

## APPLICATION FORM FOR NEW INVESTORS

TEMPLETON	(Please	read Product labeling de	etails available on cover page a	nd instructions before filling this Form)	
Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	The upfront commission on investmer investor's assessment of various factor	at made by the investor, if any, shall be paid to the s including service rendered by the ARN Holder.	ARN Holder (AMFI registered distributor) directly by the investor, ba Applicable only if ARN is mentioned but EUIN box is left blank: "I/"	sed on the We hereby
Manager's Registration No.		manager/sales person of the above of manager/sales person of the distribute	itentionally left blank by me/us as this transaction distributor/sub broker or notwithstanding the or/sub broker." Applicable only if RIA Code/Point applicable only in the research of the resear	ARN Holder (AMFI registered distributor) directly by the investor, bat topplicable only if ARN is mentioned but EUIN box is left blank: "/ on is executed without any interaction or advice by the employee/re davice of in-appropriateness, if any, provided by the employee/re tfolio Manager's Registration Number is mentioned: "I / We here! c. in respect of my/ our investments under Direct Plan of all Schemes m se code is mentioned herein."	lationship lationship by give you
Sub-broker ARN	Representative EUIN	you, to the SEBI-Registered Investment	Adviser / SEBI Registered Portfolio Manager who	se code is mentioned herein."	anaged by
For office use only		Sole / First Unit Holde	r Second Unit F	lolder Third Unit Holder	
TRANSACTION CHARGES (Refer in	** *	· · · · · ·	tions routed through distributors/agen existing mutual funds investor (Rs.1	ts/brokers who have opted to receive transaction charg 00 will be deducted).	ges.
		,		,	
EXISTING UNITHOLDERS	FOLIO NUMBER (Please refe	er Instruction No. 1 on page 7	7) MY FOLIO NUMBER		
MY DETAILS (To be filled in	Block Letters. Please provide the	e following details in full; Ple	ase refer instructions)		
My Name Should match with PAN card	and preferably attach a co	ony of PAN card		PAN/PEKRN (1st Applicant)	KYC
Date of Birth/Incorporation*	D / M M / W V		ale Others		
Guardian's Name (if minor*)/POA/	D   /   IVI   IVI   /   Y   Y   Contact Person	Gender Male Fem	others	PAN/PEKRN (Guardian/POA)	КУС
Should match with PAN card		opy of PAN card		Trivy I Likki (duardian) 1 0/1)	_KIC
On behalf of Minor"	Date of Birth	D D / M M / Y	Date of Birth	Guardian named is:	
(* Attach Mandatory Documents as per ins * DOB is a mandatory field. #Minor investn	,		Proof attached *	Father Mother Court Appointed	
IS JOINT APPLICANTS (IF A	* * *	·	Mode of Operation :		efault]
2nd Applicant Name				PAN/PEKRN (2nd Applicant)	KYC
Should match with PAN card		ppy of PAN card			
Date of Birth D D M M  3rd Applicant Name	i / Y Y			PAN/PEKRN (3rd Applicant)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Should match with PAN card	and preferably attach a co	opy of PAN card		rany rekkii (Stu Applicant)	KYC
Date of Birth DD / MM	/ V V				
* DOB is a mandatory field.					
MY CONTACT DETAILS (As	s per KYC records. To be filled in	Block Letters) NRI Investors	should mention their Overseas add	lress (Refer instructions).	
Email ID (in capital)				Address Type (Mandatory)	
Mobile +91		Tel (STD Code)		a. Residential & Business b. Residential	
Email ID and Mobile number should pertain Address	n to firstholder only			c. Business	
Address				d. Registered Office	
Landmark					TI
City		Pin Code (Mandatory)	State		
I wish to receive Scheme Annual Re	· · · ·				
Online (Preferred & Default)  I declare that Mobile Number in thi			<b>per</b> and contribute towards a green	· · · · · · · · · · · · · · · · · · ·	
Dependent Parents Guard		<u> </u>	age of these contact details for any	5	
I declare that Email address provid	` `		·		
Dependent Parents Guard	ian PMS Custodian	POA, and approve for us	age of these contact details for any	communication with FTMF.	
MY INVESTMENT DETAIL	S (Cheque/DD should be in favour	of "Scheme Name". Default pla	n/Option will be applied incase of no	nformation, ambiguity or discrepancy)	
Full Scheme/P	lan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch	
Scheme Name:		D.	Charma (DD Na	Name/Branch:	-
Lumpsum SIP  Plan: Regular Direct		Rs. Less DD	Cheque/DD No.	Name/Branch.	-1
Option: Growth Payout of II	DCW Reinvestment of IDCW	charges	RTGS NEFT transfer	A/c no.	
Scheme Name:					
Lumpsum SIP		Rs.	Cheque/DD No.	Name/Branch:	
Plan: Regular Direct Option: Growth Payout of II	DCW Reinvestment of IDCW	Less DD charges	RTGS NEFT Funds	A/c no.	
Scheme Name:	Nemvestment of ibew			Аус но.	-1
Lumpsum SIP		Rs.	Cheque/DD No.	Name/Branch:	
Plan: Regular Direct		Less DD	RTGS NEFT Funds		
Option: Growth Payout of II	DCW Reinvestment of IDCW	charges	transfer	A/c no.	
Payment through NACH (Attach	NACH form)   Documents atta	ached to avoid Third Party Pa	yment Rejection, if applicable:	Bank Certificate, for DD Third Party Declarat	ions
IF YOU OPT TO START SIP'S, THE If left blank 10th	will be Investment		ALL THE SIP'S. — My And Monthly (default) Quarterly	dditional SIP Details	
SIP Date: D Considered as the for monthly and	e default date		MON TUE WED THU	FRI	
SIP Period Start Date m m	7   3   3   3   3	Date m m / y	y y y First SIP Cheque I	Date:         m         m         /         y         y         y         y	
Step-up my SIP annually by: Increase in	0/~ .	of 5%) (Amount invested w	or Increase in Rupe	e Value: (in multiples of Rs. 500)	

BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)
My Bank Name
Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others
Branch Address
City Pin IFSC code: (11 digit)
© ADDITIONAL INFORMATION
SECOND APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation
I wish to receive Scheme Annual Report and Abridged Summary:  Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
THIRD APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation
I wish to receive Scheme Annual Report and Abridged Summary:  Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
GUARDIAN OR POA APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory, Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation
I wish to receive Scheme Annual Report and Abridged Summary :
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings  Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.
NSDL: DP Name DP ID I N Beneficiary Ac No.
CDSL: DP Name  Beneficiary Ac No.
Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. Enclosed Client Master List OR DP statement

KNOW YOUR CUST	OMER (KYC)	<b>DETAILS</b> (Pleas	e Tick/ Specify.	The application is	liable to get rejecte	ed if deta	ils not filled.)			
Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian	Occupation de	tails for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Resident Individual					Private Sector					
NRI (Repatriable) / NRI					Public Sector					
(Non-Repatriable) / Minor (Repatriable) /					Government Sei	rvice				
Minor (Non-Repatriable) / PIO / OCI					Business					
Sole Proprietorship		-	-	-	Professional					
Minor through Guardian		-	-	-	Agriculturist					
	□ Company,	Body □ Corpor □ Bank	ate 🗆 Partners	ship	Retired					
	□AOP	□ FI/FII/	FPI		Housewife					
	-	Society g under "Non-Pro	ofit Organization	" [NPO] which	Student					
	has been co referred to it	nstituted for reli n clause (15) of s 961), and is regist	igious or charit ection 2 of the I	able purposes ncome-tax Act,	Others (Please s	hers (Please specify)				
Non Individual	the Societies State legislat	Registration Act, 1 on or a Company 1	.860 (21 of 1860 registered under	) or any similar	Politically Expo	sed Pers	on (PEP) detail	s: Is a PEP	Related to PEP	Not Applicable
	the Compani	es Act, 2013 (18 of	2013).		1 <sup>st</sup> Applicant					
	If yes, please DARPAN por	quote the NPO Re	gistration Numb	er provided by	2 <sup>nd</sup> Applicant					
	above informat	d already, please regi ion. In absence of rec	eipt of the Darpan r	ortal reaistration	3 <sup>rd</sup> Applicant					
		AC/RTA will be requi eport to the relevant a			Guardian					
Others (Please specify)					Authorised Sign	atories				
Gross Annual Income Ra	ango (in Pc )	Promoters Partners								
Below 1 lac					Karta					
1-5 lac					Whole-time Dire	ectors/Tu	ırstee			
5-10 lac										
10-25 lac										
25 lac- 1 cr										
1 -5 cr										
5 - 10 cr										
> 10 cr										
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on	as on	as on	as on						
p⊋ FATCA/CRS/UBO D	ETAILS: For I	ndividuals (Man	datory). Non Ir	ndividual Investo	ors including HUF	should	mandatorily fil	l separate FA	TCA/CRS/UBO	letails form
Details		Sole/ 1st App	licant	2nd App	plicant		3rd Applicant	:	Guardiai	n/POA
Place & Country of Birth										
Nationality										
Father's Name										
Are you a tax resident of a country other than India?	ny	Yes	No	Yes No				No	Yes	No No
Country of Tax Residency#	<u> </u>			11 163	. Manuatory to fin bei	ow IAICA	, cito Details			
Sound y or ran residency #										
Identification Type [TIN or other, please speci	fy]									
Tax Identification Number										
# To also include USA, where the			der of USA. ^In c	ase Tax identification	is not available, kindl	ly provide	its functional equiv		 No.	

\_Pin\_

Date\_

Payment Details

Cheque/DD No.

Cheque/DD No.

Received from

Plan/Option

Amount .

