

Franklin Templeton Mutual Fund

Advisor Name & Code*	Sub Advisor Name & Code*
* AMFI Registered Distributors ARN-48012	

Common Transaction Form

This Form is for use of Existing Investors only. Use this Form for • ADDITIONAL PURCHASE • REDEMPTION • SWITCH • CHANGE OF BANK DETAILS • E-MAIL COMMUNICATIONS • Online Account Access • SIP/SWP/STP/DTP • NOMINATION DETAILS • KNOW YOUR CUSTOMER (KYC)
Please use separate Transactions Form for each Scheme / Plan and Transaction.

For Office Use Only

Trxn Ref No.

Existing Unitholder Information

Name of Sole / First Account holder (Leave space between first/middle/last name) Account No. Customer Folio No.

Know Your Customer (KYC)

KYC Compliance is mandatory for all investors for investments of Rs 50,000 and above. Please provide a copy of the KYC acknowledgement issued by CVL. Investments without valid KYC may be rejected. If you have already provided a MIN/KYC acknowledgement for this folio, you need not provide the same again.

Proof of KYC enclosed: 1st Holder 2nd Holder 3rd Holder Guardian POA Holder

PAN Details - (Mandatory for all Investors regardless of mode of holding and amount of transaction including joint holders, guardians in case of minors, PoA holders and NRIs)

Please Provide your PAN details if you have not registered them before

Sole/First Applicant/Guardian Second Applicant Third Applicant PoA Holder

Enclosed: Copy of PAN Card/KYC ack. Copy of PAN Card/KYC ack. Copy of PAN Card/KYC ack. Copy of PAN Card/KYC ack.

Mandatory Enclosures: PAN card copy or copy of KYC acknowledgment. Transactions not including these mandatory enclosures may be rejected

Additional Purchase Order

Scheme Plan Option Account No.

Amount (in figures) Amount (in words) (Favouring scheme name is enclosed)

Cheque/Draft No. Cheque/Draft Dated Drawn on (Name of Bank and Branch)

Drawn from Bank-Account Number

Instructions : * a) For payments by demand draft of Rs. 50,000 & above, please attach proof of debit to your bank account by way of a copy of the DD request evidencing debit to your account or a letter from your banker confirming the account debited for issue of the DD. b) If the payment is not made from the investor's account, issuers of the payment instrument must complete a "3rd Party Declaration" available on our website in the Forms and Instructions column under Literature and Documents.

Change of Address

New Address Pin

Redemption

Scheme Account No. Please redeem my/our Franklin Templeton units as per following details.

Amount (in figures) Amount (in words)

Units (in figures) Units (in words) Please fill any one i.e. either Amount or number of Units.

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

Scheme Account No. All Schemes

Bank Account Number (Please provide the full Account Number)

Account type Savings Current NRO NRE Others Repatriable Non Repatriable

Bank Name Branch Name City Pin

*RTGS code *MICR code *NEFT code*

Note: For more details on RTGS/NEFT/MICR codes, please refer detailed instructions in the Common Application Form.

Direct Credit Facility is currently available with: ABN Amro Bank, Citibank, Development Credit Bank, Deutsche Bank, HDFC Bank, HSBC Bank, IDBI Bank, ICICI Bank, Kotak Mahindra Bank, Standard Chartered Bank, YES Bank & Axis Bank. Please provide a cancelled, signed cheque of the bank account you wish to register for Direct Credit. If you do not provide a cancelled and signed cheque, Franklin Templeton will record the new bank details as provided, but reserves the right to effect payments of dividends and redemptions by way of a cheque or payment instrument till such time that the account details provided can be verified. I/We DO NOT wish to avail direct credit 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.

Declaration

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of scheme(s) of Franklin Templeton Mutual Fund as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

* I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time, 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 NRE/NRO Account.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors (the Authorised Parties) are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence Unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application.

