



FRANKLIN INDIA ARBITRAGE FUND

An open-ended scheme investing in arbitrage opportunities. New Fund Offer Price: ₹10/- Per Unit

New Fund Offer Opens on: November 4, 2024

New Fund Offer Closes on: November 18, 2024

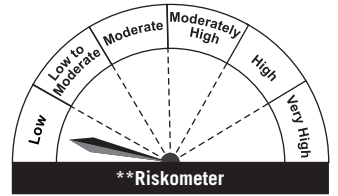
Scheme re-opens on: November 21, 2024

PRODUCT LABELING

This products is suitable for investors who are seeking*

- Short term income generation • A hybrid scheme that aims to generate returns from arbitrage and other derivative strategies by investing predominantly in cash and derivative segments of the equity market and potential arbitrage opportunities available within the derivative segment. The balance will be invested in fixed income and money market instruments.

**The scheme risk-o-meter assigned during the New Fund offer (NFO) is based on the scheme characteristics. The same shall be updated in accordance with the provisions of Para 17.2 of SEBI Master Circular dated June 27, 2024 on Product labelling in mutual fund schemes on an ongoing basis. *Investors should consult their financial advisors if in doubt about whether the product is suitable for them.



Investors understand that their principal will be at Low risk

Advisor ARN / RIA Code/ Portfolio Manager's Registration No., Sub-broker/Branch Code, Sub-broker ARN, Representative EUIN, Sole / First Unit Holder, Second Unit Holder, Third Unit Holder

TRANSACTION CHARGES (Refer instructions and tick the appropriate option) Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges. I am a first time investor in mutual funds (Rs.150 will be deducted). I am an existing mutual funds investor (Rs.100 will be deducted).

EXISTING UNITHOLDERS' FOLIO NUMBER (Please refer Instruction No. 1 on page 17) MY FOLIO NUMBER

MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name, Date of Birth/Incorporation, Gender, KYC NO., Guardian's Name, On behalf of Minor, Date of Birth of Guardian, Date of Birth, Guardian named is: Father, Mother, Court Appointed

JOINT APPLICANTS (IF ANY) DETAILS Mode of Operation: Single, Joint, Either or Survivor(s) [Default]

2nd Applicant Name, Date of Birth, Joint holder relationship, PAN/PEKRN (2nd Applicant), KYC, 3rd Applicant Name, Date of Birth, Joint holder relationship, PAN/PEKRN (3rd Applicant), KYC

MY CONTACT DETAILS (As per KYC records. To be filled in Block Letters) NRI Investors should mention their Overseas address (Refer instructions).

Email ID, Mobile, Tel, Address, Address Type (Mandatory), Landmark, City, Pin Code, State

I wish to receive Scheme Annual Report and Abridged Summary: Online (Preferred & Default), Physical Copy. I declare that Mobile Number in this form belongs to (tick one option) Self, Spouse, Dependent Children, Dependent Siblings, Dependent Parents, Guardian, PMS, Custodian, POA, and approve for usage of these contact details for any communication with FTME.

MY INVESTMENT DETAILS (Cheque/DD should be in favour of "Franklin India Arbitrage Fund". Default plan/Option will be applied incase of no information, ambiguity or discrepancy)

Scheme Name: FRANKLIN INDIA ARBITRAGE FUND, Amount, Payment Mode, Drawn on Bank/Branch, Plan, Option, Sub Option

IF YOU OPT TO START SIP'S, THE BELOW MENTIONED DETAILS WILL BE APPLICABLE. My Additional SIP Details

SIP AMOUNT, SIP Date, Investment Frequency, SIP Period, Step-up my SIP annually by: Increase in %, OR Increase in Rupee Value

BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

My Bank Name

Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others _____

Branch Address

City Pin IFSC code: (11 digit)

ADDITIONAL INFORMATION**SECOND APPLICANT'S DETAILS**

CKYC NO. Gender Male Female Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation

I wish to receive Scheme Annual Report and Abridged Summary :

Online (Preferred & Default) Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings

Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.

I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings

Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.

THIRD APPLICANT'S DETAILS

CKYC NO. Gender Male Female Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation

I wish to receive Scheme Annual Report and Abridged Summary :

Online (Preferred & Default) Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings

Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.

I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings

Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.

GUARDIAN OR POA APPLICANT'S DETAILS

CKYC NO. Gender Male Female Others

MOBILE NO.

EMAIL ID

TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation

I wish to receive Scheme Annual Report and Abridged Summary :

Online (Preferred & Default) Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings

Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.

I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings

Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.

DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.

