

# Franklin India Feeder - Franklin European Growth Fund

New Fund Offer Opens on: April 25, 2014  
New Fund Offer Closes on: May 09, 2014  
Scheme Re-opens for continuous  
sale and repurchase on: May 19, 2014

SI No. N

**PRODUCT LABEL:** This product is suitable for Investors who are seeking\*:

- Long term capital appreciation • A Fund of Funds investing in an overseas fund having exposure to Europe
- High risk\*\* (Brown)

\*Investors should consult their financial advisors if in doubt about whether the product is suitable for them.

\*\*Please read Product Label instructions before filling this form.

**For Office Use Only**

Application received

Distributor information			
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN
ARN-97821			E113814

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 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."

Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Transaction Charges** (Refer Instruction No. 10 and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

☐ I am a first time investor in mutual funds (Rs.150 will be deducted). ☐ I am an existing mutual funds investor (Rs.100 will be deducted).

**Existing Unitholders** (Please provide the following details in full; Please refer Instruction 1)

First Applicant Name \_\_\_\_\_  
Customer Folio No. \_\_\_\_\_ OR Account No. \_\_\_\_\_

**Unit Holder Information**

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant \_\_\_\_\_

Proof of KYC enclosed\* ☐ Date of Birth# | D | D | M | M | Y | Y | Y | Y |

PAN No. (Mandatory) \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ Gender: ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Company/Body Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP

☐ Sole Proprietorship ☐ Minor through Guardian# ☐ FI ☐ FII/FPI ☐ Others (Please specify) \_\_\_\_\_

Nationality and Country of Residence \_\_\_\_\_

Name of Second Applicant \_\_\_\_\_

Proof of KYC enclosed\* ☐ Date of Birth# | D | D | M | M | Y | Y | Y | Y |

PAN No. (Mandatory) \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ Gender: ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify) \_\_\_\_\_

Nationality and Country of Residence \_\_\_\_\_

Name of Third Applicant \_\_\_\_\_

Proof of KYC enclosed\* ☐ Date of Birth# | D | D | M | M | Y | Y | Y | Y |

PAN No. (Mandatory) \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ Gender: ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify) \_\_\_\_\_

Nationality and Country of Residence \_\_\_\_\_

Name of Guardian \_\_\_\_\_

Proof of KYC enclosed\* ☐ Date of Birth | D | D | M | M | Y | Y | Y | Y |

PAN No. (Mandatory) \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ Proof of Identity & Address ^ Gender: ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify) \_\_\_\_\_

Nationality and Country of Residence \_\_\_\_\_

Relationship with Minor\*\* ☐ Father ☐ Mother ☐ Legal Guardian

(Please specify relationship)

**Acknowledgement**

SI No. N

Received from \_\_\_\_\_ Pin \_\_\_\_\_

Fund Name	Amount Invested	Net Amount Paid	Payment Details
Franklin India Feeder - Franklin European Growth Fund			Cheque/DD No. Bank, Bank A/c No. and Branch
<input type="checkbox"/> Growth Plan	Less DD Charges:		
<input type="checkbox"/> Dividend Plan (with Reinvestment)			
<input type="checkbox"/> Dividend Plan (with Payout Facility)			
<input type="checkbox"/> Growth Plan - Direct			
<input type="checkbox"/> Dividend Plan - Direct (with Reinvestment)			
<input type="checkbox"/> Dividend Plan - Direct (with Payout Facility)			

**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 | Y |

Enclosed\* ☐ Proof of KYC ☐ Proof of Identity & Address^ ☐ PAN Card Copy PAN (Mandatory) | | | | | | | | | |

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify) \_\_\_\_\_ Gender: ☐ Male ☐ Female

^ Allowed only for investments through Micro investment route in lieu of KYC and PAN. \*Please provide copy of the KYC acknowledgement issued by KRA (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment). For investments through Micro investment route, address proof and identity proof is required to be submitted #Date of Birth and Document proof – mandatory for investments through Minors \*\*Please provide following documents for evidencing the relationship:- Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/Account.

**Address** (Mandatory if you have not completed your KYC process via CVL, else the address of the 1st Holder as registered will be automatically updated in our records)

\_\_\_\_\_  
\_\_\_\_\_

City | \_\_\_\_\_ State | \_\_\_\_\_ Country | \_\_\_\_\_ Pincode | | | | | | | |

Overseas Address for NRIs/PIOs | \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City | \_\_\_\_\_ State | \_\_\_\_\_ Country | \_\_\_\_\_ Pin/Zip | \_\_\_\_\_

**Contact Details** (Please provide your contact details even if you have already submitted your KYC acknowledgement)

If the Applicant is Sole Proprietorship Firm, please provide the name of Sole Proprietor. If HUF, please provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.

