed for each applicant ided for each applican	Ü	ntion.  Pay-In ba Nominati Form is si	ne name, plan, option is mentioned nk details and supportings are atta on facility opted igned by all applicants elationship with minor	ched is not  Demai  Non Ir	onal documents pro pre-printed on payind Draft is used. Individual investors of FCA Details and Dec O Declaration Form	nent cheque o should attach laration Form





# **SIP THROUGH NACH FORM**

TEMPLETON	•	,	and Transaction)
Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	ch Code Sub-broker ARN	Representative EUIN	For office use only
ARN-257030		E 479794	
MY DETAILS (To be filled in Block Letters. Please p	provide the following details in full; Please refer in	structions)	
My Name			
My Folio Number	Scheme (Account Number)		
SIP DETAILS (Please note that 30 Business days are	required to set up the Auto debit. Default plan/Optio	n will be applied incase of no informatio	on, ambiguity or discrepancy)
Scheme Name/Plan/Option			
Each SIP amount (minimum Rs. 500 for other than daily frequency )	SIP Date: D	[] (If left blank 10th will be considered	d as the default date for monthly and quarterly)
SIP Period Start Date M M / Y Y Y Y En	nd Date M M / Y Y Y Y		
\$ Refer Page 27 for T & C	eekly <sup>s</sup> MON TUE WED THU FRI	First SIP Cheque Date:	Cheque No.
Drawn on Bank/Branch			
Step-up my SIP annually by:   Increase in %:	(in multiples of 5%) (Amount invested	will be rounded off to the nearest F	Rs. 100)
or Increase in Rupee Volume Tick here, if an Open Mandate - Auto Debit Form (A		pention in space provided below th	e Rank Name and Account Numbers
Bank Name	Account No.	lendon in space provided below th	C Dank Ivalic and Account Number:
Tick here if attaching a New Auto Debit Form.  DECLARATION & SIGNATURES (To be signed as	Change in Bank for Existing SIP.	n.	DI
☐ Tick here only if ARN is mentioned but EUIN box is left blai	<u> </u>	Datententionally left blank by me/us as this tra	Place
respect of my/our investments under Direct Plan of all Schemes n Having read and understood the contents of the Statement of Additional In- Franklin Templeton Mutual Fund for registration of any of the aforesaid fas statutory or judicial or regulatory authorities/ agencies and the terms, condi that I/we have not received nor been induced by any rebate or gifts, directly complete tothe best of my/our knowledge and belief and will promptly infor the Mutual Funds, their authorised agents, representatives, distributors its out of any actions undertaken or as a result of this investment or activities I disclose, share, remit in any form, mode or manner, all / any of the inforn Intelligence unit-India (FIU-IND) without any obligation of advising me/us of	Information, Scheme Information Document of the Fund, the Kicility, and agree to abide by any Act, Rules, Regulations, Notificitions, rules and regulations of the Fund and the aforesaid facility or indirectly in making this investment and are not in contravent mr FTI about any changes thereto. I/ we hereby agree to provide sponsor, AMC, trustees, their employees, service providers, repreperformed by them on the basis of the information provided by mation provided by me to Authorised Parties including any of fitnesame.	ey Information Memorandum and the Addendations, Directions, Guidelines, Orders or instructies) as on the date ofthis application. I/We confion or evasion of any laws in force. I/We declare any additional information/documentation tha resentatives ("the Authorised Parties") are not liame as also due to my not intimating / delay in	a issued till date, I/we hereby apply to the Trustees of tions issued by any Indian or foreign governmental or irm that the funds invested legally belong to me/us and that all the particulars given herein are true, correct and may be required by FTI. I hereby agree and accept that ole or responsible for any losses, costs,damages arising intimating such changes. I authorize the mutualfund to ry or judicialauthorities / agencies including Financial
