

# FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM

(Please read instructions before filling up the form)

Distributor information				For Office Use Only
Advisor ARN / RIA code	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIN	Application received

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 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 whose code is mentioned herein."

Signatures    First/Sole Applicant/Guardian **X**                      Second Applicant **X**                      Third Applicant **X**

<b>1</b>	<b>Transaction Charges</b> (Refer Instruction No. 13 and tick the appropriate option)
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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).

## 2 Existing Unitholders (To be filled in Block Letters. Please provide the following details in full; Please refer Instruction 2)

[illegible][illegible]

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

[illegible]

City & Country of birth \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ CKYC application/KYC acknowledgment\* ☐ PEKRN/Proof of Identity & Address ^

Guardian details for Minors: Relationship with Minor\*\* ☐ Father ☐ Mother ☐ Legal Guardian ☐ (Please specify relationship) \_\_\_\_\_[illegible]

City & Country of birth \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ CKYC application/KYC acknowledgment\* ☐ PEKRN/Proof of Identity & Address ^

[illegible]

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

Enclosed: ☐ PAN Card Copy ☐ CKYC application/KYC acknowledgement\* ☐ PEKRN/Proof of Identity & Address ^

Joint Holder Information (If any) ☐ Mode of Operation : ☐ Single ☐ Joint ☐ Either or Survivor(s) [Default]

Name of Second Applicant									
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City & County of birth \_\_\_\_\_

City & Country of birth \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ CKYC application/KYC acknowledgment\* ☐ PEKRN/Proof of Identity & Address ^

[illegible]

City & Country of birth \_\_\_\_\_ Enclosed: ☐ PAN Card Copy ☐ CKYC application/KYC acknowledgment\* ☐ PEKRN/Proof of Identity & Address ^

5	<b>Additional Information</b>
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Applicant	PAN No. (Mandatory)	Adhaar No. (Mandatory if KYC is done through Aadhaar)	KIN No. (Mandatory if KYC is done through CKYC)	Date of Birth*	Gender
1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
G or POA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

#Date of Birth - Mandatory if CKYC ID mentioned

**6 KYC/FATCA/CRS/UBO Details (Mandatory. 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
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian#	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FH/FPI			
Others (Please specify)				

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Private Sector	<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"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)				

<b>FATCA / CRS / Ultimate Beneficiary Owner (UBO) details (Please consult your professional tax advisor for further guidance on your tax residency, if required)</b> <b>Non individuals/HUF:</b> Mandatory to enclose FATCA / CRS / UBO Annexure
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For Individuals (including sole proprietor) - Tax residence declaration				
Nationality	_____	_____	_____	_____
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 enclose FATCA /CRS Annexure				

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#Date of Birth and Document proof – mandatory for investments through Minors and investments in FIPEP (in FIPEP, only individuals may invest)

Gross Annual Income Range (in Rs.)				
Below 1 lac	<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"/>
5-10 lac	<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"/>
25 lac- 1 cr	<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"/>
5 - 10 cr	<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"/>
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)				
	as on _____	as on _____	as on _____	as on _____

<sup>99</sup> Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website. <sup>100</sup> KYC Compliance is mandatory for all investments (in case of Sikkim Identity) irrespective of the amount of investment. Investment without KYC and KYC will be rejected. Please submit KYC Form, KRA/KYC Application Form with CKYC supplementary form or copy of KYC acknowledgement issued by KRA/CKYCR. <sup>101</sup> Allowed only for investments through Micro investment route in lieu of KYC and PAN. Also in this case it is mandatory to attach contact details slip available on website. <sup>102</sup> Please provide following documents for evidencing the relationship: Father/Mother – Photocopy of the certificate mentioning the date of birth of the Minor and Parent's Name; Legal Guardian – Court Order. In case of investments held in the name of a minor, no joint holders / nomination will be registered. The minor, acting through the guardian, should be the first and sole holder in the Folio/ Account.

### Acknowledgement Slip

Received from \_\_\_\_\_ Pin \_\_\_\_\_

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

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

Name of Sole Proprietor/ Karta/ Contact Person (Non Individuals) \_\_\_\_\_

Type of address given at KYC: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

Overseas Address for NRIs/PIOs \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin/Zip \_\_\_\_\_

Tel \_\_\_\_\_ STD Code \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Fax \_\_\_\_\_

Aadhaar No. \_\_\_\_\_ Email \_\_\_\_\_ Mobile \_\_\_\_\_

☐ I / We do not wish to receive my/our account related communication by email ☐ I/We do not wish to register for SMS updates on my/our mobile phone

In case no option is selected 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.