Amount

Bank and Branch details\_

Bank and Branch details\_

■ NOMINATION DETAILS							
I/We, the above-named unitholders in						nits held my/our folio	(s) listed below in th
	PAN of the Nominee Guardian PAN b be quoted if U	lationship Sole / First hit holder [andatory]	viously in respect of t	he units held by me/ us in the indicated  Name and address  of Guardian*	Signature of Nominee / Guardian [Optional]	Guardian's Relationship with Nominee*	Allocation % to each nominee [Mandatory] (Aggregate should be 100%]
			DDMMYYYY			☐ Mother ☐ Father ☐ Legal Guardian	
			DDMMYYYY			☐ Mother ☐ Father ☐ Legal Guardian	
			DDMMYYYY			☐ Mother ☐ Father ☐ Legal Guardian	
aving read and understood the contents of emorandum (KIM), the Addenda issued the ustee Services Pvt. Ltd., Trustees to the schocuments. Notwithstanding the generality anada (ii) 1 /we am/are not a 'US Person' an ATCA/CRS) and UBO details mentioned about the soft was a substantial funds falling in the vestment and are not in contravention or every managerial persons (collectively referred theme Documents and for any consequence ovided by me/us as also due to my/our not included.	f the Statement of Add erein till date (together emes of FTMF for units of the aforesaid undert d are not applying for U ove are true and correct e category of scheme(s rasion of any applicable as Franklin Templeton es in case of any of the t intimating / delay in in	r referred as Sc s of scheme(s) c aking, I/We he inits on behalf c t and (v) the AR s) being recomn laws. I/ We fur i) harmless aga above particul ntimating such o	heme Documents) at fFTMF as indicated ireby confirm that (i) of any 'US Person' (iii) th holder has discloss mended to me/us an ther agree to hold FT inst any losses, costs, ars being false, incor changes. I/We hereby	n Templeton Mutual Fund (FTMF), re nd after evaluating and acknowledging above, and agree to abide by all applica I am/ we are not residents of Canada the money used for investment is my/ ed the details of commissions (in the fo d I / we have not received nor been in MF, Franklin Resources Inc. its subsidia damages arising out of any actions un rect or incomplete or for the activities y authorise Franklin Templeton to use, or	the risk factors, I / the laws and the ter and am/ are not are our own and from le rm of trail commissi duced by any rebatery and associate ent dertaken or activitie performed by them disclose, share, remit	we hereby apply to ms and conditions m opplying for Units on be egitimate sources (iv) on or any other mode e or gifts, directly or in ities including their ei- s performed by them tin good faith or on to in any form, mode or	the Franklin Templentioned in the Schehalf of any resident the tax residency step, offered by compendirectly in making mployees, directors in accordance with the basis of information manner, all / any o
presentatives or distributors or any other pligation of advising / informing me/us of the required by Franklin Templeton, in conne umber, I hereby authorize Franklin Temple sturb (DND) registry of TRAI. I have opted the	parties located in India te same. I/ We hereby a ction with this applicat ton Asset Management to receive updates from	or outside Indi gree to keep th ion. I/We confi t (India) Pvt. Lt Franklin Templ	ia or any Indian or for e information provid irm that I/we have p id or any of its autho leton via SMS and Wh	reign governmental, statutory, regulat ed to Franklin Templeton updated and orovided my/our Aadhaar details for h rised representative to call on my reg uatsApp. I am aware about the option to	ory, administrative o to provide any addit YC purpose absolut istered mobile num	or judicial authorities tional information / d tely at our volition. By ber irrespective of its	/ agencies without ocumentation that in registering my most registration in Do
Sole / First Unit Holder		_	Second Un	iit Holder		Third Unit Holder	
2 1800 425 4255 or 1800 258 4255 (from 8 and 20 clock  □ Name, Address are corrected to the corrected to th	parties located in India ne same. I/ We hereby a ction with this applicat ton Asset Management o receive updates from ledge that DND registra  or to 9 pm, Monday to Saturday	or outside Indigree to keep th ion. I/We confi (India) Pvt. Lt Franklin Templ ation/opt-out w	ia or any Indian or foe e information provid rm that I/we have r d or any of its autho leton via SMS and Wf rill not stop regulator  Second Un  Second Un  Second Un  Full schel	reign governmental, statutory, regulated to Franklin Templeton updated and orovided my/our Aadhaar details for Irised representative to call on my regulatsApp. I am aware about the option to y and service related messages.	ory, administrative of to provide any addit GYC purpose absolut istered mobile num o opt-out from all our office of the control of the contro	or judicial authorities tional information / d æly at our volition. By ber irrespective of its r promotional messag	/ agencies vocumentation registering is registration ges at my chooses at my cho
Quick Checklist Email ID / Mobile numbe KYC information provide FATCA/CRS details provi Corporate Documents/ T	r are mentioned alon d for each applicant ded for each applicar	J	ntion.  Pay-In ba	me name, plan, option is mentioned nk details and supportings are atta on facility opted igned by all applicants relationship with minor	ched is not Demai	onal documents pro pre-printed on payind Draft is used. Idividual investors: FCA Details and Dec O Declaration Form	nent cheque or should attach laration Form





## SIP THROUGH NACH FORM

(Please use separate Transactions Form for each Scheme / Plan and Transaction)

