



FRANKLIN
TEMPLETON

NON FINANCIAL TRANSACTION FORM

(For Existing Investors only. Use separate form for each transaction.)

Sl No.

Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	For office use only

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder. **Applicable only if ARN is mentioned but EUIN box is left blank:** "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." **Applicable only if RIA Code/ Portfolio Manager's Registration Number is mentioned:** "I / We hereby give you my/our consent to share /provide the transactions data feed/portfolio holdings / NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser/ SEBI Registered Portfolio Manager whose code is mentioned herein." 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.

First/Sole Applicant/Guardian	Second Applicant	Third Applicant

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

My Name

My Folio Number

I WISH TO CHANGE MY ADDRESS

FOR KYC COMPLIED FOLIO ACCOUNT: Change of address should be submitted in KYC change form. **FOR NON KYC FOLIOS ACCOUNT:** Attach self attested **1. Proof of address** (Passport, Ration card, Driving license, Voter ID, Registered lease / Sale agreement of residence/ Latest bank statement / Electricity bill / Landline bill / Gas bill) And **2. PAN Card** (For Pan except cases: Attach Identity proof- Passport / Driving license / Voter ID / Aadhaar). Copies of all documents submitted should be accompanied by originals for verification or they should be attested by a KYD complied distributor or personnel / entities authorized for attesting as per KYC guidelines.

Landmark

City

Pin Code (Mandatory)

State

I WISH TO CHANGE MY BANK MANDATE DETAILS (Please allow 10 calendar days for registering the Change of Bank request.)

Attach any one of the following documents of your old and new bank account: ☐ **Cancelled Cheque with name & account number pre-printed** ☐ **Latest Bank statement** ☐ **Latest Pass book** ☐ **Bank Letter.** Submit originals of any one of the documents mentioned above, or Bank Attested Copy or Originals should be produced for verification. All supporting documents should clearly evidence the bank name, bank account number and names of all account holders. This new bank will be treated as your default bank account. All future Redemption and Dividends (income distribution cum capital withdrawal) payments will be made into this bank account.

Bank name

Core Bank Account No.:

A/c. Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others_____

Branch Address

City

Pin

IFSC Code (11 digit)

I WISH TO UPDATE MY PAN, KYC & GST DETAILS ➔ GST No.

KYC Compliance is mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment. Investment without valid KYC will be rejected. Please submit CKYC Form, KRA KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. If you have already provided KYC acknowledgement for this folio, you need not provide the same again.

Applicant	PAN No. / PEKRN (Mandatory)	KIN No. (Mandatory if KYC done via CKYC)	Date of Birth
1st			D D / M M / Y Y
2nd			D D / M M / Y Y
3rd			D D / M M / Y Y
G or POA ^			D D / M M / Y Y

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

PoA (Power of Attorney) REGISTRATION DETAILS (Refer instructions)

Name of the PoA holder

PAN of the PoA holder

Attached ☐ KYC Letter (Mandatory) ☐ Notarized copy of PoA

ACKNOWLEDGMENT SLIP Sl. No.

Investor Name

Folio Number/s

☐ Change of Address ☐ Change of Bank Mandate ☐ PoA Registration ☐ Contact Details ☐ PAN and KYC Updation ☐ Change in Mode of Holding ☐ Consolidation of Folios ☐ Nomination Details Cancellation for Systematic Transactions: ☐ SIP ☐ STP ☐ SWP ☐ Transfer of IDCW Plan - Cancellation

ISC Stamp & Signature



 I WISH TO UPDATE MY CONTACT DETAILS (All existing details will be updated with details provided below.)

[illegible]

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 FTME.

SECOND APPLICANT'S DETAILS

CKYC NO.