**\*Mandatory if you have not completed your KYC process via CKYC / KRA, else the address of the 1st Holder as registered with CKYC / KRA will be automatically updated in our records.**

Address of tax residence would be taken as available in CKYC / KRA database. In case of any change please approach CKYC / KRA & notify the changes.

**7 Bank Details (Mandatory - For new investors) - For payment through electronic mode, please attach a cancelled cheque leaf or a copy of the cheque.**

Bank Name (Do not abbreviate) \_\_\_\_\_

Account No. # \_\_\_\_\_ Branch/City \_\_\_\_\_

Branch Address \_\_\_\_\_

Account type For Residents ☐ Savings ☐ Current | For Non-Residents ☐ NRO ☐ NRE ☐ FCNR ☐ Others \_\_\_\_\_

\*RTGS/NEFT/IFSC code \_\_\_\_\_ \*MICR code \_\_\_\_\_ Enclosed: ☐ Multiple Bank Registration Form

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. The registered bank and all redemptions / dividends proceeds will be processed into default bank through electronic payment facility. I/We DO NOT wish to avail Electronic Payment Facility (Please tick) ☐. #Please provide the full account no. \*For more details on RTGS/NEFT/IFSC/MICR codes, please refer detailed instructions on page no. 13.

**8 Investment Details: I/We would like to invest in (Please read Product labeling details available on cover page of KIM)**

Fund Name	Plan/Option	Amount Invested	Net Amount Paid	Payment Details	
				Cheque/DD No.	Bank, Bank A/c No. and Branch
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Less DD Charges:				_____	_____

Separate cheque/demand draft required for each investment, drawn in favour of scheme name e.g. "Franklin India Bluechip Fund". You may refer to the KIM for more details scheme name(s) and the plan/option. Investors in Franklin India Pension Plan are requested to also fill in the option exercise form available at the ISC. 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 ☐ Enclosed: ☐ Cheque / DD ☐ Third Party Declaration

**9 Depository Account Details (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instruction**

☐ 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

**10 Nomination Details (In case of more than one nominee, please submit a separate nomination form available with any of our ISCs or on our website). Refer instruction no.14**

Nominee Name and Address	For Minor Nominee (Mandatory to attach DOB Proof)		Allocation	Nominee/ Guardian Signature
	DOB	Guardian Name & Address		
_____	_____	_____	100 %	X

OR ☐ I/We DO NOT wish to nominate and sign here

(To be signed by all the joint holders irrespective of the mode of holdings.)


**11 Declaration**

Having read and understood the contents of the Statement of Additional Information (SAI) of Franklin Templeton Mutual Fund (FTMF), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued to the SID and KIM till date, 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 the terms, conditions, rules and regulations of the respective scheme. I/We confirm that the monies invested in the scheme(s) of FTMF legally belong to me / us and derived through legitimate sources. I / we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We have read and understood the terms and features of the scheme(s) and associated risk factors and have satisfied myself/ourselves about suitability of the scheme(s) for my/our investment in light of my/our risk appetite and investment horizon. \* I / We confirm that I am / we are Non-Resident Indian(s) (NRIs) / Person(s) of Indian Origin (PIOs) / Foreign Portfolio Investor(s) (FPIs), 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 domestic account maintained in accordance with applicable RBI guidelines. I / We confirm that I am / we are not United States (U.S.) persons within the meaning of Regulation (S) under the U.S. Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada. I / We have understood the information requirements of this Form (read along with the FATCA instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/we have read and understood the FATCA Terms and Conditions and hereby accept the same. I / We further agree not to hold FTMF, Franklin Resources Inc. and its subsidiary and associate entities including their employees, directors and key managerial persons (collectively referred as Franklin Templeton Investments / Franklin Templeton) liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I / We hereby undertake to promptly inform Franklin Templeton Investments of any changes to the information provided hereinabove and agree and accept that Franklin Templeton Investments shall not be liable or responsible for any losses, costs, damages arising out of any actions undertaken or 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 understand and acknowledge that FTMF, its Trustee, the AMC reserves the right to accept / reject any transactions / redeem any investments, at their sole discretion and as they may deem fit without assigning any reason thereto. The rejection may be for any reason including but not limited to comply and adhere to such orders or instructions issued by any Indian or foreign governmental or statutory or judicial or regulatory authorities / agencies. I / We hereby agree to provide any additional information / documentation that may be required by Franklin Templeton Investments, in connection with this application. I/We hereby authorise Franklin Templeton Investments to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including KYC data registered with regulatory/quasi regulatory agencies and all changes, updates to such information as and when provided 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 or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities and other investigation agencies without any obligation of advising / informing me/us of the same. \*\*I/We confirm that I/we do not have any other existing investment in the schemes of Franklin Templeton Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes this investment / first SIP instalment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment together with this proposed investment exceeds Rs.50,000/- in a year, the SIP registration under the Micro investment route will be cancelled for future instalments and no refund shall be made for the units already allotted. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various mutual funds from amongst which the scheme(s) is being recommended to me/us.