	Code/Portfolio istration No.	Sub	-broker/Bra	anch Cod	e	Sub-	broker ARN	N		Repr	esenta	ative l	EUIN			I	For of	ffice u	se onl	ly	
MY DETAII	<b>S</b> (To be filled	d in Block Le	etters. Pleas	e provide	e the follow	ing details	s in full; Ple	ease refer	instru	ctions)											
My Name																					
My Folio Number						Scheme	e (Account N	Number)													
SIP DETAII	<b>S</b> (Please not	te that 30 Bu	siness days a	re require	ed to set up t	the Auto d	ebit. Defaul	lt plan/Op	tion wi	ll be app	lied in	case o	f no int	formati	on, amb	iguity	or dis	crepan	су)		
Scheme Name/P	lan/Option																				
Each SIP amount for other than dail		. 500	Rs.				SIP	Date:	D	[If left bl	ank 10	th wi	ll be co	nsidere	d as the	defau	ılt date	e for mo	onthly	and qua	irterly)
SIP Period Start	Date M M	/ Y Y	YY	End Date	e M M	/ Y Y	YY														
Investment Freq \$ Refer Page 27 for T	&C —	aily <sup>\$</sup> Ionthly (def	_	Weekly <sup>s</sup> Quarter	MON □	TUE 🗆	WED 🗆 T	`НИ □ F	RI	Fin	rst SII	P Che	eque I	Date:				Cheq	ue No	) <b>.</b>	
Drawn on Bank,	/Branch																				
Step-up my SIP a	<b>innually by:</b> or	_	se in %: se in Rupe	Value	(in multip		6) (Amoun		d will	be roui	nded o	off to	the ne	earest	Rs. 100	))					
Tick here, if a			•		s already re		•		ment	ion in s	pace p	provi	ded be	elow th	ne Banl	k Nam	ne and	d Acco	unt N	umber	:
Bank Name							Accoun	nt No.													
Tick here if a	ttaching a Ne	w Auto Deb	it Form.		Change i	in Bank fo	or Existing	g SIP.													
DECLARAT	ION & SIGNA	ATURES (To	o be signed	as per M	ode of Hol	lding)			Da	te					F	Place _					
Having read and under Franklin Templeton Mu statutory or judicial or r that I/we have not recei	tual Fund for regi egulatory authorit ved nor been indu	stration of any ies/agencies ar	of the aforesaid and the terms, co	d facility, an anditions, ru	nd agree to abidules and regulat	de by any A	ct, Rules, Regu Fund and the a	ılations, Not	ifications	, Directio	ns, Guid	lelines,	Orders o	or instru	ctions iss	ued by	any Inc	dian or f	oreign g	governme	
complete to the best of n the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (I	authorised agents rtaken or as a resu any form, mode FIU-IND) without a	and belief and v s, representative ult of this investr or manner, all , any obligation of	will promptly in es, distributors ment or activiti / any of the in	nform FTI al its sponsor ies perform formation p	bout any chang r, AMC, trustees led by them on provided by me	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby ag oyees, service the informatic sed Parties in	ot in contravi gree to prov providers, r on provided cluding any	ention or ide any a epresent by me a	evasion o dditional i atives ('th s also due	of any lav informat ie Autho ito my r	ws in fo tion/d orised I not inti	rce. I/W ocument arties')a mating /	e declare tation tha are not lia delay in	that all ti at may be able or re intimati ory or jud	he partic require sponsib ng such dicialaut	culars g ed by F1 ble for a change thorities	given her FI. I here iny losse es. I auth s / agen	rein are t by agree s, costs, orize th	true, corre and acce damages e mutuali	fus and ect and ept that arising fund to
the Mutual Funds, their out of any actions unde disclose, share, remit ir	authorised agents rtaken or as a resu any form, mode	and belief and v s, representative ult of this investr or manner, all , any obligation of	will promptly in es, distributors ment or activiti / any of the in	nform FTI al its sponsor ies perform formation p	bout any chang r, AMC, trustees ed by them on provided by mone.	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby ag oyees, service the informatic sed Parties in	ot in contravi gree to prov providers, r on provided cluding any	ention or ide any a represent by me a of the In	evasion o dditional i atives ('th s also due ndian or f	of any lav informat ie Autho ito my r	ws in fo tion/d orised I not inti	rce. I/W ocument arties')a mating /	e declare tation tha are not lia delay in	that all ti at may be able or re intimati ory or jud	he partion require sponsib ng such	culars g ed by F1 ble for a change thorities	given her FI. I here iny losse es. I auth s / agen	ein are by agrees, costs, costs, orize the cies inco	true, corri e and acce damages e mutuali luding Fii	fus and ect and ept that arising fund to
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (I	authorised agents rtaken or as a resu any form, mode FIU-IND) without a	and belief and w , representative ult of this invests or manner, all , any obligation of	will promptly in s, distributors ment or activiti / any of the in f advising me/u	nform FTI al its sponsor ies perform formation p	bout any chang r, AMC, trustees ed by them on provided by mone.	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby ag oyees, service the informatic sed Parties in	ot in contravi gree to prov providers, r on provided cluding any	ention or ide any acepresent by me a of the In	evasion o dditional i atives ('th s also due ndian or f	of any lav informat ie Autho ito my r	ws in fo tion/d orised I not inti	rce. I/W ocument arties')a mating /	e declare tation tha are not lia delay in	that all ti at may be able or re intimati ory or jud	he partic require sponsib ng such dicialaut	culars g ed by F1 ble for a change thorities	given her FI. I here iny losse es. I auth s / agen	ein are by agrees, costs, costs, orize the cies inco	true, corre and acce damages e mutuali	fus and ect and ept that arising fund to
