

FRANKLIN  
TEMPLETONAPPLICATION FORM FOR NEW INVESTORS  
(Please read Product labeling details available on cover page and instructions before filling this Form)

Advisor ARN / RIA Code/ Portfolio Manager's Registration No. <b>ARN-183038</b>	Sub-broker/Branch Code <b>ARN-</b>	Sub-broker ARN	Representative EUIIN <b>E</b>	For office use only
---	---------------------------------------	----------------	----------------------------------	---------------------

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. **Applicable only if ARN is mentioned but EUIIN box is left blank:** I/We hereby confirm that the EUIIN 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. **Applicable only if RIA Code/ Portfolio Manager's Registration Number is mentioned:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/SEBI Registered Portfolio Manager whose code is mentioned herein.

**TRANSACTION CHARGES (Refer instructions 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).

**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 (PITCA/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 authorize 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 Unit Holder

Second Unit Holder

Third Unit Holder

**MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)**

**My Name (Should match with PAN Card)** \_\_\_\_\_ **PAN/PEKRN (1st Applicant)** \_\_\_\_\_  **KYC**

**My Guardian's Name (if minor)/POA/Contact Person** \_\_\_\_\_ **PAN/PEKRN (Guardian/POA)** \_\_\_\_\_  **KYC**

**On behalf of Minor** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Guardian named is:** \_\_\_\_\_  
 (\* Attach Mandatory Documents as per instructions). **Minor's**   /   /   **Proof attached \***   **Father**   **Mother**   **Court Appointed**

**JOINT APPLICANTS (IF ANY) DETAILS**Mode of Operation:  Single  Joint  Either or Survivor(s) [Default]

**2nd Applicant Name (Should match with PAN Card)** \_\_\_\_\_ **PAN/PEKRN (2nd Applicant)** \_\_\_\_\_  **KYC**

**3rd Applicant Name (Should match with PAN Card)** \_\_\_\_\_ **PAN/PEKRN (3rd Applicant)** \_\_\_\_\_  **KYC**

**MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters)**

<b>Email ID</b> (in capital) _____				<b>Address Type (Mandatory)</b>		
<b>Mobile</b> +91 _____	<b>Tel</b> _____	(STD Code)	<input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office			
Email ID and Mobile number should pertain to firstholder only						
<b>Address</b> _____						
<b>Landmark</b> _____						
<b>City</b> _____	<b>Pin Code</b> (Mandatory) _____	<b>State</b> _____				

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 Email address and Mobile Number provided in this form belongs to (tick one option)  Self (or)  Family Member, and approve for usage of these contact details for any communication with FTMF.

**MY INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name". Default plan/Option will be applied incase of no information, ambiguity or discrepancy)**

Full Scheme/Plan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
<b>Scheme Name:</b>			
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	Rs. _____ Less DD charges _____	<input type="checkbox"/> Cheque/DD No. _____ <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	<b>Name/Branch:</b> _____ _____ <b>A/c no.</b> _____
<b>Scheme Name:</b>			
<input type="checkbox"/> Lumpsum <input type="checkbox"/> SIP Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option	Rs. _____ Less DD charges _____	<input type="checkbox"/> Cheque/DD No. _____ <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	<b>Name/Branch:</b> _____ _____ <b>A/c no.</b> _____

Payment through NACH (Attach NACH form) | Documents attached to avoid Third Party Payment Rejection, if applicable:  Bank Certificate, for DD  Third Party Declarations

**IF YOU OPT TO START TWO SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE FOR BOTH THE SIP'S.** **My Additional SIP Details**

**SIP Date:**   /   (If left blank 10<sup>th</sup> will be considered as the default date) | **Investment Frequency**  Monthly (default)  Quarterly

**SIP Period** Start Date   /   /   End Date  Continue Until Cancelled OR   /     **First SIP Cheque Date:** \_\_\_\_\_

**Step-up my SIP annually by:**  Increase in %: \_\_\_\_\_ (in multiples of 5%) (Amount invested will be rounded off to the nearest Rs. 100)

or  Increase in Rupee Value: \_\_\_\_\_ (in multiples of Rs. 500)

**ACKNOWLEDGEMENT SLIP**

Sl. No.

