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

Distributor information			For Office Use Only
Advisor Code*	Sub-broker/Branch Code	Representative Code	Application received
ARN -0988			
* AMFI Registered Distributors			
investor, based on the in	vestor's assessment of various factors i	including service rendered by t	Holder (AMFI registered distributor) directly by the he ARN Holder.
Existing Unitholders (Ple	ase provide the following details in full; Please refer I	instruction 2)	
First Applicant Name			
Customer Folio No.		Account No.	
Unit Holder Information			
	Use one box for one alphabet leaving one box	c blank between name and surname)	
Name of First/Sole Appli	cant		
Proof of KYC enclosed [∗] □			Date of Birth [#] D D M M Y Y Y Y
PAN No. (Mandatory) ^{\$}		Enclosed: □ PAN Card Copy	
	\Box Minor through Guardian [#] \Box FI		□ Trust □ Society □ HUF □ Bank □ AOP specify)
Name of Second Applica	nt		Date of Birth [#] $D \mid D \mid M \mid M \mid Y \mid Y \mid Y \mid Y$
Proof of KYC enclosed [*] □ PAN No. (Mandatory) ^{\$}		Enclosed DAN Cord Corr	
Status: 🗆 Resident Ind	lividual 🗆 NRI/PIO 🗆 Minor thre	Enclosed: □ PAN Card Copy ough Guardian [#] □ Others (1)	Please specify)
Nationality and Country			· //
Name of Third Applican	t		
Proof of KYC enclosed $\begin{subarray}{c} \Box \end{array}$			Date of Birth [#] $D D M M Y Y Y Y$
PAN No. (Mandatory)		Enclosed: □ PAN Card Copy	$\mathbf{Gender} \square Male \square Female$
	lividual 🗆 NRI/PIO 🗆 Minor thro	ough Guardian# 🛛 Others (1	Please specify)
Nationality and Country	of Kesidence		
Name of Guardian			
Proof of KYC enclosed* \Box		Enclosed: □ PAN Card Copy	Date of Birth D D M M Y Y Y Gender $Male \square$ Female
PAN No. (Mandatory)	lividual □ NRI/PIO □ Others (Pl		Gender 🗆 Male 🗆 Female
Nationality and Country	•		Relationship with Minor 🗆 Parent 🛛 Guardian
*Please provide copy of the KYC	acknowledgement issued by CVL (Mandatory for	all Investors for investments of value Rs.	. 50,000 & Above). \$PAN: In terms of SEBI circular dated April 27, 2007,
			, 2007 irrespective of the amount of transaction. Please submit photocopy of r Minors and all investments in TIPP (in TIPP, only individuals may invest).
I/We would like to inves	t in		Mode of Operation
	h investment, drawn in favour of scheme name (see point 4 on page 24). leton India Pension Plan and Templeton India Children's Asset Plan are		
Scheme Names (Please tick (•	1 , 1 ,	
□ FIBCF □ FIPF □ FIPP □ FIOF] TIGF] TIEIF] FIHGCF] FIFCF] FIF] FPF	□ FFF □ TIPP □ FIT □ FTIBF □ FTDPE	
□ 20's Pla □ FAEF □ FTLF □ 40's Pla		in 🛛 🗖 BSE Sensex Plan	Name of POA Holder
	n 🔲 50's Plan 📔 HICAP 1s Floating Rate Plan 🗌 Gift Plan	□ FIIF □ NSE Nifty Plan	
Plan /Options (Please tick (Proof of KYC enclosed [∗] □
Lumpsum Systematic Investment Pl	Growth	Dividend Provent	
Systematic Investment Pla Amount Invested	nn Dividend Reinvestment	(Less DD Charges)	Date of Birth D D M M Y Y Y Y
Net Amount Paid			Status: (Please tick (✓))
Payment Details*			□ Resident Individual □ NRI/PIO
Cheque/DD No	Bank, Bank A/C No. and Branch_		□ Others (Please specify)
Please use separate application forms for Lumpsum at	d Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct D	ebit) form alongside and submit it together with the applicati	ion form. Gender:
If you have an existing account in the scheme mentioned Instructions : * a) For payments by demand draft of	above, this purchase will be treated as an additional purchase in the same account Rs. 50,000 & above, please attach proof of debit to your bank account by way ue of the DD. b) If the payment is not made from the investor's account, issuer:	It. If you prefer to have a new account in the same scheme please of a copy of the DD request evidencing debit to your account of	rtick bere or a letter Male Esperale
Acknowledgement			W
Received from			ה'
		· · · · · · · · · · · · · · · · · · ·	Pin
Scheme Name	Plan/Option		Payment Details
	Lumpsum Systematic	Amount	Cheque/DD No Date

