Sl. No

Franklin Templeton Mutual Fund

Common Transaction Form

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

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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of In-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature: First Holder/Sole applicant _____ Second Holder _____ Third Holder _____

This Form is for use of Existing Investors only. Use this Form for • ADDITIONAL PURCHASE • REDEMPTION • SWITCH • CHANGE OF BANK DETAILS • E-MAIL COMMUNICATIONS • Online Account Access • SIP/SWP/STP/DTP • NOMINATION DETAILS • KNOW YOUR CUSTOMER (KYC)
Please use separate Transactions Form for each Scheme / Plan and Transaction.

For Office Use Only
Trxn Ref No.

Existing Unitholder Information

Name of Sole / First Account holder (Leave space between first/middle/last name) Account No.

Customer Folio No.

Transaction Charges *(Refer Instruction)*

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. For an existing mutual funds investor Rs.100 will be deducted

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	☐ National Securities Depository Limited (Please tick)								☐ Central Depository Services (India) Limited (Please tick)																	
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

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.

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.

Additional Purchase Order

Scheme _____ Plan _____ Option _____ Account No. _____

Amount (in figures) Amount (in words) (Favouring scheme name is enclosed)

Cheque/Draft No. Cheque/Draft Dated Drawn on (Name of Bank and Branch)

Drawn from Bank-Account Number

Instructions : * a) For payments by demand draft of Rs. 50,000 & above, please attach proof of debit to your bank account by way of a copy of the DD request evidencing debit to your account or a letter from your banker confirming the account debited for issue of the DD. b) If the payment is not made from the investor's account, issuers of the payment instrument must complete a "3rd Party Declaration" available on our website in the Forms and Instructions column under Literature and Documents.

Third Party Payment Documents

KYC Proof enclosed (tick below as appropriate)

☐ Person making payment ☐ Payment by Parents/Grand-Parents/related persons 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 or Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs.50,000/-). – incase of person other then Guardian).
DD against Cash (Please attach): ☐ Banker Certificate
DD 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

Declaration

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

*** 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, 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 further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete.I hereby undertake to promptly inform the mutual fund of any changes to the information provided herein above and agree and accept that the Mutual Funds, their authorised agents, representatives, 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 as also due to my not intimating / delay in intimating such changes. I hereby authorise the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application."

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 the 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 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.

I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP 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 the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.

Sole/First Holder/Guardian _____ Second Holder _____ Third Holder _____

Date: _____

* Applicable to Non Resident Investors

Sl. No

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

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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of its-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature: First Holder/Sole applicant _____ Second Holder _____ Third Holder _____

Transaction Charges *(Refer Instruction)*

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. For an existing mutual funds investor Rs.100 will be deducted

Existing Unitholder Information

Name of Sole / First Account holder (Leave space between first/middle/last name) Account No. | | | | | | | | | | | | | | | |

Customer Folio No. | | | | | | | | |

Redemption

Scheme _____ Account No. _____ Please redeem my/our Franklin Templeton units as per following details.

Amount (in figures) _____ Amount (in words) _____

Units (in figures) _____ Units (in words) _____ Please fill any one i.e. either Amount or number of Units.

Switch

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____

Please transfer _____ units or Rs. _____ to (Destination scheme name) _____ Destination Scheme Account No (if available) _____ Plan/Option _____ Others Specify _____

Systematic Investment Plan (SIP) through PDC

Application for **Normal SIP** ☐ **Micro SIP** ☐ (For Micro SIP, Please provide required proof /documentation)

Scheme _____ Plan _____ Option _____ Account No. _____

Frequency ☐ Monthly ☐ Quarterly; Date ☐ 1st ☐ 7th ☐ 10th ☐ 20th ☐ 25th Monthly/Quarterly Amount _____

Enrolment Period From ____/____ (mm/yy) To ____/____(mm/yy) Cheque No(s). From _____ To _____ No. of Cheques _____

Cheque No(s). From _____ To _____ No. of Cheques _____

Drawn on Bank /Branch _____ City _____

Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document _____ Field Issuing Authority _____ Document Identification No. _____

Disclaimer: In case the Micro SIP application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment instalments together with this proposed SIP instalments exceeds Rs.50,000/– in a year, the Micro SIP registration may be cancelled for future instalments and no refund may be made for the units already allotted.

