Sl. No.

FRANKLIN T Distributor infor						For Offic	e Use Only		
Advisor ARN	Sub-brok	er/Branch Co	ode Sub-b	roker ARN	Representative EUIN Application received				
ARN - 10284		.,			E				
The upfront commiss investor's assessment "I/We hereby confirm that distributor/sub broker orn	sion on investn of various fact the EUIN box ha otwithstanding the	nent made by th cors including s s been intentionally advice of in-approp	he investor, if an ervice rendered y left blank by me/i priateness, if any, pr	ny, shall be paid l by the ARN H us as this transaction rovided by the emplo	to the ARN Holder (AMFI re lolder. 1 is executed without any interaction of yee/relationship manager/sales person of	gistered distri r advice by the en f the distributor/s	butor) directly nployee/relationsh ub broker."	by the investo <i>ip manager/sales p</i>	or, based on th
Signatures First/Sole	Applicant/Guardi	an X		Second	Applicant X	Th	ird Applicant X		
Transaction Cha	rges (Refer Ir	struction No. 1	3 and tick the	appropriate op	tion)				
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□ I am a first time in				· ·	□ I am an existing r		`	will be deduct	ed).
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		pe filled in Bloc	k Letters. Use	one box for on	e alphabet leaving one box b	lank between	name and sur	name)	1 1 1
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City & Country of bi					Date of Birth [#] $ D D M$				Male Femal
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Guardian details for	Minors: Relati	onship with Mi	nor** □ Fa	ther 🗆 Mot	her 🗆 Legal Guardian	□ (Please sp	pecify relations	hip)	
Name of Guardian									
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PAN No. (Mandatory)				Enclosed:	PAN Card Copy 🛛 KYC applicat	ion [*] □ KYC ac	knowledgment*	□ Proof of Iden	ntity & Address
Power of Attorney (PO	A) Details: Nar	ne							
Status: 🗆 Resident In	ndividual 🗆 N	RI/PIO 🗆 C	Others (Please sp	pecify)	Date of Birth D	DMM	Y Y Y	Y Gender:] Male □ Fema
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Joint Holder Inf	ormation (If a	any)		Mode	of Operation : 🗆 Single	🗆 Joint	🗆 Either	or Survivor	(s) [Default
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Acknowledgement Slip

Sl. No.

Received from				P1n		
Scheme Name	Scheme Name Plan/Option Payment Details					
		Amount	Cheque/DD No	Date		
		Bank and Branch details				
		Amount	_ Cheque/DD No	Date		
		Bank and Branch details				
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		Bank and Branch details				

	Address [§]				nte	Pinco	de			
	Overseas Address for NRIs/PIOs									
	City	State		Cou	intry	Pin/2	Zip			
,	Tel STD Code	Offi	ice		Residence			Fa	x	
	Email				Mobile					
1	□ I / We do not wish to receive my/our ac In case no option is selected the application will be pro	count related com ocessed as per the defai	munication by en ult option, i.e., receiv	nail 🛛 🗆 e the account statement,	I/We do not wish to reg annual report and other corresp					
	^ Allowed only for investments through Micro inv	estment route in lieu o	of KYC and PAN. Als	o in this case it is manda	tory to attach contact details sli	n available on we	ebsite.*Pl	ease provid	e copy	of the KYC
	acknowledgement issued by KRA (Mandatory for a identity proof is required to be submitted #Date of provide following documents for evidencing the rel	of Birth and Documen	t proof – mandatory	for investments through	h Minors and investments in Fl	IPEP (in FIPEP	only ind	ividuals ma	y inves	st).**Please
	case of investments held in the name of a minor, \$Mandatory if you have not completed your KYC pi	no joint holders / no	omination will be reg	gistered. The minor, act	ingthrough the guardian, shou	ıld be the first a	and sole l	holder in t	ne Foli	o/Account.
7	Bank Details (Mandatory - For new investo			-						
	Bank Name (Do not abbreviate)									
	Account No.#				Branch/City					
	Branch Address									
	Account type For Residents 🗆 Savi		For Non Par	sidents 🗆 NRO	□ NRE □ FCNR		Pin			
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	Please verify and ensure the accuracy of the bank detai	ls provided above and a				Enclosed: nsible for delays	1		0	
	information provided is incomplete or inaccurate. Th I/We DO NOT wish to avail Electronic Payment Facili									
3	Investment Details: I/We would like									1.8
 	Fund Name	Plan/Option	Amount	Net Amount		ent Details				
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l			Less DD Charges							
	Separate cheque/demand draft required for each inves Investors in Franklin India Pension Plan are requested									
	additional purchase in the same account. If you prefer t	to have a new account in	n the same scheme ple	ase tick here		Enclosed: 🗆 Cl				
	Depository Account Details (Optional. To									
I	NSDL: DP Name		DP ID I	N	Beneficiary	Ac No				
	CDSL: DP Name									
					Beneficiary					
	Please ensure that the sequence of names as mentione			*	the Demat account. Enclosed	(Mandatory)				
			submit a separate	nomination form avail	the Demat account. Enclosed able with any of our ISCs or	(Mandatory)				
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For investment related enquiries, please contact:
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