## FRANKLIN TEMPLETON | NON FINANCIAL TRANSACTION FORM

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Advisor ARN / RIA code		Sub-br	oker/B	Branch Co	ode		Sub-bro	ker ARN		I	Repres	entative	EUIN			For	office	use only	,	
The upfront commission on investment Applicable only if ARN is mentioned but person of the above distributor/sub brob give you my/our consent to share/provided to the consent to share provided to the consent to the cons	made by the it EUIN box i ker or notwith	investor, if s left blank hstanding t	any, shall :: "I/We h he advice	be paid to t ereby confine of in-appro	the ARN Holde rm that the EU opriateness, if	er (AMFI IIN box ha any, prov	registered di s been intent ided by the e	stributor) dire ionally left bla mployee/relat	ctly by the i nk by me/us ionship mar	nvestor, bas as this tra	ased on th insaction i es person i	ne investor's is executed of the distri	s assessm without a butor/su	nent of vario ny interacti b broker." <b>A</b>	ous factor on or adv <b>pplicabl</b>	s including ice by the er e only if RI	service re nployee/i <b>A Code is</b>	endered by t relationship <b>mentioned</b>	he ARN Ho manager/s : "I / We he	older. sales ereby
give you my/our consent to share/provid	le the transac	ctions data	eed/port	tfolio holdin	ngs/ NAV etc. ir	n respect	of my/our in	estments und	er Direct Pla	in of all Sch	iemes mai	naged by yo	u, to the S	EBI-Registe	ered Inves	stment Advi	serwhos	e code is mei	itioned her	rein."
First/Sole Applicant/Guardian					Second Applicant						Third Applicant									
MY DETAILS (To be fil	led in Blo	ck Lette	rs. Plea	ase provi	ide the foll	lowing	details in	full.)												
My Name																				
							1 (1													
My Folio Number						S	cheme (A	.ccount) <b>Nu</b>	mber											
I WISH TO CHANGE I	MY ADD	RESS																		
FOR KYC COMPLIED FOLIO	ACCOUNT	': Chang																		
Ration card, Driving license, V Attach Identity proof - Passpor																				
complied distributor or person	nnel / enti	ties auth	orized	for attes	sting as per	· KYC gı	iidelines.													
Landmark																				
City						in Cod andator					State	e								
I WISH TO UPDATE N	MY CONT	FACT D	ETAII	<b>.S</b> (All e	existing d	etails	will be u	ındated w	ith deta	ails pro	vided	helow`	)							
Email ID	J J			15 (1111 6			will be e	paatea v		ins pro	Viaca	below.	, 							_
(in capital)  Mobile +91					Tel	(Off)	STD Code)													
Tel. (Resi) (STD Code)					10.1	(011)			Fa	x (STD	Code)									
Please note all kinds of investor can be sent to service@franklin	communi	ication w	ill be s	ent throu	ugh email o	only ins	tead of ph	ysical, for i	nvestors	who pro	ovide th	ieir emai	l addre	ss. Shoul	d they v	wish to h	ave a ha	ard copy,	email re	quest
I WISH TO CHANGE			DATE	DETAIL	I.C. (Dloor	ao allo	10 aa)	on don do	ra fan na	a gi at a vi	ng the	Chang	o of D	onle voa	unat )					
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		ie with i	name 8	& accoun	ıt number	nre-ni	inted	Latest B	ank state	ement	Lat	test Pass	book	Ban	k Lette	er. Subm	it origir	ials of an	v one of	
documents mentioned above, o	r Bank At	tested Co	opy or (	Originals	should be	produc	ed for vei		ll suppor	ting doo	cument	s should	clearly	evidence	e the ba	nk name	e, bank a	account r	y one of umber a	and
documents mentioned above, on names of all account holders. The Bank name	r Bank At	tested Co	opy or (	Originals	should be	produc	ed for vei	rification. A	ll suppor	ting doo	cument	s should	clearly	evidence	e the ba	nk name	e, bank a	nals of ang account n	y one of number a	and
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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											
<b>I</b> I WISH TO CANCEL MY SYSTEMATIC TRANSCATIONS (SIP/SWP/STP)											
Scheme Name/Plan/option											
Transaction Type (Please ✓)	insfer Dates	OR Weekly Da	tes: 7th, 14th, 21th, 28th	h C	DR Daily STP						
Amount in Rs.		At least 7 days' prior intim termination of STP/SWP		effective date sh	ould be provided for cancellation/						
SIP Auto Debit Bank Name											
Bank Account No.			STP in to Scheme (in case of STP)								
© I WISH TO CANCEL MY DIVIDEND TRANSFEI	PLAN (DTP) (Pl	ease allow 15 calenda	r days for DTP Cancel	lation)							
Scheme Name/Plan/option											
New Dividend Sub option Dividend Payout Dividend	Reinvestment (defaul	t)									
consolidation of folios/accounts (All	Joint Holders sho	uld sign, even in case o	of "Any one or Survivo	or")							
Folios/Accounts to be consolidated (Mention all source folios	accounts i.e. the foli	os/accounts to be consolid	ated, 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 source folios/accounts will be applicable and will prevail after consolidation even if they were different details in source folios/accounts.											