Sole / First Unit Holder	Second Unit Holder		Third Unit Holder
FRANKLIN TEMPLETON UMRN F	SIP Auto Debit F           r         o         f         i         c         e         u         s	orm	ADF
Sponsor Bank Code	For Office Use <b>Uti</b>	lity Code F	or Office Use
Tick (\sqrt{)}			
CREATE / I/We hereby authorize	Franklin Templeton Mutual Fund	to debit (tick √)	SB CA CC SB-NRE SB-NRO Other
MODIFY X	Franklin Templeton Mutual Fund	to debit (tick \( \sigma \)	SB CA CC SB-NRE SB-NRO Other 4
MODIFY X CANCEL X Bank a/c number			4
MODIFY X CANCEL X Bank a/c number  with Bank Bank Name	Franklin Templeton Mutual Fund  5 IFSC	to debit (tick 1)	4
MODIFY X CANCEL X Bank a/c number  with Bank Bank Name  an amount of Rupees	IFSC 8	or MICR	7
MODIFY X CANCEL X  Bank a/c number  with Bank  Bank Name  an amount of Rupees  FREQUENCY Mthly Qtly H-Yrly	Yrly As & when presented	or MICR	4
MODIFY X CANCEL X  Bank a/c number  with Bank  Bank Name  an amount of Rupees  FREQUENCY Mthly Qtly H-Yrly  Reference 1  Folio Number	Y Yrly As & when presented  Phone No.	or MICR	wmount ✓ Maximum Amount
MODIFY X CANCEL X  Bank a/c number  with Bank  Bank Name  an amount of Rupees  FREQUENCY Mthly Qtly H-Yrly  Reference 1  Reference 2  Application Number  Max	y Yrly As & when presented  10 Phone No.  11 Email ID	DEBIT TYPE Fixed A	√ Maximum Amount  12  12  12  13
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MODIFY X CANCEL X  Bank a/c number  with Bank  Bank Name  an amount of Rupees  FREQUENCY Mthly Qtly H-Yrly  Reference 1  Reference 2  Application Number  PERIOD  From  14 I agr char	Yrly As & when presented  Phone No.  In Email ID  Timum period of validity of this manuare for the debit of mandate processing charges by reges of the bank.  Signature Primary Account holder  Name as in Bank records  2.	DEBIT TYPE Fixed A  date is 40 years only. the bank whom I am authorizing to designature of Account holder  Name as in Bank records  3	mount Maximum Amount    Maximum Amount   12   12   13   13   13   13   13   13
MODIFY X CANCEL X  Bank a/c number  with Bank  Bank Name  an amount of Rupees  FREQUENCY Mthly Qtly H-Yrly  Reference 1  Reference 2  Application Number  PERIOD  From  14 I agr  char  To	Yrly As & when presented    10   Phone No.	DEBIT TYPE Fixed A  date is 40 years only. the bank whom I am authorizing to de ignature of Account holder Name as in Bank records tribe bank where I have authorized the debit	mount Maximum Amount    Maximum Amount   12   12   13   13   13   13   13   13
MODIFY X CANCEL X  Bank a/c number  with Bank  Bank Name  an amount of Rupees  FREQUENCY Mthly Qtly H-Yrly  Reference 1  Folio Number  Reference 2  Application Number  PERIOD  From  To  This is to confirm that I/we have carefully read, understood an cancel/amend this mandate by appropriately communicating the	Yrly As & when presented    10   Phone No.	DEBIT TYPE Fixed A  date is 40 years only. the bank whom I am authorizing to de ignature of Account holder Name as in Bank records tribe bank where I have authorized the debit	mount Maximum Amount    Maximum Amount   12   12   13   13   13   13   13   13