\* Applicable to NRI / PIO / FPI  
\*\* Applicable to Micro-investments

Signatures: First/Sole Applicant/Guardian X Second Applicant X Third Applicant X

Date: \_\_\_\_\_ Place: \_\_\_\_\_

 <b>FRANKLIN TEMPLETON INVESTMENTS</b>	<b>CHECK LIST: Please ensure the following</b> <input checked="" type="checkbox"/> Application form is complete in all respects and signed by all Applicants. <input checked="" type="checkbox"/> Enclosures: <input type="checkbox"/> Supporting documents for bank account details furnished in the Form. <input type="checkbox"/> For payment by Demand Draft - a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted. <input type="checkbox"/> For 'Third Party payment - Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by KRA for the Payer. <input type="checkbox"/> Proof of KYC for all applicants, guardians for minors and POA <input type="checkbox"/> Non Individuals: FATCA / CRS / UBO Annexure Mandatory	<input checked="" type="checkbox"/> Enclosures (if applicable) <input type="checkbox"/> Proof of relationship with minor <input type="checkbox"/> Proof of identity & address <input type="checkbox"/> Proof of DOB <input type="checkbox"/> Multiple bank registration form <input type="checkbox"/> Client Master list/DP statement <input type="checkbox"/> Multiple nomination form <input type="checkbox"/> SIP Form
	For investment related enquiries, please contact: ☎ 1800 425 4255 or 6000 4255 (from 8 am to 9 pm, Monday to Saturday)      ✉ service@franklintempleton.com      🌐 www.franklintempletonindia.com	



SIP Payment through National Automated Clearing House Facility / ECS/ Direct Debit

General T&C

Auto Debit is a facility which enables automatic transfer of funds from the investor’s registered bank account to Franklin Templeton Mutual Fund (“FTMF”), as per the chosen frequency. Auto Debit includes NACH, ECS and Direct Debit.

1) This facility is offered to investors having Bank accounts in select banks mentioned in the link below (please refer point 14 in T&C for SIP through Auto Debit). The Banks in the list may be modified/updated/ changed/removed at any time in future entirely at the discretion of Franklin Templeton Asset Management (India) Pvt. Ltd. (“AMC”), Franklin Templeton Trustee Services Pvt. Ltd. (“Trustee”) or Franklin Templeton Mutual Fund (“FTMF”) without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued. 2) The AMC/ Trustee/ FTMF will not liable for any transaction failures due to rejection by the investors bank/branch. 3) The investor agrees to abide by the terms and conditions of NACH facility of NPCI and ECS/Direct Debit facility of Reserve Bank of India (RBI) 4) Investor will not hold AMC/ Trustee/ FTMF and its service providers responsible if the transaction is delayed or not effected by the Investor’s Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH/ ECS/ Direct Debit Registration / Cancellation / Rejections, if any. 5) The AMC/ Trustee/ FTMF reserves the right to reverse allotments in case the Auto debit/ ECS/ Direct Debit is rejected by the bank for any reason whatsoever. 6) The AMC/ Trustee/ FTMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the Auto Debit facility of NACH / ECS/ Direct Debit and takes full responsibility for the same. 7) The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis. 8) The AMC/ Trustee reserves the right to discontinue the SIP in case of Auto Debit through NACH / ECS/ Direct Debit routes are rejected by the investor bank for any reasons. 9) For load details and other terms of issue, please refer to the, Scheme Information Document, Key Information Memorandum and the addendum issued from time to time. 10) The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof. 11) SIP cancellation can be done separately by submitting the request at least 30 Business days in advance; however the associated NACH / Direct Debit / ECS mandate can be retained for future investments. 12) For intimating the change in bank particulars, please use the Auto Debit Form to modify transaction limit or add / remove banks from the NACH / Direct Debit / ECS facility. Also fill-up all the relevant details as applicable. Requests for any changes/ cancellation in the NACH / Direct Debit / ECS Bank Mandate request should be submitted at least 30 Business days in advance. 13) In case of micro SIPs, please provide any one of the following photo identification documents as mentioned below: Voter Identity Card, Driving License, Government / Defense identification card, Passport Photo Ration Card, Photo Debit Card (Credit card will not be accepted)., Employee ID cards issued by companies registered with Registrar of Companies, Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks, Senior Citizen / Freedom Fighter ID card issued by Government., Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI, Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL)., Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC/ EPFO 14) T h e amount of each SIP instalment should be less than ₹1 crore in case of a transaction in FIDA, FIIOF, FIIBA, FIGSE, FISTIR, FISPE, FILDF, FIMIR, FIUBF, FIPER, FICBOF and FIBPDF schemes. Transaction will be rejected if the instalment amount is greater than ₹1 crore. 15) Minimum Investments: 12 installments of ₹500/- (or) 6 installments of ₹1000/- In FILSF 12 installments of ₹2000/- (or) 6 installments of ₹4000/-, in FIDPEF 12installments of ₹1000/- (or) 6 installments of ₹2000/- and in FIGSF-PF Plan 12 installments of ₹10, 000/- or 6 installments of ₹20, 000/-. 16) If during the tenure of a SIP the unit holder changes the plan or option in which he/she had invested, the same would be treated as termination of existing SIP and re-registration of a new SIP and all the terms and conditions of the SIP such as minimum term/amount etc. shall apply in both plans/options. 17) The AMC / Trustee/FTMF reserves the right to modify or discontinue the SIP facility at any time in future on a prospective basis. It is clarified that the load applicable for a SIP shall be the load prevailing on the date of registration.

