

**Third Party Declaration for Application by minor**

Sl. No. \_\_\_\_\_

(MANDATORY if investments are through funds which are not from the applicant(s) account)

Name of the 3rd party making the payment \_\_\_\_\_

PAN No. \_\_\_\_\_

Address \_\_\_\_\_

I/We hereby declare that I/we have transferred funds or issued cheque/DD/PayorderNo. \_\_\_\_\_ dated \_\_\_\_\_ drawn on (bank name and branch) \_\_\_\_\_

AccountNo. \_\_\_\_\_ towards investment in Franklin Templeton Mutual Fund, Scheme/Plan \_\_\_\_\_ in the names as mentioned below in the attached application form no. \_\_\_\_\_

Name of first applicant (Minor) \_\_\_\_\_

Relationship with the Minor:  Natural Parent  Legal Guardian  Grand Parent  Relative / Others \_\_\_\_\_ (specify)We confirm that the beneficial owner of the investment in the mutual fund units is \_\_\_\_\_ (name of the applicant) and the money has been paid by me on account of  Natural love and affection  Gift  Financial assistance

I/We confirm having read and understood the Third Party Payment rules, as currently prescribed by Franklin Templeton Mutual Fund and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct. I agree to furnish such further information as Franklin Templeton Mutual Fund may require from me/us. I/we further agree not to hold Franklin Templeton Investments liable or responsible for any consequences that may arise in the event any of the above particulars being false, incorrect or incomplete and acknowledge Franklin Templeton Mutual Fund shall have sole and absolute discretion to reject / not process the application received from the beneficial investor(s) and refund the subscription monies without any interest or compensation.

I/ we hereby declare that the amount invested / to be invested by me/ us in the scheme(s) of Franklin Templeton Mutual Fund legally belongs to me and is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.

Signature (of third party)\* \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

\* This section must be completed and signed by the person from whose account the subscription payment has been issued

**Declaration by Applicant**

I/We certify that the information declared herein by the Third Party is true and correct. I agree to furnish such further information as Franklin Templeton Mutual Fund may require from me/us.

I/we further agree not to hold Franklin Templeton Investments liable or responsible for any consequences that may arise in the event any of the above particulars being false, incorrect or incomplete and acknowledge Franklin Templeton Mutual Fund shall have sole and absolute discretion to reject / not process the application received from the beneficial investor(s) and refund the subscription monies without any interest or compensation.

Signature of Applicant (Guardian) \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**Enclosures**

1. Proof of bank account to be furnished
2. Banker's certificate in the specified format (in case payment is made by DD/Pay order)
3. Copy of the instruction given to the bank stating the account number to be debited (in case payment is made by RTGS/NEFT/Bank Transfer)

**For Templeton India Children's Asset Plan**

Sl. No. \_\_\_\_\_

Name of the beneficiary child \_\_\_\_\_ Date of birth \_\_\_\_\_

(Not exceeding 14 years of age)

Name of the parent/guardian of beneficiary child \_\_\_\_\_

Address of the beneficiary child \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Name of the alternate child \_\_\_\_\_ Date of birth \_\_\_\_\_

(Not exceeding 14 years of age)

Name of parent/guardian of alternate child \_\_\_\_\_

Address of the alternate child \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Signatures :

First Applicant \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_

**FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM**

Sl. No.

Distributor information				For Office Use Only
Advisor ARN	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.

I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an “execution-only” transaction.

Signature of the Investor(s)                    1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Transaction Charges** (Refer Instruction No. 10 and tick the appropriate option)

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).                     am an existing mutual funds investor (Rs.100 will be deducted).

**Existing Unitholders** (Please provide the following details in full; Please refer Instruction 2)

First Applicant Name \_\_\_\_\_

Customer Folio No. \_\_\_\_\_ Account No. \_\_\_\_\_

**Unit Holder Information**

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

Name of First/Sole Applicant \_\_\_\_\_

Proof of KYC enclosed\*  Date of Birth# 

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PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^ Gender:  Male  Female

Status:  Resident Individual  NRI/PIO  Company/Body Corporate  Partnership  Trust  Society  HUF  Bank  AOP

Sole Proprietorship  Minor through Guardian#  FI  FII  Others (Please specify) \_\_\_\_\_

Nationality and Country of Residence \_\_\_\_\_

Name of Second Applicant \_\_\_\_\_

Proof of KYC enclosed\*  Date of Birth# 

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PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^ Gender:  Male  Female

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

Nationality and Country of Residence \_\_\_\_\_

Name of Third Applicant \_\_\_\_\_

Proof of KYC enclosed\*  Date of Birth# 

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PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^ Gender:  Male  Female