NOMINATION DETAILS (In case of more than one	nominee, please sı	ıbmit a separate nominat	on form available with a	ny of our ISCs o	or on our website). Refer instructions.						
Nominee Name and Address		ominee (Mandatory to att		Allocation	Nominee/ Guardian Signature						
	DOB	Guardian Na	me & Address								
				100 %	X						
DEPOSITORY ACCOUNT DETAILS (Optional.	o be filled if inve	stor wishes to hold the	units in Demat mode	e). Refer instr	uctions.						
NSDL: DP Name	DP ID	IN		Beneficiary Ac N							
CDSL: DP Name				Beneficiary Ac N	t Master List OR DP statement						
Please ensure that the sequence of names as mentioned in this Application DECLARATION & SIGNATURES (To be signed as				andatory)Cllen							
		67	Date	and the Addenda iss	Place sued till date, I/we hereby apply to the Trustees of Franklin						
Templeton Mutual Fund for registration of any of the aforesaid facility, and judicial or regulatory authorities? agencies and the terms, conditions, rules have not received not been induced by any relate or gifts directly or indirectly.	gree to abide by any Act, nd regulations of the Fur	Rules, Regulations, Notifications and and the aforesaid facility(ies) and and are not in contravention of	Directions, Guidelines, Orders on the date ofthis application.	or instructions issu I/We confirm that We declare that all t	ned by any Indian or foreign governmental or statutory or the funds invested legally belong to me/us and that I/we the particulars given begin are true, correct and complete						
Having read and understood the contents of the Statement of Additional Info Templeton Mutual Fund for registration of any of the aforesaid facility, and judicial or regulatory authorities/ agencies and the terms, conditions, rules have not received nor been induced by any rebate or gifts, directly or indirect to the best of my/our knowledge and belief and will promptly inform FTI a Mutual Funds, their authorised agents, representatives, distributors its spor any actions undertaken or as a result of this investment or activities perform share, remit in any form, mode or manner, all / any of the information provi India (FILI INDI) without any obligation of advising me (us of the same	out any changes thereto, sor, AMC, trustees, their e	I/ we hereby agree to provide a mployees, service providers, repr	ny additional information/ doc resentatives ('the Authorised Pai	umentation that m	ay be required by FTI. I hereby agree and accept that the or responsible for any losses, costs, damages arising out of						
any actions undertaken or as a result of this investment or activities perioring share, remit in any form, mode or manner, all / any of the information provi India (FIU-IND) without any obligation of advising me/us of thesame.	led by me to Authorised	Parties including any of the India	n or foreign governmental or sta	atutory or judiciala	uthorities / agencies including Financial Intelligence unit-						
Sole / First Unit Holder		Second Unit Holder			Third Unit Holder						
INSTRUCTIONS: 1. This Transaction Form can be used for all I should mention the existing Account Number, Scheme & Plan of one Scheme, please use a separate Non-Financial Transaction I demat) form. In case of units held in electronic (demat) form, the	their existing investn orm for each change.	nent in the provided box. 2. 3. Nomination: The nomin	In case you would like to ei nation details should be fil	ffect a Change of led up only by ir	Address, Change in Bank Account for more than nestors who opt for allotment in physical (non-						
and will be recorded for all Accounts under that Folio. However a new Account, the nomination, if any, registered in the source (s	he investor may choo witch-out) account w	se to register different nomi vill automatically be register	nation for any of the Accou ed for the destination (swi	ınts under that F itch-in) account	olio. In case of switch which results in creation of . In case of subscription which results in creation						
of a new Account, the nomination registered in the last transact guardian of the minor nominee shall be provided by the unit ho											
registered in Folios/Accounts held in the name of a minor. A registered. <b>4. Depository Account Details:</b> (a) The units are off											
ACCOUNT DETAILS' in the form. If such details are not given, it vapplications. Please ensure that the sequence of names as mentions											
applications. Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. (b) Investors who have an existing units holding in the same account in which the current purchase is being made and have opted for allotment in Demat form for the current purchase, may get their existing unit holding converted into Demat form as well. The existing holding will be credited to the same Demat account as that of the current purchase. Note: Please submit legible copies of the application client master list or DP statement of account if the units											
are to be allotted under Demat form. The date of Demat account statement should be within 90 days of the application. 5. POA Registration: Only a general Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor											
as well the PoA holder. If the signature of PoA holder is not availa of all valid documents.											
<b>☎</b> 1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday		✓ service@franklintempleto	n.com	<u> </u>	www. franklintempletonindia.com						
–		•									
Quick Name, Address are correctly mentioned Checklist Email ID / Mobile number are mentioned		heme name, plan, option i bank details and support			al documents provided if investor name is rinted on payment cheque or if						
KYC information provided for each applica	nt Nomin	ation facility opted		Demand I	Oraft is used.						
☐ FATCA/CRS details provided for each appli☐ Corporate Documents/ Trust Deed		s signed by all applicants of relationship with mino		· <del></del>	ridual investors should attach Details and Declaration Form						
PoA Documents		r		□UBO De	eclaration Form						