- T&C for Step Up SIP facility for New SIPs:**
- All the terms applicable to SIP facility shall also apply to Step up SIP.
  - For registering a new SIP with Step Up feature, the minimum tenure of new SIP shall be 2 years.
  - Step-up SIP is applicable only for AMC initiated debit feeds i.e. ECS / NACH/Direct Debit, etc.
  - Investor will need to provide an alternate mandate in case the existing mandate cannot be utilized for the Step Up and the alternate mandate shall be utilized to debit money for all future SIP installments. The existing mandate will still be active and the investor may choose to use the same if required at a later point of time.

- T&C for SIP through Auto Debit**
- 1) Existing investors must provide their Folio Number / Account number and need to fill up a Common Transaction Form in case the investment is into a new scheme.
  - 2) New investors who wish to enroll for SIP through Auto Debit should also fill up the Common Application form in addition to this form.
  - 3) The SIP through Auto Debit Form, and the Common Application Form (in case of new investors), along with the necessary cheque or copy thereof should be submitted at least 30 Business days in advance of the date of the first Auto Debit.
  - 4) If Auto Debit Form (ADF) is already registered in the folio, SIP Auto debit can start in FIVE Business Days.
  - 5) Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form already registered or submitted, if not registered.
  - 6) Investors are required to ensure adequate funds in their bank account on the date of investment transaction. FTMF will endeavor to debit the investor’s bank account on the date of investment transaction, however if there is any delay all such transactions will be debited subsequently. The AMC/ Trustee/ FTMF (or any of its associates) shall not be held responsible for any delay/wrong debits on the part of the bank for executing the auto debit instructions on a specified date from the investor’s bank account.
  - 7) FTMF or its authorized banker or agent will initiate the registration of the Auto Debit form / debit instructions.
  - 8) Investments made through Auto Debit/ ECS/ Direct Debit/NACH mode are subject to realization of funds from investor bank accounts and the NAV guidelines as per Scheme Information Document(s), Key Information Memorandum and Addenda issued till date will be applicable for the transactions which are connected with realization of funds.
  - 9) ECS/Direct Debit bank/NACH mandate is applicable only for investments via debit instructions.
  - 10) The payment towards investment can happen only from the bank account of 1st holder and therefore the 1st holder need to be a holder in the bank account.
  - 11) The transactions are liable to rejection incase Investor has Multiple Auto Debit Mandate at folio level and Bank Name & Account number are not mentioned in the request form.
  - 12) The AMC/ Trustee/ FTMF/ Sponsor/ Bank / NPCI are not liable for the bank charges, in case debited from investor’s bank account, by the destination bank, on account of payment through NACH/ ECS/ Direct Debit.
  - 13) For further details of the Scheme features like minimum amounts, risk factors etc., investors should, before investment, refer to the Scheme Information Document(s), Key Information Memorandum and Addenda issued till date available free of cost at any of the Investor Service Centers or distributors or from the website [www.franklintempletonindia.com](http://www.franklintempletonindia.com).
  - 14) Please contact Franklin Templeton ISC / visit [www.franklintempletonindia.com](http://www.franklintempletonindia.com) for updated list of banks / branches eligible for ECS/ Direct Debit/NACH Facility
  - 15) The bank branch provided for ECS/Direct Debit should participate in the local MICR clearing. The investor shall inform their Bankers about the ECS/Direct Debit mandate and AMC/Trustee/ FTMF will not liable for any transaction failures due to rejection by the investors bank/branch.
  - 16) Only one installment per month/quarter is allowed under one SIP registration. e.g., if for a monthly SIP the first installment is in the month July, say 2nd July, then the second installment should be in August.
  - 17) Please write the Bank Name in "Full Form" to avoid any ambiguity and rejections E.g., State Bank of India (and not SBI).
  - 18) FTMF reserves the right to determine which payment mode (NACH, ECS or Direct Debit) will be used for each specific transaction.
  - 19) FTMF reserves the right to choose which mandate will be utilized in case an investor has provided multiple mandates for the same bank account.
  - 20) For HDFC Bank account holders:  
I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be on a non-business day as per the Mutual Fund, execution of the SIP will not happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document of the Mutual Fund. HDFC Bank shall not be liable for, non be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, munity, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank’s computer system, force majeure events or any other cause of peril which is beyond HDFC Bank’s reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank. I/we acknowledge that no separate intimation will be received from HDFC Bank in case of non-execution of the instructions for any reasons whatsoever.