Bank and Branch details

Investment Plan

Address (Mandatory if	you have n	ot comp	leted yo	our KYC	proce	ss via	CVL, e	lse the	add	lress o	of the	e 1st F	Holde	er as r	egister	ed wi	th CV	/L wi	ll be	autom	natical	ly up	dated	in o	our rec	ords)			
				I	1			1	1											1	1	1		1	Ì				_
City			II	Sta	ite							1	Cou	ntry						1	Pinc	ode	1	1					
Overseas Address for NRIs						1		1]									1	1			_				
Overseas Address for INAIs																													
City				Sta	ite 🛓								Cou	intry						Pi	n/Zi	рL							
Contact Details (Plea	ise provide y	your con	ntact det	ails even	if you	1 have	already	v submi	ttec	l you	· KYO	C ack	nowl	edgem	ent)														
If the Applicant is Sole Propr	ietorship Fir	m, please	e provide	the nam	e of Sc	ole Pro	prietor.	If HUF	, pl	ease p	rovid	e the 1	name	of Kar	ta. In c	case o	f othe	r Nor	n-Indi	viduals	s, plea	se pro	vide tł	he d	etails c	of Cor	itact I	Person	1.
Name	Name																												
Tel STD Code					Off									P.	sider										Fax				
Email		1 1															Лobi	le	1						гах	1		1	
Franklin Templeton	'Easy' S	ervice	s						_		1					1	1001	IC _	1			1	1		-			_	
 1. Franklin Templeton Easy c-Update: Receive account statements, annual reports and other information instantly by Email * a. Franklin Templeton Easy Call: Just call 1800 425 4255 or 6000 4255 to access your account using TPIN b. Yes, I would like to receive the above by email c. Franklin Templeton Easy Mobile: Get instant SMS alerts to confirm your transactions Mobile Number c. Franklin Templeton Easy Web: Access your account and transact online at www.franklintempletonindia.com using your HPIN c. Yes, I would like to receive my HPIN 3. Franklin Templeton Easy Call: Just call 1800 425 4255 or 6000 4255 to access your account using TPIN c. Yes, I would like to receive the above by email c. Yes, I would like to receive my HPIN 									IN ns * the																				
Bank Details (Man			vestors)	- For pa	aymen	t thro	ugh ele	ctronic	mo	ode, p			~											-	1				
	1 1	1	1 1	1	1	1		J	1	P		1	1	1	1	1				1	1	1	1	1	1	1	1	1	
Bank Name (Do not abbreviate)																													
Account No. Please provide the full account	nt number												Bra	anch/	City														
Branch Address												<u> </u>										D:		_					
Account type For					<u> </u>																	Pir	1						
Bank. Please provide a cancelled, sig the right to effect payments of divide Please verify and ensure the accuracy o Nomination Details	ends and reden f the bank detai	nptions by ils provided	way of a l above and	cheque or l as shown	paymen in your	nt instr account	ument til statemen	l such tir t. Franklii	ne tl n Ter	hat the mpleton	accou canno	int deta ot be hei	ails pro ld resp	ovided o onsible f	an be v or delay:	erified s or eri	. I/We ors in p	e DO N process	NOT w ing you	ish to a r reques	avail d st if the	irect ci inform	edit fac ation pr	cility ovide	r (Pleas ed is inc	e tick) omplete	e or ina	ccurat	
Nominee Name & Ac	ddress																												-
Guardian name & add	lress (if n	omine	e is a r	ninor)						Signature of Nominee/Guardian														_					
Witness Name & Add	dress															Sign	atur	e of	Wit	ness									_
Declaration																													
Having read and understood the contents of the Scheme Information Document of the Fund, the Key Information Memora hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of Franklin Templeton Mutual Fund as indic conditions, rules and regulations of the Fund as on the date of this investment and confirm that the monies invested in the fur received nor been induced by any rebate or gifts, directly or indirectly in making this investment. * I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons within th States Securities Act of 1933, as amended from time to time, and I / We hereby further confirm that the monies are remitted for or from my/our monies in my/our NRE/NRO Account. I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge an Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomple								Adicated above, and agree to abide by the terms, he fund legally belong to me / us. I / We have not in the meaning of Regulation (S) under the United d from abroad through approved banking channels ge and belief. I further agree not to hold Franklin able I hereby undertake to promptly inform the																					
mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me to also due to my not intimating y delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence unit-India (FIU-IND) including all changes, updates									_																				
Third Applicant Third Applicant and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application." I/We confirm and declare that I/ We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website www.franklintempletonindia.com. I/ We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for an action relating to the use of HPIN/ TPIN/ Email services facility. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is bein recommended to me/us							any																						
Date:	Place													* 1	Applicat	ole to I	Non-R	esider	ıt inve	stors									
Disclaimer: In the event of any K may be redeemed at applicable Na Documents (including ELSS Sche amount invested may be refunded	YC Applicati AV, subject to emes) or a Ne	on Form payment w Fund (being sul t of exit lo Offer, allo	bsequentl oad, wher otment m	y reject ever ap ay be d	ted for plicabl one or	lack of e. Howe ily on co	informat ever, in c onfirmati	tion ase o on f	/ defi of sub from t	ciency scripti he Ce	7 / insu ions in entral A	ufficie 1 sche: Agenc								tment as pres ency i	transa scribeo nform	ction n l in the s that t	nay e res the F	be cano spective CYC is	elled Sche cance	and th me Inf led, th	ie amo forma ie oriș	ount tion ginal
For inv Frankli Ph: 1.8 non-MT FRANKLIN® TEMPLETON® INVESTMENTS WWW.								lin Te 300-4 TNL/1 : serv fran	empl 254 non-E vice@ klint	eton 1255 3SNL @tem templ	Invest (For <i>N</i> users, pletor etonir	men NTNL, pleas n.cor ndia.	ts Se /BSN se pre n com	rvice L use efix th	e Ce ers on ne cit	ntres ly. Lo y STD	cal co	e if c	alling	froi	marr	nobile	e pho	ne)					