# SIP Payment through National Automated Clearing House Facility / ACH/ Direct Debit

Conoral T&C

Auto Debit is a facility which enables automatic transfer of funds from the investor's registered bank account to Franklin Templeton Mutual Fund ("FTMF"), as per the chosen frequency. Auto Debit includes NACH, ACH and Direct Debit.

1) This facility is offered to investors having Bank accounts in select banks mentioned in the link below (please refer point 14 in T&C for SIP through Auto Debit). The Banks in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of Franklin Templeton Asset Management (India) Pvt. Ltd. ("AMC"), Franklin Templeton Trustee Services Pvt. Ltd. ("Trustee") or Franklin Templeton Mutual Fund ("FTMF") without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued. 2) The AMC/ Trustee/ FTMF will not liable for any transaction failures due to rejection by the investors bank/branch. 3) The investor agrees to abide by the terms and conditions of NACH facility of NPCI and ACH/Direct Debit facility of Reserve Bank of India (RBI) 4) Investor will not hold AMC/ Trustee/ FTMF and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH/ ACH/ Direct Debit Registration / Cancellation / Rejections, if any. 5) The AMC/ Trustee/ FTMF reserves the right to reverse allotments in case the Auto debit/ ACH/ Direct Debit is rejected by the bank for any reason whatsoever. 6) The AMC/ Trustee/ FTMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the Auto Debit facility of NACH / ACH / Direct Debit and takes full responsibility for the same. 7) The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis. 8) The AMC/Trustee reserves the right to discontinue the SIP in case of Auto Debit through NACH/ACH/ Direct Debit routes are rejected by the investor bank for any reasons. 9) For load details and other terms of issue, please refer to the, Scheme Information Document, Key Information Memorandum and the addendum issued from time to time. 10) The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof. 11) SIP cancellation can be done separately by submitting the request at least 30 Business days in advance; however the associated NACH / Direct Debit / ACH mandate can be retained for future investments. 12) For intimating the change in bank particulars, please use the Auto Debit Form to modify transaction limit or add / remove banks from the NACH / Direct Debit / ACH facility. Also fill-up all the relevant details as applicable. Requests for any changes/ cancellation in the NACH / Direct Debit / ACH Bank Mandate request should be submitted at least 30 Business days in advance. 13) In case of micro SIPs, please provide any one of the following photo identification documents as mentioned below: Voter Identity Card, Driving License, Government / Defense identification card, Passport Photo Ration Card, Photo Debit Card (Crédit card will not be accepted)., Employee ID cards issued by companies registered with Registrar of Companies, Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks., Senior Citizen / Freedom Fighter ID card issued by Government., Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI., Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL)., Any other photo ID card issued by Central Government / State Governments / Municipal authorities / Government organizations like ESIC / EPFO 14) The amount of each SIP instalment should be less than 🛮 1 crore in case of a transaction in FICDF, FIGSF, FISF, FIDHF, FIPEP and FIBPDF. Transaction will be rejected if the installment amount is greater than [] crore 15) Minimum Investments: 12 installments of ₹500/- (or) 6 installments of ₹1000/-. In FILSF 12 installments of ₹2000/- (or) 6 installments of ₹4000/-, in FIDPEF 12 installments of ₹2000/- and in FIGSF 12 installments of ₹10,000/- or 6 installments of ₹20,000/-. 16) If during the tenure of a SIP, the unit holder changes the plan or option in which he/she had invested, the same would be treated as termination of existing SIP and re-registration of a new SIP and all the terms and conditions of the SIP such as minimum term/amount etc. shall apply in both plans/options. 17) The AMC / Trustee/FTMFreserves the right to modify or discontinue the SIP facility at any time in future on a prospective basis. It is clarified that the load applicable for a SIP shall be the load prevailing on the date of registration.

#### T&C for Step Up SIP facility for New SIPs:

1) All the terms applicable to SIP facility shall also apply to Step up SIP. 2) Step-up SIP is applicable only for AMC initiated debit feeds i.e. ACH / NACH/Direct Debit, etc. 3) Investor will need to provide an alternate mandate in case the existing mandate cannot be utilized for the Step Up and the alternate mandate shall be utilized to debit money for all future SIP installments. The existing mandate will still be active and the investor may choose to use the same if required at a later point of time.