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (I	authorised agents traken or as a resu- any form, mode  FIU-IND) without a  Sole / First Ur	and belief and w , representative ult of this invests or manner, all , any obligation of	will promptly in state that the state of the	nform FTI al its sponsor ies perform formation p	bout any chang r, AMC, trustees ed by them on provided by mone.	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby ag oyees, service the informatic sed Parties in	tin contravegree to prov providers, r non provided cluding any	ention or ide any acepresent by me a of the In	evasion odditional individual distributional individual individual distributional individual distributional individual distributional distributional distributional distributional distributional distributional distribution	of any lav informat ie Autho ito my r	ws in fo tion/d orised I not inti	rce. I/W ocument arties')a mating /	e declare tation that are not lia delay in r statuto	that all ti at may be able or re- intimation ory or jud	he partic require sponsib ng such dicialaut	culars ged by F1 ble for a change thorities	given her FI. I here iny losse es. I auth s / agen	ein are by agrees, costs, costs, orize the cies inco	true, corri e and acce damages e mutuali luding Fii	fus and ect and ept that arising fund to
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (Intelligence unit-Indi	authorised agents traken or as a resu- any form, mode  FIU-IND) without a  Sole / First Ur	and belief and we, representative that of this invests or manner, all / any obligation of the control of the co	will promptly in state that the state of the	oform FTI al its sponsor its sponsor its sponsor formation p is of thesam	bout any change, AMC, trusteese, ed by them on orovided by me.	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby agoyees, service the informatic seed Parties in the condition of the condition	tin contravegree to prov providers, r non provided cluding any	ention or ide any acceptes that a control of the In	evasion odditional individual distributional individual individual distributional individual distributional individual distributional distributional distributional distributional distributional distributional distribution	of any lav	ws in fc	rce. I/W ocument arties')a mating /	e declare tation that are not lia delay in r statuto	that all ti ti may be able or re intimati rry or jud	he partice requires sponsibility and such dicialaut	eculars ged by F1 ble for a change thorities	given her FI. I here iny losse es. I auth s / agen	rein are the by agrees, costs, costs, corize the cies incomments and the cies incomments are the cies incomments.	true, corre and accedamages e mutualluding Fir	/us and ect and ept that arising fund to nancial
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (Intelligence unit-Indi	authorised agents traken or as a result any form, mode FIU-IND) without a Sole / First Ur-IND WITHOUT AND THE TO I I/We hereby	and belief and we, representative that of this invests or manner, all / any obligation of the control of the co	will promptly in state that the state of the	oform FTI al its sponsor its sponsor its sponsor formation p is of thesam	bout any change, AMC, trustees ed by them on orrovided by more.  SII  o f	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby agoyees, service the informatic seed Parties in the condition of the condition	tin contravegree to prov providers, r non provided cluding any	ention or ide any acceptes that a control of the In	evasion odditional individual distributional individual individual distributional individual distributional individual distributional distributional distributional distributional distributional distributional distribution	of any lav	ws in fc	rce. I/W ocument Parties')a mating / mental c	e declare tation that are not lia delay in r statuto	that all tit may be able or re intimation in timation in timation in the time. The Date	he partice requires sponsibility and such dicialaut	eculars ged by F1 ble for a change thorities	given her IT. I here inny losse es. I auth s / agen der	rein are the by agrees, costs, costs, corize the cies incomments and the cies incomments are the cies incomments.	true, corre and accedamages e mutualluding Fir	/us and ect and ept that arising fund to nancial
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (Intelligence unit-Indi	authorised agents traken or as a result any form, mode FIU-IND) without a Sole / First Ur-IND WITHOUT AND THE TO I I/We hereby	and belief and we, representative to the control of	will promptly in state that the state of the	oform FTI al its sponsor its sponsor its sponsor formation p is of thesam	bout any change, AMC, trustees ed by them on orrovided by more.  SII  o f	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby agoyees, service by the informatic sed Parties in the condition of the conditio	tin contravegree to prov providers, r non provided cluding any	ention or ide any acceptes that a control of the In	evasion odditional individual distributional individual individual distributional individual distributional individual distributional distributional distributional distributional distributional distributional distribution	of any lav	ws in fc	rce.I/Worce.I/	e declare tation that are not lia delay in r statuto	that all ti that all ti that all ti that all ti that be below to the control of t	he partice requires sponsibility and such dicialaut	eculars ged by F1 ble for a change thorities	given her IT. I here inny losse es. I auth s / agen der	rein are the by agrees, costs, costs, corize the cies incomments in the cies in the	true, corre and accedamages e mutualluding Fir	/us and ect and ept that arising fund to nancial
