Common Application Form for FIBCF, FIPF, FIPP, FIOF, TIGF, FIIF, FIFCF, FIF, FFF, TICAP, TIPP, FIT, TIEIF, FIHGCF, FTIBF, FTDPEF & FTLF

Sl. No.

Distributor information				For Office Use Only						
Advisor Code*	Advisor Code* Sub-Advisor Code*: Application received				ation received					
		Branch :								
		D								
* AMFI Registered Distributors		Representative :								
Existing Unitholders (Please provide the following details in full; Please refer Instruction 2)										
First Applicant Name										
Customer Folio No.			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* □ or	· KYC Applicatio	n No.*			Date of Birth# D D M M Y Y Y Y					
Proof of KYC enclosed* or KYC Application No.* Date of Birth# or KYC Application No.* Enclosed: PAN No. (Mandatory)\$ Enclosed: PAN Card Copy or Form 49A & Form 60^ Gender Male Female										
					st 🗆 Society 🗆 HUF 🗀 Bank 🗀 AOP					
□ Sole Proprietorship □ Minor through Guardian [#] □ FI □ FII □ Others (Please specify)Nationality and Country of Residence										
Name of Second Applican	TOTAL 1' .'	NT 8	1		Date of Birth# D D M M Y Y Y Y					
Proof of KIC enclosed. or	KIC Applicatio	n No."	E 1 1 E DANIG 10		Form 49A & □ Form 60^ Gender □ Male □ Female					
PAN No. (Mandatory)\$	vidual □ NR	I/PIO Minor thro		ppy or ⊔ f : (Please s	specify)					
					specify)					
Name of Third Applicant										
* *					Date of Birth# D D M M Y Y Y Y					
	KYC Applicatio	n No."	F 1 1 = PAN 0 10	Date of Birth# D D M M Y Y Y Y						
PAN No. (Mandatory)\$	widual □ NIR	I/PIO Minor thro	Enclosed: □ PAN Card Co pugh Guardian# □ Others	ppy or □ h	Form 49A & □ Form 60 ^ Gender □ Male □ Female specify)					
			ough Guardian. Others							
	or residence									
Name of Guardian Proof of KYC enclosed* □ or KYC Application No.* □ Date of Birth □ D M M Y Y Y Y □										
DANING (Mandatam)\$	KIC Applicatio	II 1NO.	England DAN Cord Co		Date of Birth D D M M Y Y Y Y					
PAN No. (Mandatory)\$										
Nationality and Country of		I/PIO 🗆 Otners (PI			nship with Minor 🗆 Parent 🗀 Guardian					
*Please provide any one of the fo	ollowing: 1. Copy	of the KYC acknowledgeme	nt issued by CVL or 2. KYC Applie	cation with	necessary documents. (Mandatory for all Investors). \$PAN:					
In terms of SEBI circular dated irrespective of the amount of tra	April 27, 2007, ve ansaction. Please s	rification of PAN is mandat submit photocopy of the PA	ory for all Unitholders (including) N card (alongwith the original for	joint holde verification	rs, guardians in case of minors and NRIs) w.e.f. July 2, 2007 n, which will be returned across the counter). ^Submission ts in TIPP(in TIPP, only individuals may invest).					
of form 60 is mandatory for inv	estments of Rs.50	,000 and above #Date of Bii	th - mandatory for Minors and all	investment	ts in TIPP (in TIPP, only individuals may invest).					
I/We would like to invest			Mode of Operation							
Separate cheque/demand draft required for plan/option you may refer to the KIM for also fill in the option exercise form availal	r more details. Investor	vn in favour of scheme name (see poi s in Templeton India Pension Plan ar	int 4 on page 5). Please fill up the scheme nan ad Templeton India Children's Asset Plan are	ne(s) and the e requested to	☐ Single ☐ Joint ☐ Either or Survivor(s)					
Scheme Names (Please tick (Power of Attorney (POA) Details						
☐ FIBCF ☐ FIPF ☐ FIPP ☐ FIOF	□ TIGF □ TIEIF □	FIHGCF FIFCF FIF	FPF□ FFF□ TIPP□ FIT□ FTIBF□	☐ FTDPEF	Name of POA Holder					
□ 20's Plan □ 30's Plan		☐ Education Plan	☐ BSE Sensex Plan		Name of 1 OA Holder					
☐ FTLF ☐ 40's Plan ☐ 50's Plan ☐ 50's Plan ☐ 50's Plus Floating Rate Pla		☐ Gift Plan	F ☐ NSE Nifty Plan		Proof of KYC enclosed* □ or KYC Application No.*					
Plan /Options (Please tick ())		Proof of KTC enclosed. To KTC Application No.							
☐ Lumpsum										
☐ Systematic Investment Plan	n 🗆		Date of Birth D D M M Y Y Y Y							
Amount Invested		DD Charges)								
Net Amount Paid Payment Details*			Status: (Please tick (✔))							
Cheque/DD No.	Bank, B		☐ Resident Individual ☐ NRI/PIO							
			☐ Others (Please specify)							
Please use separate application forms for Lumpsum and			Gender:							
If you knee an existing account in the schome mentioned above, this purchase will be tracted as an additional purchase in the same account. If you prefer to have a new account in the same schome please tick here last the proof of the DD is a proper to the proof of the DD request evidencing debit to your account or a letter from your banks account by way of a copy of the DD request evidencing debit to your account or a letter from your banks reconfirming 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 3"rd Parry Declaration". Male Female										
Acknowledgement Sl. No.										
Received fromPin										
Scheme Name Plan/Option Payment Details				nt Details						
	☐ Lumpsum		Amount	Cheque/DD No Date						
	☐ Systematic									
Investment Bank and Branch details Plan										
	_ *****									