Instructions To Fill Auto Debit Form and Terms and Conditions

- Following fields need to be filled mandatorily:-
  1. Date: In format DD/MM/YYYY
  2. Select the appropriate checkbox to create, modify or cancel the mandate
  3. Bank A/c Type: Tick the relevant box
  4. Fill Bank Account Number
  5. Fill name of Destination Bank
  6. IFSC / MICR code: Fill respective code
  7. Mention amount of mandate
  8. Select frequency of mandate
  9. Select whether the mandate amount is fixed value or maximum value
  10. Reference 1: Mention Folio Number
  11. Reference 2: Mention Application Number
  12. Telephone Number (Optional)
  13. Email ID (Optional)
  14. Period: Starting and Ending dates of NACH registration (in format DD/MM/YYYY). For perpetual SIP, please leave the end date blank and select ‘until cancelled
  15. Signature as per bank account
  16. Name: Mention Holder Name as Per Bank Record
- Auto Debit Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the Auto Debit bank account has the adequate funds to honor multiple debits
- Auto Debit Bank Mandate is applicable for both Individual and Non-Individual
- Registration of Multiple Auto Debit forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form Mandate already registered or submitted, if not registered
- For cancelling / updating an Auto Debit mandate. Investor has to use a separate form – “Auto Debit Cancellation/

- Update Form”. Update option is only for updating the “Debit Amount”
- Investors are required to submit “New Auto Debit / ECS Mandate” registration first and only after successful registration an existing “Auto Debit Mandate” associated with a SIP can be cancelled.
  - Auto Debit Mandate request will be accepted only if the “Bank” mentioned in the request form is listed in the NACH banks list. Please contact Franklin Templeton ISC / visit [www.franklintempletonindia.com](http://www.franklintempletonindia.com) for updated list of banks eligible for Auto Debit Facility.
  - Submitting Auto Debit/ ECS/Direct Debit form does not confirm your investments in FTMF unless supported by SIP Investment Form or Common Transaction forms
  - Franklin Templeton will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
  - For other Terms and Conditions governing NACH Auto Debit/ECS/Direct Debit payments please refer to SID or [www.franklintempletonindia.com](http://www.franklintempletonindia.com)
  - Auto Debit bank mandate is applicable only for investments via debit instructions
  - By submitting the Auto Debit mandate the investor authorizes Franklin Templeton to utilize the information provided herein for the purpose of his/her investments in Franklin Templeton Mutual Fund
  - Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents

- The following applications will be considered as ‘not in good order’ (NIGO) and are liable to be rejected:**
- If folio number mentioned in the Fresh / Additional Purchase, SIP Auto Debit form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in Auto Debit registration mandate Form.
  - If the folio number mentioned in the Auto Debit mandate registration form does not match with our record, the Auto Debit mandate will not be registered.
  - If the SIP period mentioned in SIP via Auto Debit form is beyond the Auto Debit Mandate validity period or Auto Debit validity period expired.
  - Incase no frequency has been selected or multiple frequencies are selected
  - Incase no debit type has been selected or multiple types are selected
  - Incase no SIP end date mentioned or until cancelled not opted