



**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**

Applicant	KIN No. (If KYC done via CKYC)	Date of Birth <sup>#</sup>	Gender
1st	<input type="text"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	<input type="text"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	<input type="text"/>	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned. \*G: Guardian; \*POA: Power Of Attorney

Details	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	G or POA
Mobile No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Id.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> 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 <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. (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.)				Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others (Please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Politically Exposed Person (PEP) details:</b>				
<b>Gross Annual Income Range (in Rs.)</b>					1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorised Signatories	<input type="checkbox"/>	<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"/>	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole-time Directors/Turstees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	<input type="text"/> as on <input type="text"/>	<input type="text"/> as on <input type="text"/>	<input type="text"/> as on <input type="text"/>	<input type="text"/> as on <input type="text"/>	<b>Enclosures (if applicable)</b>				

**Instruction 1.** For SIP investments with: (i) Current date - Please provide Single Cheque (for the first installment) with SIP ECS form. (ii) Future date - Please fill the SIP (ECS/Direct Debit) form along with the Application form. Note: SIP will start after 30 days 2. In case you are investing via both Regular and SIP simultaneously (where the SIP will start after 30 days), please provide a single cheque for the Regular amount, along with the completed SIP (ECS/Direct Debit) Mandate form. 3. Cheque for the investment should be made in favour of "Franklin Templeton Family Solutions" 4. For payments by demand draft please attach a certificate from the banker or Challan (instruction to bank) or passbook/bank statement evidencing the debit for issuance.

**CHECK LIST:** Please ensure the following  
 \* Application form is complete in all respects and signed by all Applicants.  
 \* Enclosures:  
 Supporting documents for bank account details furnished in the Form.  
 For payment by Demand Draft - a certificate from banker in the prescribed format confirming the account from which the funds have been remitted.  
 Proof of KYC for all application, guardians for minors and POA

Proof of relationship with minor  
 Proof of identity & address  
 Proof of DOB  
 Multiple bank registration form  
 Multiple nomination form

**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.

**NOMINATION DETAILS**

I/We, the above-named unitholders in the referred Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the units held my/our folio(s) listed below in the event of my / our death and by cancelling the nomination(s) made by me / us previously in respect of the units held by me / us in the indicated folio(s).

Name and address of Nominee(s) [Mandatory]	PAN of the Nominee [Guardian PAN to be quoted if Nominee is Minor]	Relationship with Sole / First unit holder [Mandatory]	Date of Birth*	Name and address of Guardian*	Signature of Nominee / Guardian [Optional]	Guardian's Relationship with Nominee*	Allocation % to each nominee [Mandatory] (Aggregate should be 100%)
			DDMMYYYY			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			DDMMYYYY			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
			DDMMYYYY			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	

\* Applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate or School Leaving Certificate or Passport or Others equivalent proof)

**OR**  I/We DO NOT wish to nominate: I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.

**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