I/We confirm and declare that I / We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I / We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN/ TPIN/ Email services facility. 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 is being recommended to me/us

Sole/First Holder/Guardian Second Holder Third Holder Date:

Disclaimer: In the event of any KYC Application Form being subsequently rejected for lack of information / deficiency / insufficiency of mandatory documentation, the investment transaction may be cancelled and the amount may be redeemed at applicable NAV, subject to payment of exit load, wherever applicable. However, in case of subscriptions in scheme where Units are under a lock - in period as prescribed in the respective Scheme Information Documents (including ELSS Schemes) or a New Fund Offer, allotment may be done only on confirmation from the Central Agency that the KYC is final and if the Central Agency informs that the KYC is cancelled, the original amount invested may be refunded.

* Applicable to Non Resident Investors

Acknowledgement Slip (To be filled in by the Investor)

Customer Folio Date

Received from

Additional Purchase or SIP : Total Amount (Rs.) Total Cheque(s) Cheque No.(s)

Redemption or Switch : Amount (Rs.) OR Units

SWP STP DTP Change of Bank Account Nomination Details KYC Change of Address

Service Centre
Signature & Stamp

Existing Unitholder Information

Name of Sole / First Accountholder (Leave space between first/middle/last name)

Account No.

Customer Folio No.

Systematic Investment Plan (SIP)

Application for

Normal SIP Micro SIP

(For Micro SIP, Please provide required proof /documentation)

Scheme _____ Plan _____ Option _____ Account No. _____

Frequency Monthly Quarterly; Date 1st 7th 10th 20th 25th Monthly/Quarterly Amount _____

Enrolment Period From ___/___/___ (mm/yy) To ___/___/___ (mm/yy) Cheque No(s). From _____ To _____ No. of Cheques _____

Drawn on Bank/Branch _____ City _____

Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document _____ Field Issuing Authority _____ Document Identification No. _____

Disclaimer: In case the Micro SIP application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment instalments together with this proposed SIP instalments exceeds Rs.50,000/- in a year, the Micro SIP registration may be cancelled for future instalments and no refund may be made for the units already allotted.

Systematic Withdrawal Plan (SWP)

Scheme Name _____ Plan _____ Option _____

Account No. _____

Frequency Monthly Quarterly Fixed Amount Rs. _____ OR Capital AppreciationDate: 15th Last business day of month (Applicable for fixed amount)

Enrolment Period From ___/___/___ (mm/yy) To ___/___/___ (mm/yy)

Switch

(Source Scheme)

Scheme Name _____ Plan _____ Option _____

Account No. _____

Please transfer _____ units or Rs. _____ to (Destination scheme name) _____ Destination Scheme

Account No (if available) _____

Plan/Option _____ Others Specify _____

Systematic Transfer Plan (STP)

(Source Scheme)

Scheme Name _____ Plan _____ Option _____

Account No. _____

Please transfer Fixed Amount Rs. _____ OR Capital Appreciation

to (Destination scheme name) _____ Destination

Scheme Account No (if available) _____

Plan/Option _____ Others Specify _____

Frequency Weekly Monthly QuarterlyWeekly 7 14 21 28 Monthly/Quarterly Specify date _____

Enrolment Period From ___/___/___ (dd/mm/yy) To ___/___/___ (dd/mm/yy)

Dividend Transfer Plan (DTP)

Scheme Name _____ Plan _____ Option _____

Account No. _____

I/We would like to transfer Dividend to the following:

 New Scheme Name/Plan/Option Existing Account No., if any in this scheme**Franklin Templeton 'Easy' Services**1. **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 email2. **Franklin Templeton Easy Web:** Access your account and transact online. Register online for Easy web by visiting our website www.franklintempletonindia.com3. **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 TPIN4. **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.**Nomination Details** (To be signed by all the joint holders irrespective of the mode of holdings. In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website).

Nominee Name & Address _____

Guardian name & address (if nominee is a minor) _____ Signature of Nominee/Guardian _____

Witness Name & Address _____ Signature of Witness _____

Declaration

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of SIP/STP/DTP/SWP as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP/STP/DTP/SWP as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

* I / We confirm that I am / we are Non-Resident Indians / Persons of Indian Origin but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time, 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 NRE/NRO Account.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete. I hereby undertake to promptly inform the mutual fund of any changes to the information provided hereinabove and agree and accept that the Mutual Funds, their authorised agents, representatives, distributors ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating / delay in intimating such changes. I hereby authorize the mutual fund to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to Authorised Parties including Financial Intelligence unit-India (FIU-IND) including all changes, updates to such information as and when provided by me without any obligation of advising me/us of the same. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application."