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 for all applicants, guardians for minors and POA holders

Common Application Form for TIIF, TIIBA, TGSF, TISTIP, TFIF, FINTF, TMIP, FTIMIP, TIUBF, TITMA, & TIMMA

TFIF, FINTF, 7	TMIP, FTIMIP, TIUBF	, TITMA, & TIM	
Distributor information			For Office Use Only
Advisor Code*	Sub-broker/Branch Code	Representative Code	Application received
ARN -0988			
* AMFI Registered Distributors			
investor, based on the in	vestor's assessment of various factors i	ncluding service rendered by	N Holder (AMFI registered distributor) directly by the the ARN Holder.
	ease provide the following details in full; Please refer I	nstruction 2)	
First Applicant Name Customer Folio No. 🗆		Account No.	
Unit Holder Information	n		
(To be filled in Block Letters.	. Use one box for one alphabet leaving one box	blank between name and surname	e)
Name of First/Sole Appl	icant		
Proof of KYC enclosed* □ PAN No. (Mandatory)\$		Enclosed: □ PAN Card Cop	Date of Birth [#] $D \mid D \mid M \mid M \mid Y \mid Y \mid Y \mid Y$ by Gender \Box Male \Box Female
			□ Trust □ Society □ HUF □ Bank □ AOP
 Sole Proprietorship Nationality and Country 	0	□ FII □ Others (Please	e specify)
Name of Second Applica	unt		
Proof of KYC enclosed [∗] □			Date of Birth [#] D D M M Y Y Y Y
PAN No. (Mandatory)		Enclosed: PAN Card Cop	
		ough Guardian [#] □ Others	(Please specify)
Nationality and Country	of Residence		
Name of Third Applican	t		
Proof of KYC enclosed* \Box			Date of Birth [#] $D D M M Y Y Y Y$
PAN No. (Mandatory) ^{\$}		Enclosed: □ PAN Card Cop	
Status: Resident In Nationality and Country	dividual □ NRI/PIO □ Minor thro	ough Guardian [#] 🗆 Others	(Please specify)
Name of Guardian			
Proof of KYC enclosed*			Date of Birth D D M M Y Y Y
PAN No. (Mandatory)		Enclosed: □ PAN Card Cop	
· · · · · · · · · · · · · · · · · · ·	dividual □ NRI/PIO □ Others (Pl	1	. •
	,		Relationship with Minor 🗆 Parent 🛛 Guardian
*Please provide copy of the K	YC acknowledgement issued by CVL (Mandato	ry for all Investors for investments	of value Rs. 50,000 & Above). \$PAN: In terms of SEBI circular dated
			of minors and NRIs) w.e.f. July 2, 2007 irrespective of the amount of rned across the counter). #Date of Birth - mandatory for Minors.
I/We would like to invest	st in		Mode of Operation
Separate cheque/demand draft required you may refer to the Recknoner for more	for each investment, drawn in favour of scheme name. Please j re details on pg 24.	fill up the scheme name(s) and the plan/option	\Box Single \Box Joint \Box Either or Survivor(s)
Scheme Names (Please tick	· //	Long Term	Power of Attorney (POA) Details
	□ TGSF □ TISTIP □ FINTF □		Name of POA Holder
	□ TIUBF □ TITMA □ TIMMA		
Plan /Options (Please tick (✔)) Plan		
Systematic Investment Pl			Proof of KYC enclosed [∗] □
Amount Invested		(Less DD Charges)	Date of Birth D D M M Y Y Y Y
Net Amount Paid			Statum (Diagon tight (())
Payment Details*	Park Park A/C No. and Provak		Status: (Please tick (🗸))
Cheque/DD No	Bank, Bank A/C No. and Branch_		□ Resident Individual □ NRI/PIO
Please use separate application forms for Lu	npsum and Systematic Investment Plan, please fill the SIP Auto .	Debit (ECS/Direct Debit) form alongside and	□ Others (Please specify)
a new account in the same scheme please tick your bank account by way of a copy of the D	mentioned above, this purchase will be treated as an additional pur bere □ Instructions : * a) For payments by demand draft of Rs. ? D request evidencing debit to your account or a letter from your b m the investor's account, issuers of the payment instrument must	i0,000 & above, please attach proof of debit to anker confirming the account debited for issue	Gender: Male Female
Acknowledgement			W
Received from			
			Pin
Scheme Name	Plan/Option		Payment Details
	Lumpsum	A	
	Systematic	Amount	_ Cheque/DD No Date
		Bank and Branch details	

