

 **BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility)

My Bank Name												
Bank A/C No.						A/C Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others_____
Branch Address												
City				Pin			IFSC code: (11 digit)					

 **ADDITIONAL INFORMATION**

SECOND APPLICANT'S DETAILS

CKYC NO.						Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	
MOBILE NO.										
EMAIL ID										
TAX STATUS (Mandatory. Please tick)	<input type="checkbox"/> Residential Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation							
I wish to receive Scheme Annual Report and Abridged Summary :										
<input type="checkbox"/> Online (Preferred & Default) <input type="checkbox"/> 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) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings										
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> 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) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings										
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA, and approve for usage of these contact details for any communication with FTMF.										

THIRD APPLICANT'S DETAILS

CKYC NO.						Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	
MOBILE NO.										
EMAIL ID										
TAX STATUS (Mandatory. Please tick)	<input type="checkbox"/> Residential Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation							
I wish to receive Scheme Annual Report and Abridged Summary :										
<input type="checkbox"/> Online (Preferred & Default) <input type="checkbox"/> 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) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings										
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> 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) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings										
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA, and approve for usage of these contact details for any communication with FTMF.										

GUARDIAN OR POA APPLICANT'S DETAILS

CKYC NO.						Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	
MOBILE NO.										
EMAIL ID										
TAX STATUS (Mandatory. Please tick)	<input type="checkbox"/> Residential Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation							
I wish to receive Scheme Annual Report and Abridged Summary :										
<input type="checkbox"/> Online (Preferred & Default) <input type="checkbox"/> 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) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings										
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> 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) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings										
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> 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.

<input type="checkbox"/> NSDL: DP Name			DP ID	I	N		Beneficiary Ac No.		
<input type="checkbox"/> 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 <input type="checkbox"/> Client Master List OR <input type="checkbox"/> DP statement									

KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI (Repatriable) / NRI (Non-Repatriable) / Minor (Repatriable) / Minor (Non-Repatriable) / PIO / OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI			
	<input type="checkbox"/> Trust <input type="checkbox"/> Society 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, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please quote the NPO Registration Number provided by DARPAN portal. <i>(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)</i>			
Others (Please specify)				

Occupation details for					1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Private Sector					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)								

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in Rs.)				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on <small>[D][D][M][M][Y][Y]</small>	as on <small>[D][D][M][M][Y][Y]</small>	as on <small>[D][D][M][M][Y][Y]</small>	as on <small>[D][D][M][M][Y][Y]</small>

FATCA/CRS/UBO DETAILS: For Individuals (Mandatory). Non Individual Investors including HUF should mandatorily fill separate FATCA/CRS/UBO details form

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Mandatory to fill below FATCA / CRS Details				
Country of Tax Residency#				
Identification Type [TIN or other, please specify]				
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.

ACKNOWLEDGEMENT SLIP

Sl. No.

Received from		Pin	
Scheme Name	Plan/Option	Payment Details	
		Amount _____ Cheque/DD No. _____ Date _____	
		Bank and Branch details _____	
		Amount _____ Cheque/DD No. _____ Date _____	
		Bank and Branch details _____	

NOMINATION DETAILS

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).

Nomination Details								
Nominee	Mandatory Details						Additional Details***	
	Name of nominee	Share of nominee (%)*	Relationship	Postal Address	Mobile number & E-mail	Identity Number**	D.O.B. of nominee	Guardian
1.								
2.								
3.								

*if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in "Transmission aspects").

** Provide only number: PAN or Driving Licence or Aadhaar (last 4) or Passport (for NRIs/OCIs/PIOs). Copy of the document is not required.

***To be furnished only in following conditions / circumstances:

- Date of Birth (DOB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.
- 1. I / We want the details of my / our nominee to be printed in the statement of holding, provided to me / us by the AMC / DP as follows; (please tick, as appropriate)
 - Name of nominee(s) Nomination: Yes / No (Default)

2. This nomination shall supersede any prior nomination made by me / us, if any.

OR I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

DECLARATION (SIGNATURE/S MANDATORY)

Date _____ Place _____

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), respective Scheme Information Document (SID); Key Information Memorandum (KIM), the Addenda issued therein till date (together referred as Scheme Documents) and after evaluating and acknowledging the risk factors, I / we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., Trustees to the schemes of FTMF for units of scheme(s) of FTMF as indicated above, and agree to abide by all applicable laws and the terms and conditions mentioned in the Scheme Documents. Notwithstanding the generality of the aforesaid undertaking, I/We hereby confirm that (i) I am / we are not residents of Canada and am / are not applying for Units on behalf of any resident of Canada (ii) I /we am/are not a 'US Person' and are not applying for Units on behalf of any 'US Person' (iii) the money used for investment is my/our own and from legitimate sources (iv) the tax residency status (FATCA/CRS) and UBO details mentioned above are true and correct and (v) the ARN holder has disclosed the details of commissions (in the form of trail commission or any other mode), offered by competing schemes of various mutual funds falling in the category of scheme(s) being recommended to me/us and I / we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment and are not in contravention or evasion of any applicable laws. I/ We further agree to hold FTMF, Franklin Resources Inc. its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton) harmless against any losses, costs, damages arising out of any actions undertaken or activities performed by them in accordance with the Scheme Documents and for any consequences in case of any of the above particulars being false, incorrect or incomplete or for the activities performed by them in good faith or on the basis of information provided by me/us as also due to my/ our not intimating / delay in intimating such changes. I/We hereby authorise Franklin Templeton to use, 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 alongwith the details of investment made by me/us, to any of its agents, service providers, representatives or distributors or any other parties located in India or outside India or any Indian or foreign governmental, statutory, regulatory, administrative or judicial authorities / agencies without any obligation of advising / informing me/us of the same. I/ We hereby agree to keep the information provided to Franklin Templeton updated and to provide any additional information / documentation that may be required by Franklin Templeton, in connection with this application. I/We confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition. By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

	Sole / First Holder (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Signature / Thumb Impression			
* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.			
*Witness 1 Name & Address		*Witness 2 Name & Address	
*Witness 1 Signature		*Witness 2 Signature	

☎ 1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)

✉ service@franklintempleton.com

🌐 www.franklintempletonindia.com

- Quick Checklist**
- Name, Address are correctly mentioned
 - Full scheme name, plan, option is mentioned
 - Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
 - Email ID / Mobile number are mentioned along with declaration.
 - Pay-In bank details and supportings are attached
 - Non Individual investors should attach
 - FATCA Details and Declaration Form
 - UBO Declaration Form
 - KYC information provided for each applicant
 - Nomination facility opted
 - FATCA/CRS details provided for each applicant
 - Form is signed by all applicants
 - Corporate Documents/ Trust Deed
 - Proof of relationship with minor
 - PoA Documents