

Franklin Templeton Mutual Fund Systematic Investment Plan through ECS/Direct Debit

(See instructions overleaf)



Adviser Name & Code*	ARN-9686	Sub Adviser Name & Code*
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* AMFI Registered Distributors

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

Application for Normal SIP Micro SIP (For Micro SIP Please provide required proof /documentation)

Name of Sole/First Account holder _____ Account No. _____

Existing Unitholders' Folio Number _____ Regn. No. _____ (For office use only)
New Investors (Please also complete and submit a Common Application Form)

SIP Details (Please note that a minimum of 30 days is required to set up the ECS/Direct Debit)

Scheme Plan _____	Option _____	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (please tick as applicable)
SIP Amount Rs. (per installment) _____		SIP Date <input type="checkbox"/> 1st <input type="checkbox"/> 20th <input type="checkbox"/> 7th <input type="checkbox"/> 25th <input type="checkbox"/> 10th
First SIP Cheque Date (If Cheque is given) _____	Cheque No. _____	
ECS Period From _____	To _____	

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 12 overleaf). I/We authorize Franklin Templeton Mutual Fund or their authorized service providers to debit my/our account listed below by ECS (Electronic Clearing Services) / Direct Debit for collection of SIP payments.

Mandatory Enclosures: (If 1st installment is not by cheque)
 Blank cancelled cheque Copy of cheque

Document proofs for Micro SIP (Please provide any one of the name of identification document as mentioned in the instructions)

Identification document _____ Field Issuing Authority _____ Document Identification No. _____

Bank Details

Bank Name _____	1st Holder _____
Branch Name _____	2nd Holder _____
Address _____	3rd Holder _____
City _____	
Account Number _____	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> CC/OD <input type="checkbox"/> NRE/NRO (please ✓)
9 Digit MICR Code _____	

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected.

Please change my/our bank account ECS / Direct debit (change in bank account only)

Account Holder Name as in Bank Account _____

Signatures of Bank Account holders

Having read and understood the contents of the Statement of Additional Information, Scheme Information Document of the Fund, the Key Information Memorandum and the Addenda issued till date, I/we hereby apply to the Trustees of Franklin Templeton Mutual Fund for registration of Systematic Investment Plan (SIP) through ECS / Direct Debit as indicated above and agree to abide by the terms, conditions, rules and regulations of the Fund and the SIP through ECS/Direct Debit as on the date of this investment. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrong/directed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments, its authorized representatives, appointed service providers or the Bank responsible. I/We further undertake that any change in my/our Bank details will be informed to the Fund immediately. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that the funds invested equally belong to me/us and that I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment.

⁹I/We confirm that I am/we are Non-residents of Indian National /Origin but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time and that I/We hereby confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our NRE/NRO Account.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We confirm that I/we do not have any other existing Systematic Investment Plan (SIP) with Franklin Templeton Mutual Fund which together with this proposed SIP will result in aggregate investments exceeding Rs.50,000/- in a year. Further, I/we understand and accept that in case Franklin Templeton Mutual Fund processes the first Micro SIP installment and the application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceed Rs.50,000/- in a year, the Micro SIP registration will be cancelled for future installments and no refund shall be made for the units already allotted.

* Applicable to Non Resident Investors

Date _____ Signature of the Investor(s) _____ 1. _____ 2. _____ 3. _____
 Disclaimer: In case the Micro SIP application is subsequently found to be incomplete in any respect or not supported by adequate documentation or if the existing aggregate investment installments together with this proposed SIP installments exceeds Rs.50,000/- in a year, the Micro SIP registration may be cancelled for future installments and no refund may be made for the units already allotted.

Banker's Attestation (For bank use only)

Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records _____ Bank Account No. _____
 Signature of Authorized Official from Bank (Bank Stamp and Date)

Authorisation of the Bank Account Holders

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Franklin Templeton Asset Management Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorize Franklin Templeton Asset Management (India) Pvt. Ltd. (Investment Manager of Franklin Templeton Mutual Fund) acting through their service providers and representative carrying this ECS mandate form to get it verified and executed. Mandate verification charges if any, may be charged to my/our account.

Bank Account Number _____ 3rd Holder _____

Signatures of Bank Account holders

1st Holder _____
 2nd Holder _____
 3rd Holder _____

Acknowledgement Slip for SIP through ECS/Direct Debit (To be filled in by investor)

Investor's Name _____	Account No. _____	Franklin Templeton Investor Service Centre Signature & Stamp
Customer Folio _____	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
SIP Amount (Rs.) _____	Scheme _____	