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	Bank and Branch details	
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Plan

Address (Mandatory if you have not completed your KYC process via CVL, else the ad	dress of the 1st Holder as registered with CVL will be automatically updated in our records)													
City State	Country Pincode													
Overseas Address for NRIs/PIOs														
City State Contact Details (Please provide your contact details even if you have already submitte	Country Pin/Zip													
	elease provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.													
Name	lease provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Ferson.													
Tel														
STD Code Office	Residence Fax													
Email	Mobile _ _ _ _ _ _													
Franklin Templeton 'Easy' Services														
Franklin Templeton Easy e-Update: Receive account statements, annual reports ar other information instantly by Email * Email Address: I I / We wish to receive the above by email I / We do not wish to receive the above by email Franklin Templeton Easy Web: Access your account and transact online at www.franklintempletonindia.com using your HPIN Yes, I would like to receive my HPIN	 3. Franklin Templeton Easy Call: Just call 1800 425 4255 or 6000 4255 to access your account using TPIN □ Yes, I would like to receive my TPIN 4. Franklin Templeton Easy Mobile: Get instant SMS alerts to confirm your transactions Mobile Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □													
Bank Details (Mandatory - For new investors) - For payment through electronic m														
Bank Name Description (Do not abbreviate)														
Account No.	Branch/City													
Please provide the full account number														
Branch														
	nts DNRO DNRE DOthers													
e right to effect payments of dividends and redemptions by way of a cheque or payment instrument till such time case verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin I	do not provide a cancelled and signed cheque, Franklin Templeton will record the new bank details as provided, but reserves that the account details provided can be verified. I/We DO NOT wish to avail direct credit facility (Please tick) □ impleton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. (s. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website).													
Nominee Name & Address														
Guardian name & address (if nominee is a minor)	Signature of Nominee/Guardian													
Witness Name & Address	Signature of Witness													
Declaration														
aving read and understood the contents of the Scheme Information Document of the Fund, the Key Information reby apply to the Trustees of Franklin Templeton Mutual Fund for units of Franklin Templeton Mutual Fund nditions, rules and regulations of the Fund as on the date of this investment and confirm that the monies invested ceived nor been induced by any rebate or gifts, directly or indirectly in making this investment.	as indicated above, and agree to abide by the terms, in the fund legally belong to me / us. I / We have not													
I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons v ates Securities Act of 1933, as amended from time to time, and I / We hereby further confirm that the monies are ren 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 know mpleton Investments liable for any consequences in case of any of the above particulars being false, incorrect or i	nitted from abroad through approved banking channels vledge and belief. I further agree not to hold Franklin													
utual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, th uthorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaka formation provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize ode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence	err authorised agents, representatives, distributors (the en or activities performed by them on the basis of the the mutual fund to disclose, share, remit in any form,													
o such information as and when provided by me without any obligation of advising me'us of the same. I hereby agree to provide any additional information / Third Applicant documentation that may be required by the Authorised Parties, in connection with this application." //We confirm and declare that I/ We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the www.franklintempletonindia.com. I/ We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible liction relating to the use of HPIN/ TPIN/ Email services facility. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme														
commended to me/us	with his hours of the anterest competing senence of rations mutual ratios noni allongst which the senence is being													
ate: Place	* Applicable to Non-Resident investors n / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amoun													
ay be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case	n / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amou of subscriptions in scheme where Units are under a lock – in period as prescribed in the respective Scheme Informatic from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the origin													
FRANKLIN, TEMPLETON, INVESTMENTS	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 for all applicants, guardians for minors and POA holders