FRANKLIN INVESTME		TON			TION FORM I			STORS	No. is Form)
Advisor ARN / RIA code		o-broker/Branch	Code	Sub-broker A	RN Repres	entative EUIN		For office use	only
ARN-42260		,				025630			
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The upfront commission on investme Applicable only if ARN is mentioned person of the above distributor/sub b give you my/our consent to share/pro	nt made by the investo but EUIN box is left b roker or notwithstand wide the transactions o	or, if any, shall be paid to lank: "I/We hereby cor ing the advice of in-app lata feed/portfolio hold	o the ARN Holder (AM) ifirm that the EUIN box ropriateness, if any, pr lings/ NAV etc. in respe	FI registered distributo has been intentionally l ovided by the employee ct of my/our investmen	r) directly by the investor, based on th fit blank by me/us as this transaction i /relationship manager/sales person o is under Direct Plan of all Schemes mar	e investor's assessme s executed without an of the distributor/sub laged by you, to the SE	nt of various factors in y interaction or advice broker." Applicable o BI-Registered Investm	hcluding service render by the employee/relati nly if RIA Code is men i ient Adviser whose code	red by the AKN Holder. onship manager/sales tioned: "1 / We hereby e is mentioned herein."
First/Sole A	pplicant/Guardi	an		Second A	Applicant		Third	d Applicant	
TRANSACTION CH	ARCES (Defer in	structions and tick t	ho appropriate opti	ion) Applicable for t	rangactions routed through distr	ibutore /agonte /br	okore who have on	tod to raceive trance	etion charges
I am a first time investor	· · · · · ·						-	teu to receive transa	iction charges.
	in mutual funds	(RS.150 WIII be d	leauctea).		existing mutual funds inves	tor (KS.100 Will	be deducted).		
MY DETAILS (To be	filled in Block Le	etters. Please pro	vide the followin	g details in full; P	lease refer instructions)				
My Name (Should match w	ith PAN Card)					PA	N/PEKRN (1st A	Applicant)	КҮС
My Guardian's Name (if m	inor)/POA/Conta	act Person				PA	N/PEKRN (Guar	rdian/POA)	КҮС
On behalf of Minor (* Attach Mandatory Documents	ac par instructions	Date of Minor's		/ / / /	Date of Birth		an named is :		
(Attach Manuatory Documents	as per mstructions	S). MINOPS			Proof attache	d * Fath	er Mother	Court Appoin	nted
MY CONTACT DET	AILS (As per KY	C records. To be f	illed in Block Let	ters)					
Email ID							Addr	ess Type (Mar	ndatory)
(in capital) Mobile +91 Address			Tel	(STD Code)			b.	Residential & E Residential Business Registered Offi	
Landmark									
City			Pin C		State	a .			
			(Mandat	ory					
ICF JOINT APPLICANT	S (IF ANY) DE	TAILS			Mode of 0	peration : Sin	ngle 🗌 Joint [Either or Surv	ivor(s) [Default]
2nd Applicant Name (Shou	uld match with P.	AN Card)				PA	N/PEKRN (2nd	Applicant)	КҮС
3rd Applicant Name (Shou	uld match with PA	AN Card)				PA	N/PEKRN (3rd /	Applicant)	КУС
3rd Applicant Name (Shou	lld match with PA	AN Card)				РА	N/PEKRN (3rd A	Applicant)	🗌 КҮС
3rd Applicant Name (Shou	Ild match with PA	AN Card)				PA	N/PEKRN (3rd A	Applicant)	КУС
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Received from			I	Pin	
Scheme Name	Plan/Option	Payment Details			
		Amount	Cheque/DD No	Date	
		Bank and Branch details			
		Amount	Cheque/DD No	Date	
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Details	Sole/ 1st Applicant	t 2nd Applic	cant 3rd	d Applicant	Guardian/POA
Place & Country of Birth					
Nationality					
Are you a tax resident of any country other than India?	Yes No		No Ye		Yes No
BANK ACCOUNT DETAILS	(Avail Multiple Paply Dog				
S DANK ACCOUNT DETAILS	(Avan Multiple Bank Keg	Istration Facility)			
My Bank Name					
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Branch Address					
		City			Pin
IFSC code: (11 digit)		MICR c	ode (9 digit)		(This is a 9 digit number next to your cheque number)
MY INVESTMENT DETAILS	(Cheque/DD should be in favo				
Full Scheme/Pl	an/Option	Amount / Each SIP Amount		Dra	wn on Bank/Branch
Lumpsum SIP		Rs.	Cheque/DD	Name/Branch:	
		Less DD charges	No.	_	
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dditonal details for SIP: SIP Dat		_			
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nvestment Frequency Monthly	y(default) Quarterly	First SIP Cheque Date:		Cheque No.	
Step-up my SIP annually by:	Increase in %:	(in multiples of 5%) (Amour	it invested will be rounded o	ff to the nearest Rs. 1	00)
or 🗌	Increase in Rupee Value:	(in multiples of R	s. 500)		
The second secon	case of more than one nomi	nee, please submit a separate no	omination form available with	any of our ISCs or on o	ır website). Refer instructions.
Nominee Name and	d Addross	For Minor Nominee (Mandator	y to attach DOB Proof)		
Nommee Name and		DOB Guard	lian Name & Address	Allocation No	minee/ Guardian Signature
				100 % X	
DR I/We DO NOT wish to nomina	ate and sign here				
(To be signed by all the joint h	0	ode of holdings.)			
E DEPOSITORY ACCOUNT DE	E TAILS (Optional, To be f	filled if investor wishes to be	old the units in Demat mod	e) Refer instruction	
7					s.
NSDL · DP Name				·	s.
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CDSL: DP Name	mantioned in this Application Fo	DP ID		Beneficiary Ac No. Beneficiary Ac No.	
CDSL: DP Name	**	DP ID	es in the Demat account. Enclosed (Beneficiary Ac No. Beneficiary Ac No. Mandatory) Client Master	List OR DP statement
CDSL: DP Name lease ensure that the sequence of names as DECLARATION & SIGNATUI	RES (To be signed as per M Statement of Additional Information	DP ID rm matches with the sequence of nam ode of Holding) (SAI) of Franklin Templeton Mutual Func	es in the Demat account. Enclosed (Date	Beneficiary Ac No. Beneficiary Ac No. Mandatory) Client Master	List OR DP statement Place
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