

Advisor ARN / RIA Code/ Portfolio	r	(P		THROUGH NA		_	
Manager's Registration No.	Sub-broker	/Branch Code	Sub-broker ARN	Represen	tative EUIN	For office use only	
ARN-146262						E 253637	
MY DETAILS (To be filled	in Block Letters. P	lease provide the follo	owing details in full; Plea	ase refer instructions)			
My Name							
My Folio Number			Scheme (Account N	umber)			
SIP DETAILS (Please note	that 30 Business da	ays are required to set u	p the Auto debit. Default	plan/Option will be applied i	ncase of no informat	ion, ambiguity or discrepancy)	
Scheme Name/Plan/Option							
Each SIP Amount (minimum Rs	s. 500) Rs.		SIP I	Date: D D (If left blank	10 th will be conside	ered as the default date)	
SIP Period Start Date M M	/ Y Y Y Y	End Date Co	ntinue Until Cancelled	OR M M	/ Y Y Y Y		
Investment Frequency Mo	onthly (default)	Quarterly Fi	rst SIP Cheque Date:		Chequ	ae No.	
Drawn on Bank/Branch							
Step-up my SIP annually by:	Increase in %	: (in mul	tiples of 5%) (Amoun	t invested will be rounded	off to the nearest	Rs. 100)	
Or Tick here if an Open Manda	Increase in Ru	•	(in multiples of Rs	-	provided below t	he Bank Name and Account Number	
Bank Name	ate - Auto Debit Fo	orm (ADF) is aiready	Accoun		provided below t	ne bank name and Account number	:
	, Auto Dobit Form		12000				
Tick here if attaching a New DECLARATION & SIGNA			Jolding)	Date		Place	
respect of my/our investments under Having read and understood the contents Franklin Templeton Mutual Fund for regist statutory or judicial or regulatory authoritic that I/we have not received nor been induce complete to	Direct Plan of all Schof the Statement of Adc tration of any of the afor 25/ agencies and the terred by any rebate or gifts, and belief and will promprepresentatives, distribut t of this investment or a r manner, all / any of the	nemes managed by you, ditional Information, Schem resaid facility, and agree to ms, conditions, rules and reg directly or indirectly in mak ptly inform FTI about any ch utors its sponsor, AMC, trus ctivities performed by them he information provided by	to the SEBI-Registered Invi- e Information Document of the abide by any Act, Rules, Regul ulations of the Fund and the af- ing this investment and are not anges thereto. I/ we hereby ag- tees, their employees, service ; on the basis of the informatio	estment Adviser/SEBI Registe e Fund, the Key Information Mem ations, Notifications, Directions, Gu oresaid facility(ies) as on the date of in contravention or evasion of any l ree to provide any additional inform oroviders, representatives ('the Auth n provided by me as also due to my	red Portfolio Manage orandum and the Adden idelines, Orders or instru- this application. I/We co aws in force. I/We declar lation/ documentation the orised Parties') are not I or not intimating / delay in	sactions data feed/portfolio holdings/ NAV r whose code is mentioned herein. da issued till date, I/we hereby apply to the Trus uctions issued by any Indian or foreign governme nfirm that the funds invested legally belong to me, et hat all the particulars given herein are true, corr lat may be required by FTI. I hereby agree and acca lable or responsible for any losses, costs, damages in intimating such changes. I authorize the mutual loory or judicialauthorities / agencies including Fi	stees of ental or 'us and ect and ept that arising fund to
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Sole / First Uni	t Holder		Second Unit I	Holder		Third Unit Holder	
Sole / First Uni FRANKLIN TEMPLETON	t Holder	S	Second Unit I			ADF	
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FRANKLIN TEMPLETON Tick (*)	UMRN F	o r o	IP Auto De	ebit Form u s e Utility Code	o debit (tick √)	ADF	1
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