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

**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)  MICR code (9 digit)  (This is a 9 digit number next to your cheque number)

**ADDITIONAL INFORMATION**

Applicant	KIN No. (If KYC done via CKYC)	Date of Birth*	Gender
1st	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA^	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned. \*G: Guardian; ^POA: Power Of Attorney

Details	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	G or POA
Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Id.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NOMINATION DETAILS** (In case of more than one nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instructions.

Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Proof)		Allocation	Nominee/ Guardian Signature
	DOB	Guardian Name & Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	100 %	X

I/We DO NOT wish to nominate and sign here  
(To be signed by all the joint holders irrespective of the mode of holdings.)

**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 (Mandatory)  Client Master List OR  DP statement

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

Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian				
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NRI/PIO/OCI	<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"/>				
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Minor through Guardian	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Non Individual	<input type="checkbox"/> Company/Body	<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership		Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> Trust	<input type="checkbox"/> Society	<input type="checkbox"/> HUF		Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> Bank	<input type="checkbox"/> AOP	<input type="checkbox"/> FI/FII/FPI		Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Housewife	<input type="checkbox"/>	<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"/>	Student	<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"/>	Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Politically Exposed Person (PEP) details:</b>							
	10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> Applicant	<input type="checkbox"/>	Is a PEP	<input type="checkbox"/>	Related to PEP	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
	25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<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 <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>	as on <input type="text"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									

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

Details	Sole/ 1st Applicant	2nd Applicant	3rd Applicant	Guardian/POA
Place & Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 enclose FATCA /CRS Annexure

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



(Please use separate Transactions Form for each Scheme / Plan and Transaction)

Table with 5 columns: Advisor ARN / RIA Code/ Portfolio Manager's Registration No., Sub-broker/Branch Code, Sub-broker ARN, Representative EUIN, For office use only.

MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

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/Option will be applied incase of no information, ambiguity or discrepancy)

Scheme Name/Plan/Option, Each SIP Amount, SIP Date, SIP Period, Investment Frequency, Drawn on Bank/Branch, Step-up my SIP annually by, Bank Name, Account No.

DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

Tick here only if ARN is mentioned but EUIN box is left blank: 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 lines for Sole / First Unit Holder, Second Unit Holder, Third Unit Holder



SIP Auto Debit Form

|ADF|

UMRN, Sponsor Bank Code, Utility Code, I/We hereby authorize Franklin Templeton Mutual Fund to debit, Bank a/c number, with Bank, an amount of Rupees, FREQUENCY, DEBIT TYPE, Reference 1, Reference 2, PERIOD

14 I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. Signature Primary Account holder, Signature of Account holder, Signature of Account holder

ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO DEBIT (To be Filled In by Investor)

Investor's Name, Customer Folio, Account No., SIP Amount (Rs.), Frequency, Scheme

Franklin Templeton Investor Service Centre Signature & Stamp

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

### General 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 be 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: V o t e r Identity Card, Driving License, Government / Defense identification card, Passport Photo Ration Card, Photo Debit Card (Credit 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, FISE, FIDHF, FIPEP and FIBPDF. Transaction will be rejected if the instalment amount is greater than ₹1 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 ₹1000/- (or) 6 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/FTMF reserves 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 FIVE Business Days. 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 there is 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 with realization 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 in case 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 / NPFI 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 be 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, lightning, 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's reasonable 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:-

1. 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
6. 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)
14. Period: Starting and Ending dates of NACH registration (in format DD/MM/YYYY). For perpetual SIP, please leave the end date blank and select 'until cancelled'
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 or until cancelled not opted