Franklin Templeton Mutual Fund

amman	ion Form

Broker Name & Code*	Sub Broker Name & Code*
MFI Registered Distributors	

This Form is for use of Existing Investors only. Use this Form for • ADDITIONAL PURCHASE • REDEMPTION • SWITCH • DIRECT CREDIT • CHANGE OF ADDRESS / BANK DETAILS • E-MAIL COMMUNICATIONS • Online Account Access • SIP/SWP/STP/DTP • NOMINATION DETAILS

Please use separate Transactions Form for each Scheme / Plan and Transaction	n.					
Existing Unitholder Information						
Name of Sole / First Accountholder (Leave space between first/mide	dle/last name) Customer Folio No.					
	Account No.					
A100 10 1 0 1						
Additional Purchase Order						
	Option Account No					
Amount (in figures) Amount (in words	s) (Favouring scheme name is enclosed)					
Cheque/Draft No. Cheque/Draft Da	Cheque/Draft No. Cheque/Draft Dated Drawn on (Name of Bank and Branch)					
PAN - Mandatory for all Resident Investors regardless of mode of holding and						
Sole/First Applicant/Guardian PAN	Second Applicant Third Applicant					
	PAN Card Copy OR Form 60/61 PAN Card Copy OR Form 60/61					
Mandatory Enclosures: PAN Card Copy or Form 60 /61 with address proof.						
	. ,					
Redemption	Change of Address					
Scheme Account No	_ New Address Following is □ Home □ Office Address					
Please redeem my/our Franklin Templeton units as per following details. Amount (in figures)						
Amount (in words)						
Units (in figures)	Country Pin Code					
Units (in words)	•					
Please fill any one i.e. either Amount or number of Unit						
For Liquid Fund Redemption	My Email ID					
□ Redemption for Previous Day NAV (T+0)	·					
Change of Bank Account	Declaration (1.0% Declaration					
Scheme — Account No. All Scheme	Having read and understood the contents of the Offer Document of the Scheme, the Key Information Memorandum and the Addenda issued till date, I / We hereby apply to the					
Bank Account Number	Trustees of Franklin Templeton Mutual Fund for units of Franklin Templeton Mutual Fund					
	as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Scheme as on the date of this investment and confirm that the monies invested in the					
Account type □ Savings □ Current □ NRO □ NRE □ Others	scheme legally belong to me / us. I / We have not received nor been induced by any rebate					
Bank Name	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					
D 1 D 1	United States persons within the meaning of Regulation (S) under the United States					
Bank Branch	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/FCNR Account.					
City	I/We hereby declare that all the particulars given herein are true, correct and complete to the					
Direct Credit Facility is available with the following banks: ABN Amro Ban	T 1:11 C					
Citibank, Centurian Bank, Development Credit Bank, HDFC Bank, HSBC Ban IDBI Bank, ICICI Bank, UTI Bank, Kotak Mahindra Bank, Standard Chartered Bar	in,					
and YES Bank. Dividend and redemption payments will be directly credited to you	ur Sole/First Holder/Guardian					
account if the bank mandate registered for your account is one of the above sa banks. I/We DO NOT wish to avail direct credit facility (Please tick)	id Second Holder					
Please verify and ensure the accuracy of the bank details provided above and as shown in you						
account statement. Franklin Templeton cannot be held responsible for delays or errors processing your request if the information provided is incomplete or inaccurate.	in Date: * Applicable to Non Resident Investors					
Administra	cont Slip or to Study by the boundary					
	nent Slip (To be filled in by the Investor)					
Customer Folio Received from	Date					
□ Additional Purchase or □ SIP : Total Amount (Rs.) Total G	Cheque(s) Cheque No.(s) Service Centre					
	Jnits Signature & Stamp					



