Form ID: 0118	2	Sl No.
FRANKLIN TEMPLETON INVESTMENTS Advisor ARN / RIA code Sub-broker/	APPLICATION FORM FOR EXISTING INVESTORS (Please use separate Transactions Form for each Scheme / Plan and Transaction) Branch Code Sub-broker ARN Representative EUIN Form	FINANCIAL TRANSACTIONS
ARN-81619	E067413	romee use only
DECLARATION		Place
have not received nor been induced by any rebate or gifts,directly or i to the best of my/our knowledge and belief and will promptly inform Mutual Funds, their authorised agents, representatives, distributors i any actions undertaken or as a result of this investment or activities g share, remit in any form, mode or manner, all / any of the information India (FIU-IND) without any obligation of advising me/us of the validating/authenticating and (ii) updating my/our Aadhaar numbe number including demographic information with the asset managem linked to my/our PAN.	nal Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we he ty, and agree to abide by any Act, Rules, Regulations, Notifications, Directions, Guidelines, Orders or instructions issued by any Indian or s, rules and regulations of the Fund and the aforesaid facility(ies) as on the date of this application. I/We confirm that the funds invested l indirectly in making this investment and are not in contravention or evasion of any laws in force. I/We declare that all the particulars given n FTI about any changes thereto. I/ we hereby agree to provide any additional information/ documentation that may be required by FT its sponsor, AMC, frustees, their employees, service providers, representatives ('the Authorised Parties') are not liable or responsible for an 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 an provided by me to Authorised Parties including any of the Indian or foreign governmental or statutory or judicialauthorities / agencies esame. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (s) in econdance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my consent for sh nent companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA), KRA(s) & Central KYC Registry for the purp	herein are true, corriect and complete "I. I hereby agree and accept that the y losses, costs,damages arising out of authorize the mutualfund to disclose, including Financial Intelligence unit-) collecting, storing and usage (ii) laring/disclosing of my/our Aadhaar ose of updating the same in the folios
Sole / First Unit Holder	Second Unit Holder Third Unit	Holder
	ease provide the following details in full. Please refer instructions)	
My Name My Folio Number	Scheme (Account) Number	
Scheme Name/Plan/Option*		
*Scheme name for Additional Purchase Order, Redemption You may attach a separate nomination form in case of	n, SIP & SWP. Source scheme name for Switch, STP & DTP. Nomination details will be replicated as per the las f change in nomination.	st transaction in this folio.
	${ m IENT}$ (Cheque/DD should be in favour of Scheme name. eg. Franklin India Bluechip Fund)	
Amount in Figures Amount i Rs.	n Words	
Payment by: RTGS NEFT Fu	unds transfer Cheque/Draft No. Date D	D / M M / Y Y
Payment from Bank A/c no.:	Pay in A/c No. A/c. Type: Savings Current NRE NRO FCNR	Others
Bank name & Branch:		
Payment by Auto Debit: If Auto Debit Form (.	ADF) is already registered in the Folio then please mention Bank Name and Account Number below.	
Bank name	Account No.	
Documents Attached to avoid Third Party Payment Rejection,	where applicable: Bank Certificate, for DD Third Party Declarations	
I WISH TO START AN SIP (Please attach S	IP Auto Debit Slip for NACH registration)	
Each SIP Amount (minimum Rs. 500) Rs.	SIP Date: D D (If left blank 10^{n} will be considered as the defa	ult date)
SIP Period Start Date M M / Y Y Y	End Date Continue Until Cancelled OR M M / Y Y Y	
Investment Frequency Monthly Quarter	erly First SIP Cheque Date: Cheque No.	
Drawn on Bank/Branch		
Step-up my SIP annually by: Increase in %: or Increase in Rup Tick here if Auto Debit Form (ADE) is already.		orr
Bank Name	Account No.	
Tick here if attaching a New Auto Debit Form.		
IS ACKNOWLEDGEMENT SLIP		
Date D / M / Y Y Received from		
Customer Folio No.	Additional Purchase / SIP (Rs.) Cheque No.(s)	

DTP Redemption or Switch : Amount (Rs.)

SWP

STP

7

Service Centre Signature & Stamp

OR Units

I WISH TO UPDATE MY KNOW YOUR CUSTOMER (KYC) & GST DETAILS	► GSTN No.		
KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement for this folio, you need not provide the same again.			
Applicant PAN No. / PEKRN (Mandatory) Aadhaar No.*	KIN No. (Mandatory if KYC done via CKYC) Date of Birth		
1st			
2nd			
3rd			
G or POA [^]			
G: Guardian; POA: Power Of Attorney [†] If Aadhaar number is not assigned Aadhaar enrollment number and proof to be provided.			
🕼 I WISH TO WITHDRAW MY INVESTMENT (REDEMPTION) (Subject to Lock-in, If any)			
Amount/Units in Figures Amount/Units in Words	Tick to Redeem all units		
Rs.			
OR (Please note that the Redemption can be done either in Units or in Amount and not in both)			
I WISH TO TRANSFER MY INVESTMENT TO ANOTHER SCHEME (SWITCH) (Subje	ct to Lock-in. If any) (DOB:/, Mandatory for investment in FIPEP)		
Switch-in To Scheme / Plan / Option			
Account No. (Mention only if Transferring into Existing Scheme)			
Amount/Units in Figures Amount/Units in Words	Tick to switch all units		
Rs. Amount/onts in votus			
OR (Please note that the Switch can be done either in Units or in Amount and not in both)			
I WISH TO TRANSFER FIXED AMOUNTS FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (STP) (Subject to Lock-in, If any)			
STP in To Scheme/Plan/option			
Account No. (Mention only if Transferring into Existing Scheme)			
Transfer Amount: Fixed Sum of Rs. (Minimum Rs. 500/-)	OR Capital Appreciation, subject to Minimum of Rs.500/-		
Frequency: Daily OR Weekly Dates: 7th, 14th, 21th, 28th OR	Monthly* day of the month OR Quarterly day of the month		
Transfer Period (Minimum 2 STP transactions) From D / / / Y Y To D / / / Y Y Y			
Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable. The f	llowing schemes/plans/options are not available as Source Scheme: • FIPEP • FIT • FIGSF - PF Plan		
I WISH TO WITHDRAW FIXED AMOUNTS FROM MY CURRENT INVESTMENT AT	A SET FREQUENCY (SWP) (Subject to Lock-in, If any)		
Withdrawal Amount Fixed Sum of Rs. (Minimum Rs. 500/-)	OR Capital Appreciation, subject to Minimum of Rs.500/-		
Date: 📃 15th 📃 Last business day of month (Applicable for fixed amo	unt)		
Frequency Monthly* Quarterly Withdrawal Period	Minimum 6 SWP transactions) From M M / Y Y To M M / Y Y		
IN IN TO TRANSFER DIVIDENDS RECEIVED FROM MY CURRENT INVESTMENT TO ANOTHER SCHEME (DTP)			
To Target Scheme/Plan/Option (To where Dividend is to be transferred)			
Account No. (Montion only if Transforming into Printing Colonya)			
Account No. (Mention only if Transferring into Existing Scheme)			
*Default Option may be applied in case of no information, ambiguity or discrepancy.			