Form ID: 0118

Sl No.

FRANKLIN TEMPLETON	(Please read	Product labeling details		CW INVESTORS d instructions before filling this Form)
Advisor ARN / RIA code Sub-br 103807	oker/Branch Code	Sub-broker ARN	Representative EU E133071	JIN For office use only
The upfront commission on investment made by the investor, if a Applicable only if ARN is mentioned but EUIN box is left blank percent of the above divisibutor (who herefore a provide the above division).	nny, shall be paid to the ARN Holder (# "1/We hereby confirm that the EUIN b	AMFI registered distributor) directly b box has been intentionally left blank by provided by the ampleuse (relations)	by the investor, based on the investor's ass me/us as this transaction is executed with in manager (calce percent)	sessment of various factors including service rendered by the ARN Holder: nout any interaction or advice by the employee/relationship manager/sales or/sub broker: Applicable only if RIA Code is mentioned: "I / We hereby the SEBI-Registered Investment Adviser whose code is mentioned herein."
				the SEBI-Registered Investment Adviser whose code is mentioned herein." /brokers who have opted to receive transaction charges.
I am a first time investor in mutual funds (R		I am an existing	mutual funds investor (Rs.100	
DECLARATION (SIGNATURE/SMANDA Having read and understood the contents of the Statement of Additions Scheme Documents) and after evaluating and acknowledging the risk if the terms and conditions mentioned in the Scheme Documents. Notwit or a 'US Person' and are not applying for Units on behalf of any 'US Per disclosed the details of commissions (in the form of trail commission of directly or indurectly in making this investment and are not in contraver referred as Franklin Templeton) harmless against any losses, costs, dan incomplete or for the activities performed by them in good latith or on the manner, all / any of the information provided by mey us, including all Templeton updated and to provide any additional information / docum collecting, storing and usage (ii) validating/authenticating and (ii) upda including demographic information with the asset management compa	al Information (SAI) of Franklin Templeton actors, I / we hereby apply to the Franklin thatanding the generality of the aforesaid son (iii) the money used for investment I any other mode) offered by competing: any other mode) offered by competing to ages a srising out of any actions undertak the basis of information provided by merk changes, updates to such information as amental, statutory, regulatory, administrat atting my/our Aadhaar number(s) in acco nies of SEBI registered mutual fund and the sense of SEBI registered mutual fund and the sense of SEBI registered mutual fund and the sense of sense of sens	n Mutual Fund (FTMF), respective Schem Templeton Trustee Services Pvt. Ltd, Tr undertaking, I/We hereby confirm that (I structure) and from (eglimate source themes of various nutual funds failing in en or activities performed by them in acc is as also due to my/ our not intimating / and when provided by m-/u su alongvid ive or judicial authorities / agencies with in Templeton, in connection with this app rdance with the Aadhaar Act, 2016 (and heir Registrar and Transfer Agent (RTA), H	Date e Information Document (SID); Key Informati, ustees to the schemes of FIMF for units of sci 1) any we are not residents of Canada and are is (iv) the tax residency status (FRTA/CRS) and the category of scheme(s) being recommend Resources Inc. its subsidiary and associate ent ordance with the Scheme Documents and for delay in infrancing such charges. I We here to a status of the scheme bocuments and for delay in infrancing such charges. I We here out any obligation of advising / informing me lication. I/We hereby provide my/our conser regulations made thereunder) and PMLA. I/V (RA(s) & Central KYC Registry for the purpose	Place
Sole / First Unit Holder		Second Unit Holder		Third Unit Holder
MY DETAILS (To be filled in Block Letter	rs. Please provide the follow			
My Name (Should match with Aadhaar Card)				PAN/PEKRN (1st Applicant) KYC
My Guardian's Name (if minor)/POA/Contact	Person			PAN/PEKRN (Guardian/POA)
On behalf of Minor (* Attach Mandatory Documents as per instructions).	Date of Birth Minor's	/ M M / Y Y		aardian named is : Father Mother Court Appointed
INT APPLICANTS (IF ANY) DETAIL	ILS		Mode of Operation :	Single Joint Either or Survivor(s) [Default]
2nd Applicant Name (Should match with Aadh 3rd Applicant Name (Should match with Aadh	aar Card)			PAN/PEKRN (2nd Applicant) KYC PAN/PEKRN (3rd Applicant) KYC
MY CONTACT DETAILS (As per KYC re Email ID	cords. To be filled in Block I	Letters)		
				Address Type (Mandatowy)
In capital) Mobile +91 Address Landmark City I wish to receive Scheme Annual Report and Abridged S	ummary : Online (Preferred		Image: state	Address Type (Mandatory) a. Residential & Business b. Residential c. Business d. Registered Office
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Amount