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

Name of Sole / First AccountNo. Customer Folio Custom	Existing Unitholder Information				
Scheme Plan Option Account No. Frequency Monthly Quarterly; Date 1st 7th 10th 20th Monthly/Quarterly Amount Enrolment Period From (mm/yy) To (mm/yy) Cheque No(s). From To No. of Cheques Drawn on Bank / Branch					
Frequency Monthly Quarterly Date 1st 7th	Systematic Investment Plan (SIP)				
Earolment Period From	Scheme Plan Option	Account No.			
Systematic Withdrawal Plan (SWP) (see instruction 7, 13)	Frequency \square Monthly \square Quarterly; Date \square 1st \square 7th \square 10th \square 20th Mon	nthly/Quarterly Amount			
Systematic Withdrawal Plan (SWP) (See instruction 7, 12)	Enrolment Period From/ (mm/yy) To/(mm/yy) Cheq	ue No(s). From To No. of Cheques			
Systematic Withdrowal Plan (SWP) (see instruction 7, 13)	Drawn on Bank /Branch				
Scheme Name					
Scheme Name Plan Option Account No. Frequency Monthly Quarterly Common Account No. I/We would like to transfer Dividend to the following: New Scheme Name New Scheme Name Plan Option New Scheme Name Plan Option New 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 New Scheme Name Plan Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option New Scheme Name Plan Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option New Scheme Name Plan Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option New Scheme Name Plan Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. I/We would like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. If was all all like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. If was all all like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. If was all like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. If was all like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. If was all like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. If was all like to transfer Dividend to the following: New Scheme Name/Plan/Option Account No. If was all like to transfer Dividend to the following					
Account No.	Systematic Withdrawal Plan (SWP) (See instruction 7, 13)	Dividend Transfer Plan (DTP) (See instruction 9, 13)			
Account No.	Scheme Name Plan Option	Scheme Name Plan Option			
Frequency Monthly Quarterly	*	*			
Fixed Amount Rs. OR Capital Appreciation New York Name Name Capital Appreciation Name Plan Option Solution Name Plan Option Please transfer units or Rs. to (Destination Scheme Name Plan Option Others Specify Name Plan Option Op					
Enrolment Period From/ (mm/yy) To/ (mm/yy)					
Scheme Name		Tww scheme tvaint/ tran/ Option Existing recount tvo., if any in this scheme			
I wish to receive the following via e-mail instead of physical document (please 1/) Account No. Account Statement Quarterly Review & Annual Report Daily NAV My Email ID Online Account Statement Quarterly Review & Annual Report Daily NAV My Email ID	Enrolment Period From / (mm/yy) To / (mm/yy)				
Account No	Switch	E-Mail Communication and Online Account Access			
Account No	Scheme Name Plan Ontion	I wish to receive the following via e-mail instead of physical document (please \checkmark)			
Please transferunits or Rsto (Destination scheme name)	_				
Destination Scheme Account No (if available) Destination Details Destination Date of Birth of nominee Account No (if available) Destination Date of Birth of nominee Account No (if available) Destination Date of Birth of nominee Account No (if available) Destination Date of Birth of nominee Destination Date		My Email ID			
Account No (if available)					
Plan/Option Others Specify Systematic Transfer Plan (STP) Scheme Name Plan Option Account No. Please transfer Fixed Amount Rs. OR Capital Appreciation Destination Capital Appreciation Others Specify Destination Others Specify Plan/Option Others Specify Monthly Quarterly Quarterly Others Specify Monthly Quarterly Monthly Quarterly Sole/First Holder/Guardian Scheme Plan Option Others Specify Account No. Third Holder Date: Sole/First Holder/Guardian Signature Account No. All Schemes Signature If nomince is a minor Date of Birth of nomince Date of Birth		I wish to avail the online account access facility (email address mandatory) \square Yes \square No			
Systematic Transfer Plan (STP) Scheme Name		Signatures(s) (Please read the instructions given for guidance)			
Scheme Name					
Scheme Name		Trustees of Franklin Templeton Mutual Fund for units of Franklin Templeton Mutual Fund as			
Account No. Graph All Schemes Account No. Graph All Schemes Account No. Graph Account No. Graph All Schemes Accoun	•	Scheme as on the date of this investment and confirm that the monies invested in the scheme			
Capital Appreciation Capital Appreciation to (Destination scheme name) Destination Scheme Account No (if available) Plan/Option Others Specify Frequency Weekly Monthly Quarterly Weekly 7 14 21 28 Monthly/Quarterly Specify date Enrolment Period From (dd/mm/yy) To (dd/mm/yy) Nomination Details Scheme Account No. All Schemes Signature In nominee is a minor Date of Birth of nominee		directly or indirectly in making this investment.			
the monies are remitted from abroad through approved banking channels or from my/our monies in my/our NRE/NRO/FCNR Account. If mominee is a minor Destination Lives time are remitted from abroad through approved banking channels or from my/our monies in my/our NRE/NRO/FCNR Account. If mominee is a minor Destination Destinat		United States persons within the meaning of Regulation (S) under the United States			
Scheme Account No (if available) 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. Sole/First Holder/Guardian	• • • • • • • • • • • • • • • • • • • •				
Plan/OptionOthers Specify	, , , , , , , , , , , , , , , , , , , ,				
Plan/Option Others Specify incorrect or incomplete. Sole/First Holder/Guardian Second Holder Weekly 7 14 21 28 Monthly/Quarterly Specify date Third Holder Enrolment Period From/ (dd/mm/yy) To/ (dd/mm/yy) Nomination Details Scheme Account No All Schemes Nominee Name & Address Signature If nominee is a minor Date of Birth of nominee	Scheme Account No (if available)				
Frequency Weekly Monthly Quarterly Second Holder Third Holder Enrolment Period From/ (dd/mm/yy) To/ (dd/mm/yy) Date: Part	Plan/Option Others Specify	incorrect or incomplete.			
Weekly 7 14 21 28 Monthly/Quarterly Specify date Third Holder Enrolment Period From/ (dd/mm/yy) To/ (dd/mm/yy) Nomination Details Scheme Account No All Schemes Nominee Name & Address Signature If nominee is a minor Date of Birth of nominee Nominee Manual Part of N	Frequency □ Weekly □ Monthly □ Ouarterly				
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Nominee Name & Address Signature If nominee is a minor Date of Birth of nominee Do D M M M Y Y Y Y Y					
If nominee is a minor Date of Birth of nominee DD DD MM MY YYYYY	Scheme Account	t No All Schemes			
If nominee is a minor Date of Birth of nominee DD DD MM MY YYYYY	Nominee Name & Address	Signature			
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$\begin{array}{cccccccccccccccccccccccccccccccccccc$	If we will be a strong to the				
Guardian Name & Address Signature	$\begin{array}{cccccccccccccccccccccccccccccccccccc$				
	Guardian Name & Address Signature				



