

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

Sl. No.

Distributor information		For Office Use Only
Advisor Code*	Sub-Advisor Code* :	Application received
	Branch :	
* AMFI Registered Distributors		
	Representative :	

## Existing Unitholders (Please provide the following details in full; Please refer Instruction 2)

First Applicant Name   
 Customer Folio No.  Account No.

## Unit Holder Information

(To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant

Proof of KYC enclosed\* ☐ or KYC Application No.\*  Date of Birth#

PAN No. (Mandatory)\$  Enclosed: ☐ PAN Card Copy or ☐ Form 49A & ☐ Form 60 ^ | Gender ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Company/Body Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP

☐ Sole Proprietorship ☐ Minor through Guardian# ☐ FI ☐ FII ☐ Others (Please specify)

Nationality and Country of Residence

Name of Second Applicant

Proof of KYC enclosed\* ☐ or KYC Application No.\*  Date of Birth#

PAN No. (Mandatory)\$  Enclosed: ☐ PAN Card Copy or ☐ Form 49A & ☐ Form 60 ^ | Gender ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Minor through Guardian# ☐ Others (Please specify)

Nationality and Country of Residence

Name of Third Applicant

Proof of KYC enclosed\* ☐ or KYC Application No.\*  Date of Birth#

PAN No. (Mandatory)\$  Enclosed: ☐ PAN Card Copy or ☐ Form 49A & ☐ Form 60 ^ | Gender ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Minor through Guardian# ☐ Others (Please specify)

Nationality and Country of Residence

Name of Guardian

Proof of KYC enclosed\* ☐ or KYC Application No.\*  Date of Birth

PAN No. (Mandatory)\$  Enclosed: ☐ PAN Card Copy or ☐ Form 49A & ☐ Form 60 ^ | Gender ☐ Male ☐ Female

Status: ☐ Resident Individual ☐ NRI/PIO ☐ Others (Please specify)

Nationality and Country of Residence  Relationship with Minor ☐ Parent ☐ Guardian

\*Please provide any one of the following: 1. Copy of the KYC acknowledgement issued by CVL or 2. KYC Application with necessary documents. (Mandatory for all Investors). \$PAN: In terms of SEBI circular dated April 27, 2007, verification of PAN is mandatory for all Unitholders (including joint holders, guardians in case of minors and NRIs) w.e.f. July 2, 2007 irrespective of the amount of transaction. Please submit photocopy of the PAN card (alongwith the original for verification, which will be returned across the counter). ^ Submission of form 60 is mandatory for investments of Rs.50,000 and above #Date of Birth - mandatory for Minors and all investments in TIPP(in TIPP, only individuals may invest).

## I/We would like to invest in

Separate cheque/demand draft required for each investment, drawn in favour of scheme name (see point 4 on page 5). Please fill up the scheme name(s) and the plan/option you may refer to the KIM for more details. Investors in Templeton India Pension Plan and Templeton India Children's Asset Plan are requested to also fill in the option exercise form available at the ISC.

### Scheme Names (Please tick (✓))

☐ FIBCF ☐ FIPF ☐ FIPP ☐ FIOF ☐ TIGF ☐ TIEIF ☐ FIHGCF ☐ FIFCF ☐ FIF ☐ FPF ☐ FFF ☐ TIPP ☐ FIT ☐ FTIBF ☐ FTDPEF  
☐ FTLF ☐ 20's Plan ☐ 30's Plan ☐ 40's Plan ☐ 50's Plan ☐ 50's Plus Floating Rate Plan ☐ Education Plan ☐ Gift Plan ☐ TICAP ☐ FIIF ☐ BSE Sensex Plan ☐ NSE Nifty Plan

### Plan /Options (Please tick (✓))

☐ Lumpsum ☐ Growth  
☐ Systematic Investment Plan ☐ Dividend Reinvestment ☐ Dividend Payout

Amount Invested  (Less DD Charges)

Net Amount Paid

Payment Details\*

Cheque/DD No.  Bank, Bank A/C No. and Branch

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form. If you have an existing account in the scheme mentioned above, this purchase will be treated as an additional purchase in the same account. If you prefer to have a new account in the same scheme please tick here ☐ Instructions : \* a) For payments by demand draft of Rs. 50,000 & above, please attach proof of debit to your bank account by way of a copy of the DD request evidencing debit to your account or a letter from your banker confirming the account debited for issue of the DD. b) If the payment is not made from the investor's account, issuers of the payment instrument must complete a "3rd Party Declaration".

