FRANKLIN TI		N MUTUA	AL FUND	- commo	N APPLICATION FO		ase read instruc	tions before filli	ng up the
Advisor ARN	I	ker/Branch Co	ode Sub-b	roker ARN	Representative EUIN		ion received		
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The upfront commiss nvestor's assessment I/We hereby confirm that listributor/sub broker or no	of various fac the EUIN box how the think the transfer of the standing the	ment made by the ctors including s as been intentionally e advice of in-approp	ne investor, if a ervice rendered y left blank by me/ priateness, if any, pr	ny, shall be paid I by the ARN I- us as this transactio ovided by the emplo	to the ARN Holder (AMFI reg Iolder. n is executed without any interaction or yee/relationship manager/sales person of	advice by the enthe distributor/s	butor) directly nployee/relationsh ub broker."	ip manager/sales p	or, based o
Signatures First/Sole	Applicant/Guard	lian X		Second	Applicant X	Th	ird Applicant 🛚 🗶		
Transaction Cha	~								
Applicable for transac ⊐ I am a first time inv					pted to receive transaction charg ☐ I am an existing m		vestor (Rs.100	will be deduct	ed).
		,			wing details in full; Please refe) -
First Applicant Nam	e								
Customer Folio No.				Acc	ount No.				i i
	rmation (To	be filled in Bloc	k Letters. Use		e alphabet leaving one box blo	ank between	name and sur	name)	
Name of First/Sole A	pplicant								
City & Country of bi	rth				Date of Birth D D M	M Y Y	YY	Gender: 🗆	Male □ I
PAN No. (Mandatory)				Enclosed: □	PAN Card Copy KYC application	on* 🗆 KYC a	knowledgment*	☐ Proof of Idea	ntity & Ad
Guardian details for	Minors: Relat	ionship with Mir	nor** □ Fa	ther	ther 🛘 Legal Guardian	☐ (Please s _I	ecify relationsl	hip)	
Name of Guardian									
City & Country of bi	rth				Date of Birth DDM	M Y Y	YY	Gender:	Male
PAN No. (Mandatory)				Enclosed: □	PAN Card Copy KYC application	on* 🗆 KYC a	knowledgment*	☐ Proof of Idea	ntity & Ad
Power of Attorney (PO									
Status: 🗆 Resident Ir	ndividual 🗆 1	NRI/PIO □ O	thers (Please sp	pecify)	Date of Birth D	D M M	Y Y Y	Y Gender:	I Male □
PAN No. (Mandatory)					□ PAN Card Copy □ KYC applicat		0		
Joint Holder Info		any)		Mode	of Operation: Single	☐ Joint	☐ Either €	or Survivor	(s) [Def
Name of Second App					Date of Birth DDDM	MIYIY	Y Y	0 1 5	N. I
City & Country of bi	rtn				PAN Card Copy KYC application			Gender: □	
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Name of Third Appl	licant				#				
City & Country of bi	rth				Date of Birth D D M		YY	Gender:	
PAN No. (Mandatory)					PAN Card Copy KYC application		knowledgment*	☐ Proof of Ide	ntity & Ad
KYC/FAICA Deto				application is lic	ıble to get rejected if details no				
Status details for		2 nd Applicant	* *	Guardian	*		2 nd Applicant		
Resident Individual NRI/PIO					Private Sector Public Sector				
Sole Proprietorship		-	-	-	Government Service				
Minor through Guardian#		-	-	-	Business				
	☐ Company/Bod ☐ Corporate	у			Professional Agriculturist				
	☐ Partnership				Retired				
	☐ Trust ☐ Society	-	-	-	Housewife				
	☐ HUF ☐ Bank				Student				
	□ AOP				Others (Please specify)				
	☐ FI/FII/FPI				FATCA / CRS details (Please your tax residency, if required)	consult your p	rofessional tax ad	lvisor for further	guidance
Others (Please specify)					For Individuals (including so	le proprieto	r) - Tax resider	nce declaration	L
Gross Annual Incom Below 1 lac	ne Range (in	Rs.)			I am a tax resident of India	☐ Yes	☐ Yes	☐ Yes	
1-5 lac					and not resident of any other country	□ No	□ No	□ No	
5-10 lac 10-25 lac					If No: Please enclose FATCA form				
25 lac- 1 cr					Non individuals: Please enclo	ose FATCA f	orm		
1 -5 cr 5 - 10 cr					Politically Exposed Person (P			ated to PED N	ot Appli
> 10 cr					1st Applicant				
OR Networth in Rs. (Mandatory for					2 nd Applicant 3 rd Applicant				
Non Individual)	as on	as on	as on	as on	Guardian				
(not older than 1 year) Ultimate Beneficiar	DIDMMINITERINE		Non individua		Authorised Signatories				
(UBO Declaration at	•	o) Details (For	1 von marviada	is Omy)	Promoters Partners				
Applicant is the U	BO(s) of this	investment (Def	fault)		Karta				
□ Applicant is NOT	the UBO(s) o	of this investmen	it		Whole-time Directors				
Acknowledgemen	t Slip						Sl. No.		
Received from	o p						31. INO.	Pin	
	me Name		Plan/Optic	on	T.	Payment Det	ails	* ****	
Scrie	c 1 (aniic		z zan, o perc	Amou		e/DD No		Date	
				Bank a	and Branch details				
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					and Branch details				

Name of Sole Proprietor/ Karta/ Contact Address ^{\$}										
	City		Sta	ate	Pinco	de _				
Overseas Address for NRIs/PIOs City	State			intry	Pin/2	7:				
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Email	r account related comm	uniantian bu am		Mobile I/We do not wish to re		undata	00.00.0	211/011	r mobile	nho
n case no option is selected the application will be Allowed only for investments through Micro acknowledgement issued by KRA (Mandatory identity proof is required to be submitted #Da provide following documents for evidencing th case of investments held in the name of a mir \$Mandatory if you have not completed your KY	investment route in lieu of for all Investors (including s ite of Birth and Document p relationship:- Father/Mot	KYC and PAN. Also Sikkim Resident) irr proof – mandatory f ther – Photocopy of t	in this case it is mandat espective of the amoun or investments through he certificate mentioning	tory to attach contact details it of investment). For investin h Minors and investments in ing the date of birth of the Mi	slip available on we tents through Mic FIPEP (in FIPEP nor andParent's N	ebsite.*I ro invest only in ame; Les	Please pr tment ro idividua gal Gua	rovide oute, a ls may rdian -	copy of tl ddress pr invest).* Court O	ne KY oof ar *Plea rder. 1
Bank Details (Mandatory - For new inve	estors) - For payment thro	ough electronic mo	de, please attach a	cancelled cheque leaf or a	copy of the che	que.				
ank Name (Do not abbreviate)										_
account No.#				Branch/City						+
ranch Address										_
Account type For Residents S	Savings □ Current		1 D NIBO	□ NRE □ FCN		Pin				
	savings \square Current	1 1					. 1 . D	1.5		
RTGS/NEFT/IFSC code	The registered bank will b	shown in your accou	nd all redemptions / div	vidends proceeds will be proc	essed into default	or errors bank thr	s in proc rough el	essing ectron	your requ c paymer	est if t facil
Investment Details: I/We would lil	ke to invest in (Please	e read Product lak	eling details availa	ble on cover page of KII	A)					
Fund Name	Plan/Option	Amount	Net Amount		ment Details	D .	A		1.0	1
	, -1	Invested	Paid	Cheque/DD No.	Bank	, Bank	A/c N	Vo. ai	ıd Bran	ch
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eparate cheque/demand draft required for each in exestors in Franklin India Pension Plan are reque										
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