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

Nationality and Country of Residence \_\_\_\_\_

Name of Guardian \_\_\_\_\_

Proof of KYC enclosed\*  Date of Birth 

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PAN No. (Mandatory)\$ \_\_\_\_\_ Enclosed:  PAN Card Copy  Proof of Identity & Address ^ Gender:  Male  Female

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

Nationality and Country of Residence \_\_\_\_\_

Relationship with Minor  Father  Mother  Legal Guardian

\_\_\_\_\_ (Please specify relationship)

^ Allowed only for investments through Micro SIP in lieu of KYC and PAN. \*Please provide copy of the KYC acknowledgement issued by CVL (Mandatory for all Investors (including Sikkim Resident) irrespective of the amount of investment).For investments through Micro SIP, address proof and identity proof is required to be submitted #Date of Birth and Document proof – mandatory for investments through Minors and investments in TIPP (in TIPP, only individuals may invest).

\*\*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. Note: For investment in TICAP, please attach the separate form giving details of the Beneficiary Child.

**Mode of Operation**

Single  Joint  Either or Survivor(s)

**Power of Attorney (POA) Details**

Name of POA Holder \_\_\_\_\_ Date of Birth 

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Enclosed\*  Proof of KYC  Proof of Identity & Address ^  PAN Card Copy PAN\$(Mandatory) \_\_\_\_\_

Status:  Resident Individual  NRI/PIO  Others (Please specify) \_\_\_\_\_ Gender:  Male  Female

**Address** (Mandatory if you have not completed your KYC process via CVL, else the address of the 1st Holder as registered with CVL will be automatically updated in our records)

\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pincode \_\_\_\_\_  
Overseas Address for NRIs/PIOs \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin/Zip \_\_\_\_\_

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

If the Applicant is Sole Proprietorship Firm, please provide the name of Sole Proprietor. If HUF, please provide the name of Karta. In case of other Non-Individuals, please provide the details of Contact Person.  
Name \_\_\_\_\_  
Tel \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Mobile \_\_\_\_\_

**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 \_\_\_\_\_  
Please provide the full account number  
Branch \_\_\_\_\_  
Address \_\_\_\_\_ Pin \_\_\_\_\_  
Account type For Residents  Savings  Current | For Non-Residents  NRO  NRE |  Others \_\_\_\_\_  
 Repatriable  Non-Repatriable  
\*RTGS code \_\_\_\_\_ \*NEFT code \_\_\_\_\_ \*MICR code \_\_\_\_\_

\*Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions on page no. 13.

Please provide a cancelled, signed cheque of the bank account you wish to register. The registered bank will be the default 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 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.  Multiple Bank Registration Form provided.

**I/We would like to invest in**

Separate cheque/demand draft required for each investment, drawn in favour of scheme name (see point 4 on page 5). Please fill up the scheme name(s) and the plan/option you may refer to the KIM for more details. Investors in Templeton India Pension Plan and Templeton India Children's Asset Plan are requested to also fill in the option exercise form available at the ISC.

**Investment Details**

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

Please use separate application forms for Lumpsum and Systematic Investment Plan, please fill the SIP Auto Debit (ECS/Direct Debit) form alongside and submit it together with the application form. 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

**Third Party Payment Documents**

KYC Proof enclosed (tick below as appropriate)  
 Person making payment  Payment by Guardian  Payment by Parents/Grand-Parents/related persons (other than Guardian) on behalf of a Minor in consideration of natural love and affection or as gift  Custodian on behalf of an FII or a Client  Payment by Employer on behalf of Employee - under Payroll deductions  
Declaration - Attached  Declaration from Beneficiary  Declaration from Third Party (Custodian, Employer, Guardian or Parents/Grand-Parents/related persons (other than Guardian) on behalf of a minor in consideration of natural love and affection or as gift).  
DD against Cash (Please attach):  Banker Certificate  
DD against Debit Bank (Please attach):  Banker Certificate or  A copy of the passbook/bank statement evidencing the debit for issuance of a DD or  Challan

**Franklin Templeton 'Easy' Services**

- Franklin Templeton Easy e-Update:** Receive account statements, annual reports and other information instantly by Email \*  
Email Address: \_\_\_\_\_  
 I / We wish to receive the above by email  
 I / We do not wish to receive the above by email
- Franklin Templeton Easy Web:** Access your account and transact online.  
Register online for Easy web by visiting our website  
www.franklintempletonindia.com
- Franklin Templeton Easy Call:** Just call 1800 425 4255 or 6000 4255 to access your account using TPIN \_\_\_\_\_  Yes, I would like to receive my TPIN
- Franklin Templeton Easy Mobile:** Get instant SMS alerts to confirm your transactions \*  
Mobile Number \_\_\_\_\_  
I/We wish to register for SMS updates on my/our mobile phone.  Yes  No  
\* Note: Where the investor has not opted for any option or has opted for both options, 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.