Systematic Transfer Plan (STP)

(Source Scheme)

Scheme Name _____ Plan _____ Option _____ Account No. _____

Please transfer ☐ Fixed Amount Rs. _____ OR ☐ Capital Appreciation to (Destination scheme name) _____

Destination Scheme Account No (if available) _____ Plan/Option _____ Others Specify _____

Frequency ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

Weekly ☐ 7 ☐ 14 ☐ 21 ☐ 28 Monthly/Quarterly Specify date _____ Enrolment Period From ___/___/____ (dd/mm/yy) To ___/___/____ (dd/mm/yy)

Dividend Transfer Plan (DTP)

Scheme Name _____ Plan _____ Option _____ Account No. _____

I/We would like to transfer Dividend to the following: ☐ New Scheme Name/Plan/Option ☐ Existing Account No., if any in this scheme

Systematic Withdrawal Plan (SWP)

Scheme Name _____ Plan _____ Option _____ Account No. _____

Frequency ☐ Monthly ☐ Quarterly ☐ Fixed Amount Rs. _____ OR ☐ Capital Appreciation

Date: ☐ 15th ☐ Last business day of month (Applicable for fixed amount), Enrolment Period From ___/____ (mm/yy) To ___/____ (mm/yy)

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 email
2. **Franklin Templeton Easy Web:** Access your account and transact online. Register online for Easy web by visiting our website www.franklintempletonindia.com
3. **Franklin Templeton Easy Call:** Just call **1800 425 4255 or 6000 4255** to access your account using TPI ☐ Yes, I would like to receive my TPIN
4. **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.

Declaration

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

*** 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, 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 further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, 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 as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application."

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 the 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 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.

I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP 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 the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.

Sole/First Holder/Guardian _____ Second Holder _____ Third Holder _____

Date: _____

* Applicable to Non Resident Investors

ARN-97821 EUIN- E113814

Existing Unitholder Information

Name of Sole / First Account holder (Leave space between first/middle/last name) Account No.

Customer Folio No.

Know Your Customer (KYC)

KYC Compliance is mandatory for all investors irrespective of any amount. Please provide a copy of the KYC acknowledgement issued by CVL. Investments without valid KYC may be rejected. If you have already provided a MIN/KYC acknowledgement for this folio, you need not provide the same again.

Proof of KYC enclosed: ☐ 1st Holder ☐ 2nd Holder ☐ 3rd Holder ☐ Guardian ☐ POA Holder

PAN Details - (Mandatory for all Investors regardless of mode of holding and amount of transaction including joint holders, guardians in case of minors, PoA holders and NRIs)

Please Provide your PAN details if you have not registered them before

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant	PoA Holder
PAN				
Enclosed:	☐ Copy of PAN Card/KYC ack.	☐ Copy of PAN Card/KYC ack.	☐ Copy of PAN Card/KYC ack.	☐ Copy of PAN Card/KYC ack.

Mandatory Enclosures: PAN card copy or copy of KYC acknowledgment. Transactions not including these mandatory enclosures may be rejected

Change of Address

New Address

City

State Pin

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

Scheme Account No. ☐ All Schemes

Bank Account Number (Please provide the full Account Number)

Account type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ Others ☐ Repatriable ☐ Non Repatriable

Bank Name Branch Name City Pin

*RTGS code *MICR code *NEFT code*

Document attached (Any one)

☐ Cancelled Cheque with name of 1st unit holder pre-printed ☐ Bank Statement and cancelled cheque ☐ Pass Book and cancelled 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 your default bank account. All future Redemption and Dividends payments will be made into this bank account only, for more information please refer the "Registration 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 to register. The registered bank will be the default bank and all redemptions / dividends proceeds will be processed into default bank only 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.

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).

Nominee Name & Address

Guardian name & address (if nominee is a minor)

Nominee Date of Birth D D | M M | Y Y Y Y (mandatory for minor).

☐ Proof of minor DOB submitted. Signature of Investor(s)

Signature of Nominee / Guardian (Optional)

Witness Name and Address

Signature of Witness

☐ I/We do not wish to nominate any person for my investments. Signature of Investor(s)

Note: Nomination cannot be registered in Folios/Accounts held in the name of a minor.

Declaration

I/We have read and understood the contents of the Statement of Additional Information of Franklin Templeton Mutual Fund, Scheme Information Document(s) of Scheme(s), the Addendum(s) issued from time to time and the Key Information Memorandum(s), and agree to abide by rules, regulations, terms and conditions stated thereof.

Sole/First Holder/Guardian Second Holder Third Holder

Date:

* Applicable to Non Resident Investors

Acknowledgement Slip (To be filled in by the Investor)

Customer Folio Date

Received from

☐ Additional Purchase or ☐ SIP : Total Amount (Rs.) Total Cheque(s) Cheque No.(s)

☐ Redemption or ☐ Switch : Amount (Rs.) OR Units

☐ SWP ☐ STP ☐ DTP ☐ Change of Bank Account ☐ Nomination Details ☐ KYC ☐ Change of Address

Service Centre
Signature & Stamp