## Mode of Operation

☐ Single ☐ Joint ☐ Either or Survivor(s)

## Power of Attorney (POA) Details

Name of POA Holder

Proof of KYC enclosed\* ☐ or KYC Application No.\*

Date of Birth

Status: (Please tick (✓))

☐ Resident Individual ☐ NRI/PIO

☐ Others (Please specify)

Gender:

☐ Male ☐ Female

## Acknowledgement

Sl. No.

Received from  Pin

Scheme Name	Plan/Option	Payment Details
<input type="checkbox"/> Lumpsum <input type="checkbox"/> Systematic Investment Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	Amount <input type="text"/> Cheque/DD No. <input type="text"/> Date <input type="text"/> Bank and Branch details <input type="text"/>

**Address** (Mandatory if you have not completed your KYC process via CVL, else the address of the 1st Holder as registered with CVL will be automatically updated in our records)

<input type="text"/>			
<input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	Pincode <input type="text"/>
Overseas Address for NRIs/PIOs <input type="text"/>			
<input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Country <input type="text"/>	Pin/Zip <input type="text"/>

**Contact Details** (Please provide your contact details even if you have already submitted your KYC acknowledgement)

If the Applicant is Sole Proprietorship Firm, please provide the name of Sole Proprietor. If HUF, please provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.

Name <input type="text"/>			
Tel <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STD Code	Office	Residence	Fax
Email <input type="text"/>		Mobile <input type="text"/>	<input type="text"/>

**Franklin Templeton 'Easy' Services**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <b>Franklin Templeton Easy e-Update:</b> Receive account statements, annual reports and other information instantly by Email *<br/>Email Address: <input type="text"/></p> <p><input type="checkbox"/> I / We wish to receive the above by email<br/><input type="checkbox"/> I / We do not wish to receive the above by email</p> <p>2. <b>Franklin Templeton Easy Web:</b> Access your account and transact online at <a href="http://www.franklintempletonindia.com">www.franklintempletonindia.com</a> using your HPIN<br/><input type="checkbox"/> Yes, I would like to receive my HPIN</p> | <p>3. <b>Franklin Templeton Easy Call:</b> Just call 1800 425 4255 or 6000 4255 to access your account using TPIN <input type="checkbox"/> Yes, I would like to receive my TPIN</p> <p>4. <b>Franklin Templeton Easy Mobile:</b> Get instant SMS alerts to confirm your transactions *<br/>Mobile Number <input type="text"/></p> <p>I/We wish to register for SMS updates on my/our mobile phone. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* <b>Note:</b> Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by E-mail and receive SMS updates on mobile.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Bank Details** (Mandatory - For new investors)

Bank Name <input type="text"/> <small>(Do not abbreviate)</small>	<input type="text"/>		
Account No. <input type="text"/> <small>Please provide the full account number</small>	Branch/City <input type="text"/>		
Branch <input type="text"/>	<input type="text"/>		
Address <input type="text"/>	Pin <input type="text"/>		
Account type For Residents <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/>   For Non-Residents <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/>   <input type="checkbox"/> Others <input type="text"/>			
<input type="checkbox"/> Repatriable <input type="checkbox"/> Non-Repatriable			
*RTGS code <input type="text"/>	*NEFT code <input type="text"/>	*MICR code <input type="text"/>	

\*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions in page 6.