#### T&C for SIP through Auto Debit

1) Existing investors must provide their Folio Number / Account number and need to fill up a Common Transaction Form in case the investment is into a new scheme. 2) New investors who wish to enroll for SIP through Auto Debit should also fill up the Common Application form in addition to this form. 3) The SIP through Auto Debit Form, and the Common Application Form (in case of new investors), along with the necessary cheque or copy thereof should be submitted at least 30 Business days in advance of the date of the first Auto Debit. 4) If Auto Debit Form (ADF) is already registered in the folio, SIP Auto debit can start in 5) Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form already registered or submitted, if not registered. 6) Investors are required to ensure adequate funds in their bank account on the date of investment transaction. FTMF will endeavor to debit the investor's bank account on the date of investment transaction, however if thereis any delay all such transactions will be debited subsequently. The AMC/Trustee/FTMF (or any of its associates) shall not be held responsible for any delay/wrong debits on the part of the bank for executing the auto debit instructions on a specified date from the investor's bank account. 7) FTMF or its authorized banker or agent will initiate the registration of the Auto Debit form / debit instructions. 8) Investments made through Auto Debit/ ACH/ Direct Debit/NACH mode are subject to realization of funds from investor bank accounts and the NAV guidelines as per Scheme Information Document(s), Key Information Memorandum and Addenda issued till date will be applicable for the transactions which are connected withrealization of funds. 9) ACH/Direct Debit bank/NACH mandate is applicable only for investments via debit instructions. 10) The payment towards investment can happen only from the bank account of 1st holder and therefore the 1st holder need to be a holder in the bank account. 11) The transactions are liable to rejection incase Investor has Multiple Auto Debit Mandate at folio level and Bank Name & Account number are not mentioned in the request form. 12) The AMC/ Trustee/ FTMF/ Sponsor/ Bank / NPCI are not liable for the bank charges, in case debited from investor's bank account, by the destination bank, on account of payment through NACH/ ACH/ Direct Debit. 13) For further details of the Scheme features like minimum amounts, risk factors etc., investors should, before investment, refer to the Scheme Information Document(s), Key Information Memorandum and Addenda issued till date available free of cost at any of the Investor Service Centers or distributors or from the website www.franklintempletonindia.com. 14) Please contact Franklin Templeton ISC / visit www.franklintempletonindia.com for updated list of banks / branches eligible for ACH/ Direct Debit/NACH Facility 15) The bank branch provided for ACH/Direct Debit should participate in the local MICR clearing. The investor shall inform their Bankers about the ACH/Direct Debit mandate and AMC/Trustee/FTMF will not liable for any transaction failures due to rejection by the investors bank/branch. 16) Only one installment per month/quarter is allowed under one SIP registration. e.g., if for a monthly SIP, the first installment is in the month July, say 2nd July, then the second installment should be in August. 17) Please write the Bank Name in "Full Form" to avoid any ambiguity and rejections E.g., State Bank of India (and not SBI). 18) FTMF reserves the right to determine which payment mode (NACH, ACH or Direct Debit) will be used for each specific transaction. 19) FTMF reserves the right to choose which mandate will be utilized in case an investor has provided multiple mandates for the same bank account. 20) In case the payment isn't processed through NACH within 30 days then same shall be processed through Direct Debit / ACH using my/our below mentioned account 21) For HDFC Bank account holders:

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be on a non-business day as per the Mutual Fund, execution of the SIP will not happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document of the Mutual Fund. HDFC Bank shall not be liable for, non be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, munity, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events or any other cause of peril which is beyond HDFC Bank seasonable control and which has the effect of preventing the performance of the contract by HDFC Bank. I/we acknowledge that no separate intimation will be received from HDFC Bank in case of non-execution of the instructions for any reasons whatsoever.

### Instructions To Fill Auto Debit Form and Terms and Conditions

- Following fields need to be filled mandatorily:-
- Date: In format DD/MM/YYYY. If this is left blank, then the date of receipt of Auto Debit Form will be considered as the default date.
- 2. Select the appropriate checkbox to create, modify or cancel the mandate
- 3. Bank A/c Type: Tick the relevant box
- 4. Fill Bank Account Number
- 5. Fill name of Destination Bank
- IFSC / MICR code: Fill respective code
- 7. Mention amount of mandate
- 8. Select frequency of mandate
- 9. Select whether the mandate amount is fixed value or maximum value
- 10. Reference 1: Mention Folio Number
- 11. Reference 2: Mention Application Number
- 12. Telephone Number (Optional)
- 13. Email ID (Optional)
- Period: Starting and Ending dates should be mandatorily mentioned in the NACH registration (in format DD/MM/YYYY).
- 15. Signature as per bank account
- 16. Name: Mention Holder Name as Per Bank Record
- Auto Debit Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the Auto Debit bank account
  has the adequate funds to honor multiple debits
- Auto Debit Bank Mandate is applicable for both Individual and Non-Individual
- Registration of Multiple Auto Debit forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form Mandate already registered or submitted, if not registered
- For cancelling / updating an Auto Debit mandate. Investor has to use a separate form "Auto Debit Cancellation/

Update Form". Update option is only for updating the "Debit Amount"