Address (Mano	latory if you have r	not completed y	our KYC process via CVI	., else the address	of the 1st Holder as registered wit	h CVL will be automatically updat	ed in our records)	
City			State		Country	Pincode		
Overseas Address f	or NRIs/PIOs							
City			State		Country	Pin/Zip		
			•		r KYC acknowledgement)			
If the Applicant is So Name	ole Proprietorship Fi	rm, please provid	e the name of Sole Propriet	or. If HUF, please p	provide the name of Karta. In case of	other Non-Individuals, please provic	le the details of Contact Person.	
Tel			2.50					
STL Email) Code		Office		Residence Mobile		Fax	
Franklin Temp	leton 'Easy' S	ervices						
other information Email Address: I / We wish to I / We do not Franklin Templo www.franklinten	o receive the abov	e by email e above by emai ccess your accusing your HP	ount and transact online	_	account using TPIN 4. Franklin Templeton Easy Mobile Number I/We wish to register for SM: * Note: Where the investor h application will be processed	Call: Just call 1800 425 4255 o ☐ Yes, I w Mobile: Get instant SMS alerts 6 updates on my/our mobile ph as not opted for any option or h as per the default option, i.e., i spondence by E-mail and receiv	ould like to receive my TPIN to confirm your transactions * one. No as opted for both options, the receive the account statement,	
	(Mandatory - Fo		s)		annual report and other corre	spondence by E-man and receiv	e 51v15 updates on mobile.	
Bank Name	_ · _ · _ · _ · _ · _ · _ · _ · _ · _ ·							
(Do not abbreviate)					1			
Account No. Please provide the fu	ll account number				Branch/City Branch			
Branch								
Address						Pin		
Account type	For Resident	Savings □ Savings	□ Current For No		□NRO □NRE			
Direct Credit Facility is cu X Axis Bank. Please provi reserves the right to effect	rrently available with: de a cancelled, signed payments of dividends	ABN Amro Bank, C cheque of the bank and redemptions by	account you wish to register f way of a cheque or payment in	code ctions in page 6. njab, Development Croor Direct Credit. If your strument till such time	edit Bank, HDFC Bank, HSBC Bank, IDBI u do not provide a cancelled and signed e that the account details provided can be n cannot be held responsible for delays or ero	*MICR code Bank, ICICI Bank, Kotak Mahindra Bank, theque, Franklin Templeton will record the verified. I/We DO NOT wish to avail directions with the avail directions with the avail directions.	ne new bank details as provided, but ect credit facility (Please tick)	
Nomination D	etails							
Nominee Na	ıme & Address							
	ne & address (s a minor)					
	() <u>———</u>		Signature of Nor	ninee/Guardian		
Declaration								
nereby apply to the Trust erms, conditions, rules ar as. I/We have not receiv	ees of Franklin Temple nd regulations of the F ed nor been induced b	ton Mutual Fund f und as on the date y any rebate or gift	or units of Franklin Templetor of this investment and confirm s, directly or indirectly in mak	n Mutual Fund as indi n that the monies inve ing this investment.	nd the Addenda issued till date, I / We cated above, and agree to abide by the sted in the fund legally belong to me /	Signatures		