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (Intelligence unit-Indi	authorised agents traken or as a resu any form, mode FIU-IND) without a  Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and we, representative to the control of	will promptly in state that the state of the	oform FTI al its sponsor its sponsor its sponsor formation p is of thesam	bout any change, AMC, trustees ed by them on orrovided by more.  SII  o f	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby agoyees, service by the informatic sed Parties in the condition of the conditio	tin contravegree to prov providers, r non provided cluding any	ention or ide any acceptes that a control of the In	evasion odditional individual districtional individual	of any lav	ws in fc	rce.I/Worce.I/	e declaration that are not like it is a construction of the constr	that all ti that all ti that all ti that all ti that be below to the control of t	he partice requires sponsibility and such dicialaut	eculars ged by F1 ble for a change thorities	given her IT. I here inny losse es. I auth s / agen der	rein are the by agrees, costs, costs, corize the cies incomments in the cies in the	true, corre and accedamages e mutualluding Fir	/us and ect and ept that arising fund to nancial
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (Intelligence unit-Indi	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and we, representative to the control of	will promptly in state that the state of the	nform FTI al its sponsor its sponsor its sponsor its sponsor its sponsor if or mation p is of the same its of	bout any change, AMC, trustees ed by them on orrovided by more.  SII  o f	ges thereto. I, s, their emple the basis of e to Authori	/ we hereby agoyees, service by the informatic sed Parties in the condition of the conditio	tin contravige to prov providers, from providers, from providers decluding any	For	evasion odditional individual districtional individual	f any lav formation to my r  to my r  to	ws in fection / d distribution / d distr	t (tick	e declaration that are not like it is a construction of the constr	that all ti that all ti that all ti that all ti that be below to the control of t	he particle require systems and the particle require continues the particle require continues and the particle require continues and the particle requirements and the particle requiremen	culars g dd by FT be dd by FT	yiven her T.I. Here's yin yi losses. I auth s s / agen	AB-NRC	true, corre and accedamages e mutualluding Fir	/us and ect and ept that arrising fund to nancial
the Mutual Funds, their out of any actions unde disclose, share, remit ir Intelligence unit-India (Intelligence unit-Indi	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and we, representative with the life and we, representative with the life and we have a constant of the life and we have a constant of the life and we have a constant of the life and belief and beli	will promptly in state that the state of the	nform FTI al its sponsor its sponsor its sponsor its sponsor its sponsor if or mation p is of the same its of	bout any chang f, AMC, trustees fed by them on provided by me fe.  SII  o f  For Offi  Aklin Temp	P Au  f i ice Use  leton Mu  As &	/ we hereby agoyees, service to De c econd Unit c e c e  tual Fund  C  when pr  10 Phone No	tin contravige to prov providers, to prov providers, to prov providers, to providerd cluding any	For	evasion odditional i additional i additional i adves (this s also due ndian or f	f any lav formation to my r  to my r  to	ws in fection / d distribution / d distr	t (tick	e declaration that are not like it is a construction of the constr	The Date	he particle require systems and the particle require continues the particle require continues and the particle require continues and the particle requirements and the particle requiremen	culars g dd by FT be dd by FT	yiven her T.I. Here's yin yi losses. I auth s s / agen	AB-NRC	ADF	/us and deet and deet and deet that arising fund to mancial and to mancial arising fund to mancial ari
FRAI TEM  Tick (*) CREATE   2 MODIFY   X CANCEL   X  with Bank  an amount of Rup  FREQUENCY	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and very representative to the control of the control o	will promptly in state that the state of the	nform FTI al its sponsor its sponsor its sponsor its sperform formation p is of the same o	bout any chang f, AMC, trustees fed by them on provided by me fe.  SII  o f  For Offi  Aklin Temp	P Au  f i ice Use  leton Mu  As &	/ we hereby agoyees, service by the informatic sed Parties in the informatic sed Parties in the condition of	tin contravige to prov providers, to prov providers, to prov providers, to providerd cluding any	For	evasion odditional i additional i additional i adves (this s also due ndian or f	f any lav formation to my r  to my r  to	ws in fection / d distribution / d distr	t (tick	e declaration that are not like it is a construction of the constr	The Date	he particle require systems and the particle require continues the particle require continues and the particle require continues and the particle requirements and the particle requiremen	culars g dd by FT be dd by FT	yiven her T.I. Here's yin yi losses. I auth s s / agen	AB-NRC	ADF	/us and ect and ept that arising fund to nancial