- Investors are required to submit "New Auto Debit / ACH Mandate" registration first and only after successful
  registration an existing "Auto Debit Mandate" associated with a SIP can be cancelled.
- Auto Debit Mandate request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list. Please contact Franklin Templeton ISC / visit www.franklintempletonindia.com for updated list of banks eligible for Auto Debit Facility.
- Submitting Auto Debit/ ACH/Direct Debit form does not confirm your investments in FTMF unless supported by SIP Investment Form or Common Transaction forms
- Franklin Templeton will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH Auto Debit/ACH/Direct Debit payments please refer to SID or www.franklintempletonindia.com
- Auto Debit bank mandate is applicable only for investments via debit instructions
- By submitting the Auto Debit mandate the investor authorizes Franklin Templeton to utilize the information provided herein for the purpose of his/her investments in Franklin Templeton Mutual Fund
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents

## The following applications will be considered as 'not in good order' (NIGO) and are liable to be rejected:

- If folio number mentioned in the Fresh / Additional Purchase, SIP Auto Debit form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in Auto Debit registration mandate Form.
- If the folio number mentioned in the Auto Debit mandate registration form does not match with our record, the Auto Debit mandate will not be registered.
- If the SIP period mentioned in SIP via Auto Debit form is beyond the Auto Debit Mandate validity period or Auto Debit validity period expired.
- Incase no frequency has been selected or multiple frequencies are selected
- Incase no debit type has been selected or multiple types are selected
- Incase no SIP end date mentioned will treated as NIGO

### 5 Daily and Weekly SIP highlights:

• Franklin Templeton Mutual Fund will accept a minimum amount and minimum instalments from any SIP investor based on the grid given below. In case of applications for registration of Systematic Investment Plan (SIP), the mode of payment of SIP instalments should be E-NACH or Direct Debit or NACH or any other mode of payment accepted by the AMC from time to time. Post dated cheques will not be accepted.

	Daily SIP	Weekly SIP
Minimum amount	INR 100	INR 500
Minimum installments		
If INR 100 to INR 499	20	NA
INR 500 to INR 999	12	12
INR 1000 and above	6	6

- During the period when SIP remains active, if the unitholder changes the plan or option in which he/she had invested, the same would be treated as termination of existing
  SIP and re-registration of a new SIP and all the terms and conditions of the SIP such as minimum term/amount etc. shall apply in both plans/options.
- The AMC/Trustee reserves the right to discontinue the SIP in case of rejection of Direct Debit/NACH by the bank for any reason.
- The AMC/Trustee reserves the right to modify or discontinue the SIP facility at any time in future on a prospective basis.
- Transaction charges as mentioned in the SID will be applicable for daily, weekly, monthly and quarterly SIP.
- Registration for daily and weekly SIP frequencies will require 7 calendar days.

#### Applicable for Daily SIP:

- 1. Minimum Investment Amount: INR 100 and multiples of INR 1 thereafter. Minimum number of instalments would be based on the slab structure as provided in the grid above.
- 2. Facilities under Freedom SIP would not be available for Daily SIP frequency
- 3. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
- 4. A fixed amount will be invested via SIP only during weekdays\* (Mon, Tue, Wed, Thu, Fri).
- 5. In case the specified date of SIP instalment is a non-business day for the scheme, the respective SIP instalment will be skipped, and subsequent instalment will be processed.
- 6. Available for all Franklin Templeton schemes except for Franklin India Taxshield Fund & Franklin India Pension Plan.
- 7. SIP start date and end date is mandatory

# Applicable for Weekly SIP:

- Available for all Franklin Templeton schemes with a minimum Investment Amount of INR 500 and above with multiples of INR 1 thereafter except for Franklin India
  Taxshield Fund which requires investments in multiples of INR 500. Minimum number of instalments would be based on the slab structure as provided in the grid above.
- 2. Facilities under Freedom SIP would not be available for Weekly SIP frequency.
- 3. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
- 4. In case the specified date of SIP instalment is a non-business day for the scheme, the respective SIP instalment will be skipped, and subsequent instalment will be processed.
- 5. A fixed amount will be invested via SIP on a pre-specified day\* (Mon, Tue, Wed, Thu, Fri to be chosen by the investor) of every week.
- 6. SIP start date and end date is mandatory

All other features pertaining to SIP will be applicable to Daily and Weekly frequencies.