I/We confirm and declare that I / We have read and understood the terms and conditions for HPIN usage and online transactions/ TPIN/ Email Services and also the disclaimer and terms and conditions as posted on the website, www.franklintempletonindia.com. I/We agree and shall abide by the norms, terms and conditions for HPIN usage and online transactions/ TPIN/ Email services and agree not to hold Franklin Templeton Investments responsible for any action relating to the use of HPIN/ TPIN/ Email services facility. 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 is being recommended to me/us.

I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP 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 the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment instalments together with this proposed SIP instalments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future instalments and no refund shall be made for the units already allotted.

Sole/First Holder/Guardian

Second Holder

Third Holder

Date: _____

* Applicable to Non Resident Investors



For investment related enquiries, please contact:

Franklin Templeton Investments Service Centres

Ph: 1-800-425 4255 (For MTNL/BSNL users only. Local call rates apply) or 6000 4255 (For non-MTNL/non-BSNL users, please prefix the city STD code if calling from a mobile phone)

Email: service@templeton.comwww.franklintempletonindia.com

Franklin Templeton Mutual Fund

Sl. No 55091



Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)

Advisor Name & Code*	ARN-48012 (SUSHIL BAJAJ)	Sub Advisor Name & Code*	* AMFI Registered Distributors
----------------------	--------------------------	--------------------------	--------------------------------

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.

Application for Normal SIP Micro SIP (For Micro SIP, Please provide required proof /documentation)

Name of Sole/First Account holder _____

Existing Unitholders' Folio Number _____ Account No. _____

New Investors (Please also complete and submit a Common Application Form) Regn. No. _____ (For office use only)

SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit)

Scheme _____

Plan _____ Option _____

SIP Amount Rs. (per installment) _____ Frequency Monthly Quarterly (please tick as applicable) SIP Date 1st 7th 10th 20th 25th

First SIP Cheque Date (If Cheque is given) _____ Cheque No. _____
 d d m m y y y y

ECS Period From _____ To _____
 m m y y y y m m y y y y

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to Debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

Mandatory Enclosures: (If 1st installment is not by cheque)

Blank cancelled cheque Copy of cheque

Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document _____ Field Issuing Authority _____ Document Identification No. _____

Bank Details

Bank Name _____
 Branch Name _____
 Address _____
 City _____
 Account Number _____
 9 Digit MICR Code _____ Account Type Savings Current CC/OD NRE/NRO (please ✓)

Signatures of Bank Account holders

1st Holder _____
 2nd Holder _____
 3rd Holder _____

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.

Please change my/our bank account ECS / Direct debit (change in bank account only)

Account Holder Name as in Bank Account _____

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment.

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments, its authorised representatives, appointed service providers or the Bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that the funds invested legally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

*I/We confirm that I am/we are Non-residents of Indian National / Origin but not United States persons within the meaning of Regulation (s) under the United States Securities Act of 1933, as amended from time to time and that I/We hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our NRE/NRO Account.

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 is being recommended to me/us

I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP 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 the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.

* Applicable to Non Resident Investors

Date _____ Signature of the Investor(s) 1. _____ 2. _____ 3. _____

Disclaimer: In case the Micro SIP application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment instalments together with this proposed SIP instalments exceeds Rs.50,000/- in a year, the Micro SIP registration may be cancelled for future instalments and no refund may be made for the units already allotted.

Banker's Attestation (For bank use only)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account No.

Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account

Bank Account Number _____

Signatures of Bank Account holders

1st Holder _____
 2nd Holder _____
 3rd Holder _____

Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)

Investor's Name _____

Customer Folio _____ Account No. _____

SIP Amount (Rs.) _____ Frequency: Monthly Quarterly Scheme: _____

Franklin Templeton Investor Service Centre Signature & Stamp

