

Advisor ARN / RIA code	Sub-broker/Bra	•	Sub-broker AR	g details available on cover p N Representati		For office use only
ARN-81619				E067	413	,
	by the investor, if any, shall be	paid to the ARN	Holder (AMFI registered distributor) ne EUIN box has been intentionally lef			ors including service rendered by the ARN He
						ors including service rendered by the ARN H lvice by the employee/relationship manager/ ole only if RIA Code is mentioned: "I/We he estment Adviser whose code is mentioned he
RANSACTION CHARGES (Refer I am a first time investor in mut				tions routed through distributors/a existing mutual funds investor (F	~ <i>,</i>	opted to receive transaction charges.).
ECLARATION			_		Date	Place
ving read and understood the contents of the Stat neme Documents) and after evaluating and ackr terms and conditions mentioned in the Scheme	tement of Additional Information nowledging the risk factors, I / w Documents. Notwithstanding th	n (SAI) of Franklin e hereby apply to t e generality of the	Fempleton Mutual Fund (FTMF), respect he Franklin Templeton Trustee Services I aforesaid undertaking, I/We hereby confi	ive Scheme Information Document (SID); Key In Pvt. Ltd., Trustees to the schemes of FTMF for un irm that (i) I /we am/are not a 'US Person' and a	formation Memorandum (KIM), th its of scheme(s) of FTMF as indica re not applying for Units on behalf	ne Addenda issued therein till date (together refet ted above, and agree to abide by all applicable lav of any US Person (ii) the money used for investra commission or any other mode), offered by com of in contravention or evasion of any applicable lat at any losses, costs, damages arising out of any a m in good faith or on the basis of information pri ided by me/ us, including all changes, updates to yludious for the progression of the pro- yludious progression of the pro- position of the progression of the pro- enticating and (ii) updating my/our Aadhaar num nanagement companies of SEBI registered mutua
/our own and from legitimate sources (iii) the ta emes of various mutual funds falling in the categories further agree to hold FTMF, Franklin Resource doubtless as critities performed by them in account	ax residency status (FATCA/CRS ory of scheme(s) being recomm es Inc. its subsidiary and associa- relance with the Scheme Docum) and UBO details r ended to me/us an ate entities includir	nentioned above are true and correct and I / we have not received nor been indu- ig their employees, directors and key me	d (iv) the ARN holder has disclosed the details of ced by any rebate or gifts, directly or indirectly in lanagerial persons (collectively referred as Fran particulars being false incorrect or incomplete or	f commissions (in the form of trail a making this investment and are naklin Templeton) harmless agains for the activities performed by the	commission or any other mode), offered by com ot in contravention or evasion of any applicable lat t any losses, costs, damages arising out of any a
me/us as also due to my/ our not intimating / ormation as and when provided by me/ us along ministrative or judicial authorities / agencies with	delay in intimating such change with the details of investment m hout any obligation of advising /	es. I/We hereby at lade by me/us, to a informing me/us of	thorise Franklin Templeton to use, discl ny of its agents, service providers, repres f the same. I/ We hereby agree to keep th	and dutial's being laise, incorrect or incomplete of lose, share, remit in any form, mode or manner, entatives or distributors or any other parties loc ne information provided to Franklin Templeton u	; all / any of the information prov ated in India or outside India or an updated and to provide any addition	ided by me/ us, including all changes, updates to the didention or foreign governmental, statutory, regu- tional information / documentation that may be rec
Franklin Templeton, in connection with this appli iccordance with the Aadhaar Act, 2016 (and regu I their Registrar and Transfer Agent (RTA), KRA(s	ication. 1/We hereby provide my ilations made thereunder) and P s) & Central KYC Registry for the	//our consent in ac MLA. I/We hereby purpose of updatir	cordance with Aadhaar Act, 2016 and reg provide my consent for sharing/disclosir g the same in the folios linked to my/our	gulations made thereunder, for (1) collecting, stor 12 of my/our Aadhaar number including demogr PAN.	ing and usage (ii) validating/authe raphic information with the asset r	enticating and (ii) updating my/our Aadhaar num nanagement companies of SEBI registered mutua
Sole / First Unit	Holder	- 11 -	Second Unit	: Holder		hird Unit Holder
MY DETAILS (To be filled in	n Block Letters. Please	e provide the	following details in full; Ple	ease refer instructions)		
y Name (Should match with Aad	haar Card)				PAN/PEKRN (1	st Applicant)
y Guardian's Name (if minor)/F	POA/Contact Person				PAN/PEKRN (G	Guardian/POA)
y dua diano mano (minion), i	ony contact i croon					
n behalf of Minor Attach Mandatory Documents as per i		te of Birth nor's	D D / M M / Y	Proof attached *	Guardian named is	
	ANY) DETAILS			Mode of Operation		
nd Applicant Name (Should mat		l)			PAN/PEKRN (2	nd Applicant)
rd Applicant Name (Should mate	ch with Aadhaar Card)			PAN/PEKRN (3	rd Applicant)
MY CONTACT DETAILS (A	A IVVC T.	. l 6:11 - 4 : 1	Ole als Letterne)			
mail ID	As per KYC records. 10	be filled in	l		Δ.	ldress Type (Mandatory)
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ddress						b. Residential c. Business
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FSC code: (11 digit)				MICF	R code (9 digit)			your cheque	igit number next t number)		
TAREA ADDITIONAL INFO	RMATION										
Applicant	Aadhaai	r No.⁺		KIN No. (I	If KYC done via CKYC)		Dat	e of Birth"	Gender		
1st							D D /	M M / Y	Y M		
2nd							D D /	M M / Y	Y M		
3rd							D D /	M M / Y	У Ом О		
G or POA								M M / Y			
	C ID mentioned. ^G:	: Guardian; ^POA: Po	wer Of Attorney *If	Aadhaar number is not	t assigned Aadhaar enrollment numb	per and proof to be pr		111111711			
Details		Applicant	,		3 rd Applicant	• •		G or POA			
Tobile No.					3 Applicant				d of Fon		
Email Id.											
TO NOMINATION DETA	AILS (In case of	f more than one r	nominee, please	submit a separate	e nomination form available	with any of our	ISCs or on our w	vebsite). Refer ins	structions.		
Nominee	Name and Addre	ess		_ ` ` _ 	tory to attach DOB Proof)	Allocati	on Nomin	nee/ Guardian Sig	gnature		
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						100 %	6 X				
OR I/We DO NOT wish t											
(To be signed by all t	the joint holders	s irrespective of t	he mode of holdi	ings.)							
TO DEPOSITORY ACCO	DIINT DETAILS	S (Ontional To	he filled if inv	estor wishes to	hold the units in Demat	mode) Refer	instructions				
_	ONI DETAIL	optional. To			noid the diffes in Demac	modej. Refer	mstructions.				
NSDL: DP Name			DP I	D I N		Beneficiar	y Ac No.				
CDSL: DP Name						Beneficiar	y Ac No.				
Please ensure that the sequence (of names as mentio	ned in this Applicati	on Form matches w	ith the sequence of n	ames in the Demat account. Enc	losed (Mandatory)	Client Master List	OR DP statem	nent		
								OR DI Statem	iene		
	OMER (KYC)	DETAILS (Mand	datory. Please Tid	ck/ Specify. The ap	pplication is liable to get rej	ected if details n	ot filled.)				
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	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian		
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