--

Gender
☐ Male
 ☐ Female
 ☐ Others

[illegible]

EMAIL ID

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

I wish to receive Scheme Annual Report and Abridged Summary :

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THIRD APPLICANT'S DETAILS

[illegible][illegible]

EMAIL ID	

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

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GUARDIAN OR POA APPLICANT'S DETAILS

[illegible][illegible]

EMAIL ID

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

I wish to receive Scheme Annual Report and Abridged Summary :

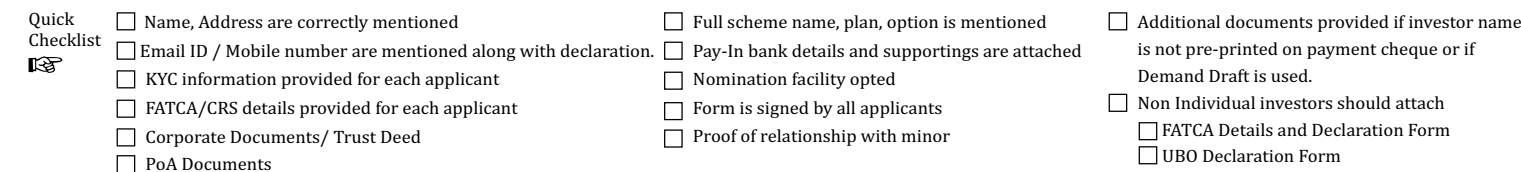
☒ **Online (Preferred & Default)** ☐ Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)

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

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

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☐ PoA Documents			

 I WISH TO CHANGE MY MODE OF HOLDING (All Joint Holders should sign as per existing unit holding, even in case of “Any one or Survivor”)

New Mode of Holding (please tick✓) ☐ Anyone or Survivor ☐ Joint Holding

 I WISH TO CANCEL MY SYSTEMATIC TRASCATIONS (SIP / SWP / STP)

Scheme Name/Plan/option

Transaction Type
(Please ✓)

☐ Installment / Transfer Dates

OR

☐ Weekly Dates: 7th, 14th, 21th, 28th

☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI

OR

☐ Daily SIP/SWP/STP

Amount in

Rs.

At least 7 days' prior intimation from the expected effective date should be provided for cancellation/ termination of STP/ SWP and 20 days in case of SIP

SIP Auto Debit Bank Name

Bank Account No.

STP in to Scheme
(in case of STP)

 I WISH TO CANCEL MY TRANSFER OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL PLAN (Transfer of IDCW Plan)
(Please allow 15 calendar days for Transfer of IDCW Plan Cancellation)

Scheme Name/Plan/option

New Dividend (Income Distribution cum capital withdrawal) Sub option ☐ Payout of Income Distribution cum capital withdrawal option ☐ Reinvestment of Income Distribution cum capital withdrawal option

 CONSOLIDATION OF FOLIOS/ACCOUNTS (All Joint Holders should sign, even in case of “Any one or Survivor”)

Folios/Accounts to be consolidated (Mention all source folios/accounts i.e. the folios/accounts to be consolidated, here)

1.	2.	3.
4.	5.	6.

Target Folio/Account No. for consolidation
(Mention the target folio/account here, wherein all folios/accounts needs to be consolidated)

Target Folio/Account (only one)

Note: Consolidation of various folios/accounts can take place only if **a. Names of unit holders, b. Order of unit holders and c. Tax status** is identical in all the mentioned folios/accounts. By requesting for consolidation of folios/accounts, the unit holder/s agree that the mode of holding, bank mandate, address and nomination details in the **Target Folio/Accounts** will be applicable and will prevail after consolidation even if they were different details in source folios/accounts.

 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 (Mandatory) ☐ Client Master List OR ☐ DP statement

 NOMINATION DETAILS

☐ I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).

Nomination Details								
Nominee ▼	Mandatory Details						Additional Details***	
	Name of nominee	Share of nominee (%)*	Relationship	Postal Address	Mobile number & E-mail	Identity Number**	D.O.B. of nominee	Guardian
1.								
2.								
3.								

* if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in “Transmission aspects”).
** Provide only number: PAN or Driving Licence or Aadhaar (last 4) or Passport (for NRIs/OCIs/PIOs). Copy of the document is not required.
*** To be furnished only in following conditions / circumstances:

- Date of Birth (DOB): please provide, only if the nominee is minor.
 - Guardian: It is optional for you to provide, if the nominee is minor.
1. I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)
- ☐ Name of nominee(s) ☐ Nomination: Yes / No (Default)
2. This nomination shall supersede any prior nomination made by me / us, if any.

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 Holder (Mr./Ms.)	Second Holder (Mr./Ms.)	Third Holder (Mr./Ms.)
Signature / Thumb Impression			
* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.			
*Witness 1 Name & Address		*Witness 2 Name & Address	
*Witness 1 Signature		*Witness 2 Signature	