I/We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons within the meaning of Regu he United States Securities Act of 1933, as amended from time to time, and I / We hereby further confirm that the monies are remitted from upproved banking channels or from my/our monies in my/our NRE/NRO Account. //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 as						First/Sole Applicant/Guardia	n	
promptly inform the muti representatives, distribute activities performed by the	ual fund of any changes ors ('the Authorised Pa tem on the basis of the	to the information arties') are not liab e information prov	n provided hereinabove and agri le or responsible for any losse ided by me as also due to my	ee and accept that the es, costs, damages aris not intimating / delay	t or incomplete. I hereby undertake to Mutual Funds, their authorised agents, ing out of any actions undertaken or y in intimating such changes. I hereby by me to Authorised Parties including	Second Applicant		
intnorize the mutual functions and intelligence unit me/us of the same. I here his application."	Third Applicant							
/We confirm and declar	idia.com. I/ We agree :	and shall abide by	the norms, terms and conditio	HPIN usage and onl ons for HPIN usage a	ine transactions/ TPIN/ Email Services ind online transactions/ TPIN/ Email se	and also the disclaimer and terms and rvices and agree not to hold Franklin Te	conditions as posted on the website, mpleton Investments responsible for	
Date:	Place * Applicable to Non-Resident investors							
Disclaimer: In the event may be redeemed at appl of subscriptions in schen Agency that the KYC is	of any KYC Application of any KYC Application of the Where Units are unfinal and if the Central	tion Form being s payment of exit l ider a lock – in per al Agency informs	ubsequently rejected for lack oad, wherever applicable. Suc iod as prescribed in the respo that the KYC is cancelled, th	of information / del h redemption procee ective offer Documen ne original amount in	ficiency / insufficiency of mandatory do ds will be despatched within a maximum nts (including ELSS Schemes) or a New vested will be refunded.	ocumentation, the investment transaction period of 21 days from date of accept Fund Offer, allotment will be done on	on will be cancelled and the amount ance of application. However, in case ly on confirmation from the Central	



For investment related enquiries, please contact:

Franklin Templeton Investments Service Centres

Ph: 1-800-425 4255 (For MTNL/BSNL users only. Local call rates apply) or 6000 4255 (For non-MTNL/non-BSNL users, please prefix the city STD code if calling from a mobile phone) Email: service@templeton.com

www. franklintempletonindia.com

CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • You have registered Permanent Account Number (PAN) for all holders, including joint holders, guardians & NRI s and submitted the necessary proof (refer instructions) • Appropriate Options are filled up • Cheques/DDs should be drawn in favour of the respective fund name • If you are investing for the first time, please ensure that you fill in the contact details for us to contact you in case of any discrepancy 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