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 Client Master List OR DP statement

KNOW YOUR CUSTOMER (KYC) DETAILS (Please Tick/ Specify. The application is liable to get rejected if details not filled.)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI (Repatriable) / NRI (Non-Repatriable) / Minor (Repatriable) / Minor (Non-Repatriable) / PIO / OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI				Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Trust <input type="checkbox"/> Society We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please quote the NPO Registration Number provided by DARPAN portal. _____ <i>(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)</i>				Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Others (Please specify)	_____	_____	_____	_____
Others (Please specify)	_____	_____	_____	_____	Politically Exposed Person (PEP) details:				
Gross Annual Income Range (in Rs.)					Is a PEP	Related to PEP	Not Applicable		
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	_____ as on _____ [D][D][M][M][Y][Y]	_____ as on _____ [D][D][M][M][Y][Y]	_____ as on _____ [D][D][M][M][Y][Y]	_____ as on _____ [D][D][M][M][Y][Y]	Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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				
Father's Name				
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes: Mandatory to fill below FATCA / CRS Details			
Country of Tax Residency#				
Identification Type [TIN or other, please specify]				
Tax Identification Number				

To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax identification is not available, kindly provide its functional equivalent.

ACKNOWLEDGEMENT SLIP

Sl. No.:

Received from

Pin

Scheme Name	Plan/Option	Payment Details	
FRANKLIN INDIA ARBITRAGE FUND		Amount _____	Cheque/DD No. _____ Date _____
		Bank and Branch details _____	

NOMINATION DETAILS

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death

Nomination can be made upto three nominees in the account.		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
Mandatory Details				
Name of the nominee(s) (Mr./Ms.)*				
Share of each Nominee	Equally [If not equally, please specify percentage]	%	%	%
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>				
Relationship With the Applicant (If Any)				
Date of Birth		D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
Name of Guardian				

* Date of Birth and Name of Guardian to be provided in case of minor nominee(s)

Non-Mandatory Details			
Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:			
Pincode			
Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
Email ID of nominee(s)/ Guardian in case of Minor			
Nominee/ Guardian (in case of Minor) Identification details - [Please tick any one of following and provide details of same]		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID

OR I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

DECLARATION (SIGNATURE/S MANDATORY)

Date _____ Place _____

Having read and understood the contents 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 (together referred as Scheme Documents) and after evaluating and acknowledging the risk factors, I / we hereby apply to the Franklin Templeton Trustee Services Pvt. Ltd., 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 (i) I am/ we are not residents of Canada and am/ are not applying for Units on behalf of any resident of Canada (ii) I /we am/are not a 'US Person' and are not applying for Units on behalf of any 'US Person' (iii) the money used for investment is my/our own and from legitimate sources (iv) the tax residency status (FATCA/CRS) and UBO details mentioned above are true and correct and (v) the ARN holder has disclosed the details 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 making this investment and are not in contravention or evasion of any applicable laws. I/ We further agree to hold FTMF, Franklin Resources Inc. its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton) harmless against any losses, costs, damages arising out of any actions undertaken or activities performed by them in accordance with the Scheme Documents and for any consequences in case of any of the above particulars being false, incorrect or incomplete or for the activities performed by them in good faith or on the basis of information provided by me/us as also due to my/ our not intimating / delay in intimating such changes. I/We hereby authorise Franklin Templeton to use, disclose, share, remit in any form, mode or manner; all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us alongwith the details of investment made by me/us, to any of its agents, service providers, representatives or distributors or any other parties located in India or outside India or any Indian or foreign governmental, statutory, regulatory, administrative or judicial authorities / agencies without any obligation of advising / informing me/us of the same. I/ We hereby agree to keep the information provided to Franklin Templeton updated and to provide any additional information / documentation that may be required by Franklin Templeton, in connection with this application. I/We confirm that I/we have provided my/our Aadhaar details for KYC purpose absolutely at our volition. By registering my mobile number, I hereby authorize Franklin Templeton Asset Management (India) Pvt. Ltd or any of its authorised representative to call on my registered mobile number irrespective of its registration in Do Not Disturb (DND) registry of TRAI. I have opted to receive updates from Franklin Templeton via SMS and WhatsApp. I am aware about the option to opt-out from all our promotional messages at my choice and the timeline to effect such modification. I acknowledge that DND registration/opt-out will not stop regulatory and service related messages.

_____ Sole / First Unit Holder	_____ Second Unit Holder	_____ Third Unit Holder
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* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

☎ 1800 425 4255 or 1800 258 4255 (from 8 am to 9 pm, Monday to Saturday)

✉ service@franklintempleton.com

🌐 www.franklintempletonindia.com

Quick Checklist

- | | | |
|---|---|--|
| <input type="checkbox"/> Name, Address are correctly mentioned | <input type="checkbox"/> Full scheme name, plan, option is mentioned | <input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. |
| <input type="checkbox"/> Email ID / Mobile number are mentioned along with declaration. | <input type="checkbox"/> Pay-In bank details and supportings are attached | <input type="checkbox"/> Non Individual investors should attach |
| <input type="checkbox"/> KYC information provided for each applicant | <input type="checkbox"/> Nomination facility opted | <input type="checkbox"/> FATCA Details and Declaration Form |
| <input type="checkbox"/> FATCA/CRS details provided for each applicant | <input type="checkbox"/> Form is signed by all applicants | <input type="checkbox"/> UBO Declaration Form |
| <input type="checkbox"/> Corporate Documents/ Trust Deed | <input type="checkbox"/> Proof of relationship with minor | |
| <input type="checkbox"/> PoA Documents | | |