FRANKLIN TEMPLETON INVESTOR SERVICE CENTRES: Ahmedabad: Tel: 26470057. Fax: (079) 26462685; Bangalore: Tel: 22385612/13/14. Fax: (080) 22385886 Baroda: Tel: 2356036. Telefax: (0265) 2353038; Bhubaneswar: Tel: 2535141, 2531745. Fax: (0674) 2531026; Chandigarh: Tel: 2662136. Fax: (0172) 2622341 Chennai: Tel: 24679200-20. Fax: (044) 24987790 Cochin: Tel: 2370380, 2373078. Fax: (0484) 2373076 Coimbatore: Tel: 2474616. Telefax: (0422) 2470277 Dehradun: Tel: 2743268/2748306. Fax: (0135) 2748306 Hyderabad: Tel: 55665915 / 55665916. Fax: (040) 55665770; Indore: Tel: 2436324. Telefax: (0731) 2436324 Jaipur: Tel: (0141) 2377904, 2377905. Fax: (0141) 2388737; Jalandhar: Tel: 5080784, 2456033. Telefax: (0181) 5080783; Kanpur: Tel: (0512) 2303131. Fax: (0512) 23031767; Kolkata: Tel: 22826171, 22824171. Fax: (033) 22826459; Lucknow: Tel: 2285301. Telefax: (0522) 2285172 Ludhiana: Tel: 2406198. Telefax: (0161) 2406191; Madurai: Tel: (0452) 2343008, 2350144; Mangalore: Tel: 2492796. Telefax: (0824) 2493749; Mumbai: Tel: 56325820-29, 56325820-36. Fax: (022) 22810923 Nagpur: Tel: 2555074. Telefax: (012) 2553794; Nasik: Tel: 2574329. Telefax: (0253) 2574327 New Delhi: Tel: 23722786, 23752017. Telefax: (011) 23353213; 23730627 Patna: Tel: 2212277. Fax: (042) 201762 Pune: Tel: 56033511/12/14. Telefax: (020) 56033522 Rajkot: Tel: 2471395. Telefax: (0281) 249204 Raipur: Tel: 5033244. Telefax: (0771) 5033614 Salem: Tel: 2446854, 2430506. Fax: (0427) 2446854 Surat: Tel: 2473766. Telefax: (0201) 2473744 Trichy: Tel: 2464022. Fax: (0431) 2414691 Varanasi: Tel: 2226684. Telefax: (0542) 2226245; Vijayawada: Tel: 2472594, 5561301. Fax: (0866) 472594; Visakhapatnam: Tel: 5565351, 2704705. Fax: (0891) 5566806