

FRANKLIN TEMPLETON MUTUAL FUND - COMMON APPLICATION FORM (Please read instructions before filling up the form)

Distributor information				For Office Use Only
Advisor ARN	Sub-broker/Branch Code	Sub-broker ARN	Representative EUIIN	Application received
SMC GLOBAL ARN - 29345				

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.
"I/We hereby confirm that the EUIIN 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."

Signatures First/Sole Applicant/Guardian Second Applicant Third Applicant

1 Transaction Charges (Refer Instruction No. 13 and tick the appropriate option)

Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted). I am an existing mutual funds investor (Rs.100 will be deducted).

2 Existing Unitholders (To be filled in Block Letters. Please provide the following details in full; Please refer Instruction 2)

First Applicant Name _____
 Customer Folio No. _____ Account No. _____

3 Unit Holder Information (To be filled in Block Letters. Use one box for one alphabet leaving one box blank between name and surname)

Name of First/Sole Applicant _____
 City & Country of birth _____ Date of Birth #

D	D	M	M	Y	Y	Y	Y
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 Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

Guardian details for Minors: Relationship with Minor** Father Mother Legal Guardian (Please specify relationship) _____

Name of Guardian _____
 City & Country of birth _____ Date of Birth #

D	D	M	M	Y	Y	Y	Y
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 Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

Power of Attorney (POA) Details: Name _____
 Status: Resident Individual NRI/PIO Others (Please specify) _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

4 Joint Holder Information (If any) Mode of Operation : Single Joint Either or Survivor(s) [Default]

Name of Second Applicant _____
 City & Country of birth _____ Date of Birth #

D	D	M	M	Y	Y	Y	Y
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 Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

Name of Third Applicant _____
 City & Country of birth _____ Date of Birth #

D	D	M	M	Y	Y	Y	Y
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 Gender: Male Female
 PAN No. (Mandatory) _____ Enclosed: PAN Card Copy KYC application* KYC acknowledgment* Proof of Identity & Address ^

5 KYC/FATCA Details (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled.)

Status details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian	Occupation details for	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian#	<input type="checkbox"/>	-	-	-	Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual <input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI	-	-	-	-	Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Others (Please specify)	_____	_____	_____	_____
	Others (Please specify)	_____	_____	_____	_____	_____	_____	_____	_____

FATCA / CRS details (Please consult your professional tax advisor for further guidance on your tax residency, if required)

For Individuals (including sole proprietor) - Tax residence declaration

I am a tax resident of India and not resident of any other country	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No: Please enclose FATCA form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non individuals: Please enclose FATCA form				

Politically Exposed Person (PEP) details:	Is a PEP	Related to PEP	Not Applicable
1 st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in Rs.)	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 -5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 10 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on _____	as on _____	as on _____	as on _____

Ultimate Beneficiary Owner (UBO) Details (For Non individuals only) (UBO Declaration attached)

Applicant is the UBO(s) of this investment (Default)
 Applicant is NOT the UBO(s) of this investment

Acknowledgement Slip

Received from _____ Sl. No. _____ Pin _____

Scheme Name	Plan/Option	Payment Details
_____	_____	Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____
_____	_____	Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____
_____	_____	Amount _____ Cheque/DD No. _____ Date _____ Bank and Branch details _____

