



Advisor ARN / RIA Code/ Portfolio Manager's Registration No. Sub-broker/Branch Code Sub-broker ARN Representative EUIN For office use only

MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name My Folio Number Scheme (Account Number)

SIP DETAILS (Please note that 30 Business days are required to set up the Auto debit. Default plan/Option will be applied incase of no information, ambiguity or discrepancy)

Scheme Name/Plan/Option Each SIP Amount (minimum Rs. 500) SIP Date: D D SIP Period Start Date End Date Investment Frequency First SIP Cheque Date Cheque No. Drawn on Bank/Branch Step-up my SIP annually by: Bank Name Account No.

DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

Tick here only if ARN is mentioned but EUIN box is left blank: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole / First Unit Holder Second Unit Holder Third Unit Holder



SIP Auto Debit Form

ADF

UMRN Sponsor Bank Code Utility Code I/We hereby authorize Franklin Templeton Mutual Fund to debit (tick) SB CA CC SB-NRE SB-NRO Other Bank a/c number with Bank Bank Name IFSC or MICR an amount of Rupees FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount Reference 1 Folio Number Phone No. Reference 2 Application Number Email ID

PERIOD From To Or Until Cancelled Signature Primary Account holder Signature of Account holder Name as in Bank records

This is to confirm that I/we have carefully read, understood and agree to abide by the Terms and conditions and instructions. I am authorizing Franklin Templeton to debit my account. I/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to Franklin Templeton or the bank where I have authorized the debit'

ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO 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