TEM  Tick ( )  CREATE	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and very representative to the control of the control o	will promptly in statistics, distributors ment or activitic / any of the in fadvising me/statistics will be a fadvising me/statistic fadvising me/statistics will be a fadvising me/statistics will be a fadvising me/statistic fadvising me/statistics fadvising me/statistics fadvising me/statistics fadvising me/statistics fadvising me/statistics fadvising me/statistics fadvising fadvisin	form FTI al its sponsor its sp	bout any change, AMC, trustees get by them on provided by more.  SII  o f  For Offi  aklin Tempi  Yrly  Yrly	P Au  f i  ice Use  leton Mu  As &	when pr  to De  tual Fund  when pr  Phone No  till Email ID  dity of t	tin contravige to prov providers, fron providers, fron providers decluding any	For S Julility of the Indiana and and and and and and and and and	evasion or distributional in actives (this salso due ndian or f	f any law infantal for the following the fol	debi	rce.I/W cocuments and the cocuments are the cocuments and the cocuments are the cocu	e declare tation that are not like the control of t	The Date SB CA	he particle require sponsible for the particle for the pa	culars g dd by FT be dd by FT	yiven her I.I. Here's yny losses. I auth s / agen	B-NRC	ADF	/us and ect and ept that arising fund to nancial  1  1  1  1  1  1  1  1  1  1  1  1  1
FRAI TEM  Tick (/) CREATE / MODIFY X CANCEL X  with Bank an amount of Rup  FREQUENCY  Reference 1  Reference 2	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and very representative to the control of the control o	will promptly in state that the state of the	rly Fran	bout any change, AMC, trustees, AMC, trustees, and by them on provided by more.  SII  o f  For Offi  Naklin Tempi  Tyrly  Tyrly  The debit of the bank.	ges thereto. I, s, their emple the basis of e to Authori  S  P Au  f i ice Use  leton Mu  As & l of valif f mandate	whereby agoyees, service the informatic sed Parties in  to December 10 Phone No. 11 Email ID dity of t processing	tin contravige to prov providers, fron providers, fron providers decluding any	For S Utility and d	evasion or dedistional is attives (this salso due ndian or for the salso du	f any law infantal and the factor of the fac	ws in fection/ d tition/ d tition/ d debi	rce.I/W cocument rates/s t (tick reflection	e declare tation that are not like the control of t	The Date SB CA	he particle require require sponsible particle require and the require sponsible particle and the require and the require and the requirements and the requirements are required to the requirements are required to the requirements and the requirements are required to the requirements are requirements.	culars g dd by FT be dd by FT	given her II.1 here's my losses I author with the set of the set o	lA B-NRC	ADF Other	/us and ect and ept that arising fund to nancial  1  1  7  9  11  12  12  13  13  13
FRAI TEM  Tick (*) CREATE   2 MODIFY   X CANCEL   X  with Bank  an amount of Rup FREQUENCY  Reference 1 Reference 2  PERIOD	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and very representative to the control of the control o	will promptly in state that the state of the	rly Fran	bout any change, AMC, trustees get by them on provided by more.  SII  o f  For Offi  Aklin Tempi  Yrly  m period the debit of the debit of the debit of the seriod the debit of the seriod the debit of	ges thereto. I, s, their emple the basis of e to Authori  S  P Au  f i i ice Use  leton Mu  As &  l of valif f mandate	wheneby agoyees, service to De tual Fund  c e when pr  Phone No  the mail ID dity of t processing	tin contravige to prov providers, fron providers, fron providers decluding any	For Substitute of the International Control o	evasion or distributional in actives (this salso due ndian or f	f any law infantal are Author to my Ir TYI	debi	rce.I/Woodument codement for tick for tick for the tick f	e declare tation that are not like the control of t	The Date SB CA	he particle require require sponsible sponsible sponsible sponsible such that the sponsible spon	ee SB-I	yiven her I.I. Here's yny losses. I auth s / agen	B-NRC	ADF Other	/us and ect and ept that arising fund to mancial  1  1  7  9  1  12  12  13  13  13
FRAI TEM  Tick (/) CREATE / MODIFY X CANCEL X  with Bank an amount of Rup FREQUENCY Reference 1 Reference 2  PERIOD From	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/	and belief and of, representative in the control of	will promptly in statistics, distributors ment or activitic / any of the in fadvising me/statistics with the control of the infadvising me/statistics with the control of the infadvising me/statistics with the control of the infadvising me/statistics with the infadvising me/statistics with the infadvising me/statistics with the infadvision with	rly Fran  Fran  Fran  Sign  Sign  and agree for harges of Sign  and agree for harges of Sign  and agree for harges of Sign	bout any change, AMC, trustees of by them on provided by more.  SII  o f  For Off  Rklin Tempi  Arrly  Yrly  Manual Arrline and the debit of the bank.  Name as in the to abide by the control of the bank.	