Bank and Branch details

Cheque/DD No.

Date_

BANK A	CCOUNT DETAILS (Avail Multiple Bank R	egistration Faci	lity)				
My Bank Nam	e						
Bank A/C No.			F	/C Type Saving	s Current	NRE NRO FCNR O	thers
Branch Addres	ss						
			City			Pin	
IFSC code: (11	digit)		MICR code (9 digit			(This is a 9 digit r your cheque num	
R ADDITI	ONAL INFORMATION						
Applicant	Aadhaar No.⁺		KIN No. (If KYC done via	СКҮС)		Date of Birth [#]	Gender
1st						D D / M M / Y Y	M F
2nd						D D / M M / Y Y	M DF
3rd						D D / M M / Y Y	□M □F
G or POA [^]						D D / M M / Y Y	M F
#Date of Birth - M	andatory if CKYC ID mentioned. ^G: Guardian; ^POA: Powe	er Of Attorney ⁺ If Aad	lhaar number is not assigned Aadhaar	enrollment number and p	roof to be provide	ed.	
Details	2 nd Applicant		3 rd	Applicant		G or POA	
Mobile No.							
Email Id.							
R NOMINA	ATION DETAILS (In case of more than one no	minee, please sub	omit a separate nomination f	orm available with a	ny of our ISCs	s or on our website). Refer instru	ctions.
Nominee Name and Address For Minor No		minee (Mandatory to attach DOB Proof)					
	DOB		Guardian Name & Address Alloca		Allocation	Nominee/ Guardian Signature	
					100 %	Х	
OR I/We D	00 NOT wish to nominate and sign here						

(To be signed by all the joint holders irrespective of the mode of holdings.)_

The provide the second					
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

Es KNOW FOOK COSTOMEK (KTC) DETAILS (Manuatory, Please fick) Specify. The application is hable to get rejected in details not lined.)									
Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Resident Individual					Private Sector				
NRI/PIO/OCI					Public Sector				
Sole Proprietorship		-	-	-	Government Service				
Minor through Guardian		-	-	-	Business				
	Company/B	ody 🛛 Corporat	te 🗌 Partnersh	ip	Professional				
Non Individual	🗆 Trust	🗆 Society	🗆 HUF		Agriculturist				
	🗆 Bank	□ AOP	□ FI/FII/FP	I	Retired				
Others (Please specify)					Housewife				
Gross Annual Income Ra	ngo (in Pc)	1	1		Student				
					Others (Please specify)				
Below 1 lac									NY 1 A 12 11
1-5 lac					Politically Exposed Pers	on (PEP) detail		Related to PEP	Not Applicable
5-10 lac					1 st Applicant				
10-25 lac					2 nd Applicant				
25 lac- 1 cr					3 rd Applicant				
1 -5 cr					Guardian				
5 - 10 cr					Authorised Signatories				
> 10 cr					Promoters				
OR Networth in Rs.									
(Mandatory for Non					Partners				
Individual) (not older	as on	as on	as on	as on	Karta				
than 1 year)	D D M M Y Y	D D M M Y Y	DDMMYY	D D M M Y Y	Whole-time Directors/Tu	ırstee			

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				
Are you a tax resident of any	Yes No	Yes No	Yes No	Yes No
country other than India?	If Yes: Mandatory to enclose FATCA /CRS Annexure			

anto 9 pm, Monday to Saturday)	Service@franklintempleton.com	🕂 www. franklintempletonindia.com
Quick Name, Address are correctly mentioned Checklist 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