Name | \_\_\_\_\_

Tel | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
STD Code Office Residence Fax

Email | \_\_\_\_\_ Mobile | \_\_\_\_\_

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

Bank Name | \_\_\_\_\_  
(Do not abbreviate)

Account No. | \_\_\_\_\_ Branch/City | \_\_\_\_\_

Please provide the full account number

Branch | \_\_\_\_\_

Address | \_\_\_\_\_ Pin | | | | | | | |

Account type For Residents ☐ Savings ☐ Current | For Non-Residents ☐ NRO ☐ NRE | ☐ Others \_\_\_\_\_

☐ Repatriable ☐ Non-Repatriable

\*RTGS code | | | | | | | | | | \*NEFT code | | | | | | | | | | \*MICR code | | | | | | | | | |

\*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions on page no. 15.

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.

I/We would like to invest in

Please read Product labeling details available on cover page and instructions before filling 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
Franklin India Feeder - Franklin European Growth Fund <input type="checkbox"/> Growth Plan <input type="checkbox"/> Dividend Plan (with Reinvestment) <input type="checkbox"/> Dividend Plan (with Payout Facility) <input type="checkbox"/> Growth Plan - Direct <input type="checkbox"/> Dividend Plan - Direct (with Reinvestment) <input type="checkbox"/> Dividend Plan - Direct (with Payout Facility)	Less DD Charges:		

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form.

Minimum Investment Rs.5,000/- or any amount in multiples of Rs.1/- thereafter

Default Option: Dividend Reinvestment

**Switch Request**

Scheme Name \_\_\_\_\_ Folio No./Account No. \_\_\_\_\_

Please transfer \_\_\_\_\_ units or Rs. \_\_\_\_\_ to FIF-FEGF - (Plan/Option) \_\_\_\_\_

**Third Party Payment Documents**
☐ Person making payment ☐ Payment by Guardian ☐ Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift ☐ Custodian on behalf of an FII or a Client ☐ Payment by Employer on behalf of Employee - under Payroll deductions
Declaration - Attached ☐ Declaration from Beneficiary ☐ Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift).DD against Cash (Please attach): ☐ Banker CertificateDD against Debit Bank (Please attach): ☐ Banker Certificate or ☐ A copy of the passbook/bank statement evidencing the debit for issuance of a DD or ☐ Challan**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☐ I / We do not wish to receive the above by email2. **Franklin Templeton Easy Web:** Access your account and transact online. Register online for Easy web by visiting our website [www.franklintempletonindia.com](http://www.franklintempletonindia.com)3. **Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN ☐ Yes, I would like to receive my TPIN4. **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.

**Depository Account Details**

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.

Depository Name (Please tick)	<input type="checkbox"/> National Securities Depository Limited	<input type="checkbox"/> Central Depository Services (India) Limited
Depository Participant Name		
DP ID	I N	(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

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.

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.

☐ 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.



**Nomination Details**

(To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website). Refer Instruction 11

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) \_\_\_\_\_

**Declaration & Signature(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 Memorandum (KIM) of the FIF-PEGF and the Addenda issued to the SAI/ 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 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 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 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 hereby declare 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 employees or agents liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I/ We hereby undertake to promptly inform FTMF of any changes to the information provided hereinabove and agree and accept that FTMF, its sponsor, AMC, trustees, their employees, authorised agents, service providers, representatives or the distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me/us as also due to my/ our not intimating / delay in intimating such changes.

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 all changes, updates to such information as and when provided by me/ us, to any of the Authorised Parties 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 me/us of the same. I/ We hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

\*\*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.

I/We confirm and declare that I/ we have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on FTMF's website www.franklintempletonindia.com. I/ We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments or their employees or agents responsible for any action relating to the use of HPIN/TPIN/ Email services facility.

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 is being recommended to me/us.

\* Applicable to NRI/ PIO / QFI \*\* Applicable to Micro-investments

Signatures

First/Sole Applicant/Guardian

Second Applicant

Third Applicant

Date: \_\_\_\_\_ Place: \_\_\_\_\_

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. 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@templeton.com

www.franklintempletonindia.com

**CHECKLIST:** 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 Feeder - Franklin European Growth 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 for CVL 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)