FRANKLIN T INVESTMEN		<b>WILY SOLUTIONS</b> STMENT PLANS FOR LIFE GOALS	(Please use sep	R NEW INVESTORS arate Transactions Form for each e / Plan and Transaction)
Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only
103807			E133071	
n of the above distributor/sub broker or no ou my/our consent to share/provide the tr INSACTION CHARGES (Refer i	otwithstanding the advice of in-appropriateness ansactions data feed/portfolio holdings/ NAV et	if any, provided by the employee/relationship man . in respect of my/our investments under Direct Pla tion) Applicable for transactions routed to	nager/sales person of the distributor/sub broker. an of all Schemes managed by you, to the SEBI-Regi	rious factors including service rendered by the ARN Holder. tion or advice by the employee/relationship manager/sales <b>'Applicable only if RIA Code is mentioned</b> ." I/ We hereby stered Investment Adviser whose code is <b>mentioned</b> herein." <b>ho have opted to receive transaction charges.</b> educted).
LARATION	,		Date	Place

## DEC

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But the set 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 (fogether referred as Scheme Documents) and after evaluating and acknowledging the risk factors, I / we hereby apply to the Franklin Templeton Trustee Services Pvt. Lid, 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 (1) I /we an/are not a US Person' and are not a completing 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 incomplete or for the activities performed by them in good faind vor any tension undertaken or activities performed by uses also due to my our or intimating / delay in intimating such changes. I/We hereby authorise Franklin Templeton harm consolites or of the above particulars being failes, remit in any form, mode or manner, all / any of the information provided by me/ us also due to m// our on intimating / delay in intimating such changes. I/We hereby authorise Franklin Templeton intimating / delay in intimating addition on delay in the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us along with the details on otheraditic authorities or any lothar on provided by me/ us along changes or asing into a or divising / information provided by me/ us additional information / documentation that may be required by Franklin Templeton, in connection with this applicatole. If we draw on the information provided by me/ us along of the approved and merge to redivising / inform

Sole / First Unit Holder		Second Unit Holder		Third Unit Holder	
<b>MY DETAILS</b> (To be filled in Block Letters. P	lease provide the following	g details in full; Please refer in	structions)		
My Name (Should match with Aadhaar Card)				PAN/PEKRN (1st Applicant)	KYC
My Guardian's Name (if minor)/POA/Contact Pers	on			PAN/PEKRN (Guardian/POA)	КҮС
<b>On behalf of Minor</b> (* Attach Mandatory Documents as per instructions).	Date of Birth Minor's D D /	/ M M / Y Y	Date of Birth Proof attached *	Guardian named is : Father Mother Court Appointed	
INT APPLICANTS (IF ANY) DETAILS			Mode of Operatio	n : Single Joint Either or Survivor(	s) [Default]
2nd Applicant Name (Should match with Aadhaar	Card)			PAN/PEKRN (2nd Applicant)	KYC
3rd Applicant Name (Should match with Aadhaar	Card)			PAN/PEKRN (3rd Applicant)	КҮС

	GOAL	Retirement	Child's Future	Wealth Builder	
	Additional Details		e.g. Deepa's Marriage	e.g. Home/Car	
Scheme Na	me / Plan	Options	Amount in ₹ (SIP: per Installment)	Amount in ₹ (SIP: per Installment)	Amount in ₹ (SIP: per Installment
Lumpsum SIP	Plan: Regular Dire	ct 🗌 Growth			
		Dividend Payout			
		Dividend Reinvestment			
Lumpsum SIP	Plan: Regular Dire	ct 🗌 Growth			
		Dividend Payout			
		Dividend Reinvestment			
Lumpsum SIP	Plan: Regular Dire	ct 🗌 Growth			
		Dividend Payout			
		Dividend Reinvestment			
Lumpsum SIP	Plan: Regular Dire	ct 🗌 Growth			
		Dividend Payout			
		Dividend Reinvestment			
Total Investm	ent per Goal				
Total Investme	nt in all Goals	( in figures )			
mount Invested	(DD Charges)	Net A	Amount		
ayment Details Cheque/DD No.	Bank				
ranch		Bank A/C No.			

R ACKNOWLEDGEMENT SLIP Sl. No. Received from\_ \_Pin\_ **Payment Details** Amount Cheque/DD No. Date Bank and Branch details

Sl No.

	AILS (As per KY	c records. To be r	med m block Let						
Email ID							Addr	ess Type (Mar	idatory)
(in capital)								Residential & B	••
Mobile +91			Tel	(STD Code)			——————————————————————————————————————	Residential	
Address							□ □ c.	Business	
								Registered Offi	ce
Landmark									
Lanumark				<u> </u>					
City			Pin Co (Mandato		Stat	e			
BANK ACCOUNT D	<b>ETAILS</b> (Avail	миниріе ванк	Registration Fa	.ciiity)		1 1 1	1 1 I		
My Bank Name									
Deule A /C No								NRO FCNR	
Bank A/C No.			_   _   _		A/C Type	Savings Cur	rentNRE	NRO EFCNR	_Others
Branch Address									
				Cit	·····		Pin		
				Cit	y		FIII		
IFSC code: (11 digit)				MICF	code (9 digit)			your cheque r	git number next to number)
	DIMATION							у т Т	,
R ADDITIONAL INFO	ORMATION								
Applicant	Aadhaa	r No.⁺		KIN No. (I	f KYC done via CKYC)		Dat	e of Birth <sup>#</sup>	Gender
1st								M M / Y	Y DM DF
2nd								MM/YY	
3rd								M M / Y '	
G or POA							D D /	M M / Y Y	Y DM DF
#Date of Birth - Mandatory if CKY	C ID mentioned. <sup>^</sup> G	Guardian; POA: Po	wer Of Attorney <sup>+</sup> If A	Aadhaar number is not	assigned Aadhaar enrollment numb	er and proof to be p	rovided.		
Details	2 <sup>nd</sup>	Applicant			3 <sup>rd</sup> Applicant			G or POA	
Mobile No.									
Email Id.									
Linan iu.									
R NOMINATION DET	AILS (In case of	more than one n	ominee, please s	ubmit a separate	nomination form available	with any of our	ISCs or on our w	ebsite). Refer ins	tructions.
			Ean Minar N	Iomines (Monda)	home to attack DOR Ducof)				
Nominee	Name and Addr	ess		`	tory to attach DOB Proof)	Allocati	on Nomin	ee/ Guardian Sig	nature
			DOB	Gua	ardian Name & Address			, 0	
						100 %	6 X		
	to nominato and	aign hang (Ta ha	aigned by all the	i o intholdono inno	spective of the mode of hole	din aa )			
<b>OR</b> I/We DO NOT wish	to nonnate and	sign nere (10 be	signed by an the	joint noiders nie	SDeclive of the mode of non	um25.1			
					-1	8-)			
B DEPOSITORY ACCO	DUNT DETAIL	<b>S</b> (Optional. To	be filled if inve	estor wishes to	-		instructions.		
DEPOSITORY ACCO     NSDL: DP Name	DUNT DETAILS	<b>S</b> (Optional. To	be filled if inve DP II	1 1 1	-				
NSDL: DP Name	DUNT DETAIL	<b>S</b> (Optional. To		1 1 1	-	mode). Refer Beneficiar	y Ac No.		
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