Direct Credit Facility is currently available with: ABN Amro Bank, Citibank, Centurion Bank of Punjab, Development Credit Bank, HDFC Bank, HSBC Bank, IDBI Bank, ICICI Bank, Kotak Mahindra Bank, Standard Chartered Bank, YES Bank & Axis Bank. Please provide a cancelled, signed cheque of the bank account you wish to register for Direct Credit. If you do not provide a cancelled and signed cheque, Franklin Templeton will record the new bank details as provided, but reserves the right to effect payments of dividends and redemptions by way of a cheque or payment instrument till such time that the account details provided can be verified. **I/We DO NOT wish to avail direct credit facility (Please tick)** ☐  
Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

**Nomination Details**

Nominee Name & Address <input type="text"/>
Guardian name & address (if nominee is a minor) <input type="text"/>
<input type="text"/> Signature of Nominee/Guardian

**Declaration**

Having read and understood the contents of the Offer Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I / We hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of Franklin Templeton Mutual Fund as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment and confirm that the monies invested in the fund legally belong to me / us. I / We have not 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 the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time, and I / We hereby further confirm that the monies are remitted from abroad through approved banking channels 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 and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. 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 as also due to my not intimating / 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 to 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 / 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](http://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 any action relating to the use of HPIN/ TPIN/ Email services facility.

Date:  Place  \* Applicable to Non-Resident investors

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction will be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. Such redemption proceeds will be despatched within a maximum period of 21 days from date of acceptance of application. However, in case of subscriptions in scheme where Units are under a lock - in period as prescribed in the respective offer Documents (including ELSS Schemes) or a New Fund Offer, allotment will be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested will be refunded.



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](mailto:service@templeton.com)  
[www.franklintempletonindia.com](http://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 or submitted the KYC Application and entered the application No. for all applicants, guardians for minors and POA holders

# Franklin Templeton Mutual Fund

Sl. No.

## Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)



Advisor Name & Code*		Sub Advisor Name & Code*	* AMFI Registered Distributors
----------------------	--	--------------------------	--------------------------------

Having read and understood the contents of the Offer Document(s) and Key Information Memorandum, Addenda issued till date, I / We hereby apply to the Trustees of Franklin Templeton Mutual Fund for a Systematic Investment Plan (SIP) through ECS / Direct Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the scheme(s) as on the date of this investment.

Name of Sole/First Account holder \_\_\_\_\_

Existing Unitholders' Folio Number \_\_\_\_\_ Account No. \_\_\_\_\_

New Investors (Please also complete and submit a Common Application Form) Regn. No. \_\_\_\_\_ (For office use only)

### SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit)

Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Option \_\_\_\_\_

SIP Amount Rs. (per installment) \_\_\_\_\_ Frequency ☐ Monthly ☐ Quarterly ☐ SIP Date ☐ 1st ☐ 7th ☐ 10th ☐ 20th ☐ 25th

First SIP Cheque Date (If Cheque is given) \_\_\_\_\_ Cheque No. \_\_\_\_\_ (please tick as applicable)

ECS Period From \_\_\_\_\_ To \_\_\_\_\_

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf)

I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

Mandatory Enclosures: (If 1st installment is not by cheque)

☐ Blank cancelled cheque ☐ Copy of cheque

### Bank Details

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Account Number \_\_\_\_\_

9 Digit MICR Code \_\_\_\_\_ Account Type ☐ Savings ☐ Current ☐ CC/OD ☐ NRE/NRO (please ✓)

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.

☐ Please change my/our bank account ECS / Direct debit (change in bank account only)

### Account Holder Name as in Bank Account

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments responsible. I/We confirm that the funds invested belongs to me/us. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have not 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-residents of Indian National / Origin but not United States persons within the meaning of Regulation (s) under the United States Securities Act of 1933, as amended from time to time and that I/We hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our NRE/NRO/FCNR Account.

\* Applicable to Non Resident Investors

Date \_\_\_\_\_ Signature of the Investor(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Banker's Attestation (For bank use only)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account No.

### Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number \_\_\_\_\_

### Signatures of Bank Account holders

1st Holder \_\_\_\_\_

2nd Holder \_\_\_\_\_

3rd Holder \_\_\_\_\_

### Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)

Investor's Name \_\_\_\_\_

Customer Folio \_\_\_\_\_ Account No. \_\_\_\_\_

SIP Amount (Rs.) \_\_\_\_\_ Frequency: ☐ Monthly ☐ Quarterly Scheme: \_\_\_\_\_

Franklin Templeton Investor Service Centre Signature & Stamp