PAU  f i  ice Use  leton Mu  f si  ice Use  leton Mu  As &  lof valif mandate  ary Account Bank recetthe Terms:	wheneby agoyees, service to De tual Fund  c e when pr  Phone No  the processing  nt holder  cords  and conditio	Holder  Holder  Language See See See See See See See See See S	For S Julility of the Indiana Manutruction or the Indiana Manutruction of the Indiana	evasion of distributional in actives (this salso due andian or formal distributions). The code DEBIT DEBIT of the code as in t	f any law infantal formula for the formula formula formula for the formula for	debi  debi  recor  ing Frecor	t (tick  t (tick  renated by the first time to the first time to the first time time time time time time time tim	e declare reaction that represents the control of t	Date  The Date September of the Control of the Cont	he particle require require sponsible sponsibl	ed by FT be a change that the	given her I.I. here's my losses and a series of Accoolin Ban	B-NRC  B-NRC  unt hou	Amou	vus and eet and ept that arising fund to mancial  7  9  1  1  1  1  1  1  1  1  1  1  1  1
TEM  Tick ( )  CREATE	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/  EMM Mthly	and belief and of the properties of the properti	will promptly in statistics, distributors ment or activitic / any of the in fadvising me/statistics and Code     F	rly  Fran  Fran  Sign  and agree for harges of side cancella	SII of For Offi  Aklin Temp  Yrly Yrly  Mature Prima Name as ine to tabide by atton/amend	ges thereto. I, s, their emple the basis of e to Authori  S  P Au  f i  ice Use  leton Mu  As &  l of valif f mandate  ary Account Bank rec the Terms .	we hereby agoyees, service to De tual Fund  c e when pr  Phone No  the mail ID dity of t processing and conditions to Franklin	Holder  But a contrave growth of the contrave	For S Julility (Signal Manufacture) Signal Nan Nan or the la	evasion of diditional in attives (this salso due to the s	to year anom I a	debi  debi  recor  ing Frecor	t (tick  t (tick  renated by the first time to the first time to the first time time time time time time time tim	e declare reaction that represents the control of t	Date  The Date September of the Control of the Cont	he particle require require sponsible sponsibl	ed by FT be a change that the	given her I.I. here's my losses and a series of Accoolin Ban	B-NRC  B-NRC  unt hou	Amou	vus and eet and ept that arising fund to mancial  7  9  1  1  1  1  1  1  1  1  1  1  1  1
TEM  Tick (/)  CREATE /  MODIFY X  CANCEL X  with Bank  an amount of Rup  FREQUENCY  Reference 1  Reference 2  PERIOD  From  To  This is to confirm cancel/amend th	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/  EMM Mthly	and belief and of the properties of the properti	will promptly in statistics, distributors ment or activitic / any of the in fadvising me/statistics and Code     F	rly  Fran  Fran  Sign  and agree for harges of side cancella	SII of For Offi  Aklin Temp  Yrly Yrly  Mature Prima Name as ine to tabide by atton/amend	ges thereto. I, s, their emple the basis of e to Authori  S  P Au  f i  ice Use  leton Mu  As &  l of valif f mandate  ary Account Bank rec the Terms .	we hereby agoyees, service to De tual Fund  c e when pr  Phone No  the mail ID dity of t processing and conditions to Franklin	Holder  But a contrave growth of the contrave	For S Julility (Signal Manufacture) Signal Nan Nan or the la	evasion of diditional in attives (this salso due to the s	to year anom I a	debi  debi  recor  ing Frecor	t (tick  t (tick  renated by the first time to the first time to the first time time time time time time time tim	e declare reaction that represents the control of t	Date  The Date September of the Control of the Cont	he particle require require sponsible sponsibl	ed by FT be a change that the	given her I.I. here's my losses and a series of Accoolin Ban	B-NRC  B-NRC  unt hou	Amou	vus and eet and ept that arising fund to mancial  7  9  1  1  1  1  1  1  1  1  1  1  1  1
TEM  Tick (/)  CREATE /  MODIFY X  CANCEL X  with Bank  an amount of Rup  FREQUENCY  Reference 1  Reference 2  PERIOD  From  To  This is to confirm cancel/amend th	authorised agents traken or as a rest. any form, mode FIU-IND) without a Sole / First Ur  NKLIN PLETO!  I/We hereby  Bank a/  EMM Mthly	and belief and of the properties of the properti	will promptly in statistics, distributors ment or activitic / any of the in fadvising me/statistics and Code     F	rly  Fran  Fran  Fran  Sign  Sign  Ac  Ac  Ac	SII of For Offi  Aklin Temp  Yrly Yrly  Mature Prima Name as ine to tabide by atton/amend	ges thereto. I, s, their emple the basis of e to Authori  S  P Au  f i  ice Use  leton Mu  As &  l of valif f mandate  ary Account Bank rec the Terms .	we hereby agoyees, service to De tual Fund  c e when pr  Phone No  the mail ID dity of t processing and conditions to Franklin	Holder  But a contrave growth of the contrave	For S Julility (Signal Manufacture) Signal Nan Nan or the la	evasion of diditional in attives (this salso due to the s	to year anom I a	debi  debi  recor  ing Frecor	t (tick  t (tick  renated by the first time to the first time to the first time time time time time time time tim	e declare reaction that represents the control of t	Date  The Date September of the Control of the Cont	he particle require require sponsible sponsibl	account as a account as account as account as a accoun	viven her I. I here's my losses and the set of the set	B-NRC  B-NRC  unt ho	Amou	vus and ect and ept that arising fund to nancial  1  1  7  9  1  12  12  13  13  13  of  16  16  16  10  on  natre