## Franklin Templeton Mutual Fund

Sl. No.



## Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)

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.

 $I/We \ be reby \ confirm that where \ the \ EUIN space has been left blank \ by \ me/us, the \ transaction \ is an \ "execution-only" \ transaction-only \ transaction \ is an \ "execution-only" \ transaction \ is an \ "execution-only" \ tra$ 

Quarterly

ignature of the Investor(	s)	1. —		2.				3				
Application for Normal Name of Sole/First Account he	SIP	Micro SIP□ (For Mi	icro SIP, Please provid	le required proo	f/documentation	)						
Existing Unitholders' Folio Nu	umber				Account No.							
New Investors (Please also con					Regn. No.				(For office use o	nly)		
SIP Details (Please note that	t a minimum of :	30 days is required to se	t up the ECS/Direct	Debit)								
Scheme Plan						Onting						
SIP Amount Rs. (per install me	nt)		1			Option	Frequency	Monthly	SIP Date	□ 1st □ 20th		
First SIP Cheque Date			Cheque	No.				□ Quarterly		7th 25th		
(If Cheque is given)	d d	m m y y	у у		1 1 1			(please tick as app	licable)	10th		
ECS Period From	m	m y y y y		To	m m y	уууу	,					
(Should be from the Bank Acc	count from which	h ECS/Direct Debit is t	o be effected) (for	_	od and installmen	ts, please refer		v Enclosures: (I	f 1st installment i	s nor by cheque)		
point no. 12 overleaf). I/We aut below by ECS (Electronic Cles				ervice providers	to Debit my/our:	account listed			e Copy of ch			
Document proofs for Micro				cument as ment	ioned in the instr	uctions)						
Identification document	(	,	Field Issuing Author				Document Ide	entification No.				
Depository Account Detai	le .			7								
he units are offered for subscr		unic as well as in physic	al form. If you wish	to subscribe t	ounits in electro	nicform nles	se fill the 'DEI	POSITORY ACCO	DUNT DETAILS' 6	orm available at any		
anklin Templeton branch offi						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		
Bank Details							9 Digi	t MICR Code				
Bank Name							ᆜ					
Branch Name							Accou	nt Type				
Address							□ Savi	ings	CC/OD			
City							□ Cur	rrent	■ NRE/NRO (please ✓)			
Account Number Account Holder Name									Code of the bank br	anch from where the		
as in Bank Account								Direct Debit is to be				
Authorisation of the Bank								atures of Bank	Account holder	<b>'S</b>		
This is to inform that I/We have in Franklin Templeton Mutual 1	Fund shall be ma	de from my/our below:	mentioned bank accou	unt number wit	h your bank. I/W	authorize Fra	nklin 1st F	Holder/Guardia	ın			
Templeton Asset Management ( representative carrying this ECS								Holder				
Bank Account Number							3rd1	Holder_				
Having read and unders tood the scheme(s) and the Addenda issu	contents of the S	statement of Additional Ir	formation (SAI) of Fi	ranklin Templet	on Mutual Fund (I	FTMF), Schem	e Information I	Document (SID) and	Key Information Men	norandum (KIM) of		
above, and agree to abide by the:	terms, conditions,	, rules and regulations of t	he Fund and the SIP t	hrough ECS/D	irect Debitas on th	ne date of this in	nvestment.					
I/We hereby declare that the pa Templeton Investments, its emp	loyees, agents, aut	horised representatives, a	ppointed service provid	ders or the Bank	responsible. I/We	further underta	ike that any char	nges in my/our Bank o	details will be informed	to FIMF immediat		
I/We have read and agreed to the in making this investment.												
I/We have read and understoo appetite and investment horizon	m.											
1/We confirm that I am/we ar 1933, as amended from time t	o time or resider	nts of Canada and that l										
maintained in accordance with a The ARN holder has disclosed t			of trail commission or	r any other mox	le), payable to him	for the differe	nt competing sci	hemes of various mu	tual funds from amon	gst which the Scheme		
being recommended to me/us. I/We hereby authorise Franklin '	Templeton Invest	ments to disclose, share, n	emit in any form, mod	le or manner, all	/ any of the inform	nation provided	lby me/us, indu	ding all changes, upd	ates to such informatio	n as and when provid		
by me/us, to any of the Author authorities and other investigation	rised Parties or ar in agencies withou	ny Indian or foreign gove at any obligation of advisi	ernmental or statutory ng me/us of the same.	or judicial aut Thereby agree	norities / agencies to provide any add	including but 1 itional informat	not limited to the tion / document	he Financial Intelligen tation that may be req	ice Unit-India (FIU-I uired by the Authoris	ND), the tax / reven ed Parties, in connecti		
with this application. **I/We confirm that I/we do no	t have any other	existing investment in the	schemes of Franklin T	Templeton Mut	al Fund which tog	ether with this	proposed invest	tment will result in ag	gregate investments ex	ceeding Rs.50,000/- i		
year. Further, I/we understand as dequate documentation or if th	e existing aggregat	te investment together wi	Mutual Fund processes th this proposed invest	s this investmen tment exceeds I	t / first SIP instalm ls:50,000/- in a yea	ent and the app r, the SIP regist	plication is subse ration under the	equently found to be a Micro investment ro	incomplete in any resp ute will be cancelled fo	ect or not supported ir future instalments a		
norefund shall be made for the u * Applicable to NRI / PIO / QI												
_												
Date Banker's Attestation (For ban		ture of the Investor(s)	1. —			_ Z			). ———			
Certified that the signature of a	account holder an											
Bank account and its MICR co	de are correct as	per our records		Signa	ure of Authorised	Official from	Bank (Bank Sta	imp and Date)	Ra	nk Account No.		
		Acknowled	dgement Slip for S	SIP through E	CS/Direct Debit	(To be filled	in by invest	ARN	-97821			
Investor's Name									Franklin Tome	oleton Investor		
Customer Folio		1	Account No.							igna ture & Stamp		
STP A mount (Re)		Pregnency: 1	Monthly Cd	hama-				I				