

Franklin Templeton Mutual Fund

Systematic Investment Plan through ECS/Direct Debit (See instructions overleaf)



FRANKLIN TEMPLETON
INVESTMENTS

Broker Name & Code*	TimesofMoney / ARN - 2115	Sub Broker Name & Code*	* AMFI Registered Distributors
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Having read and understood the contents of the Offer Document(s) and Key Information Memorandum, Addenda issued till date, I / We hereby apply to the Trustees of Franklin Templeton Mutual Fund for a Systematic Investment Plan (SIP) through ECS / Direct Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the scheme(s) as on the date of this investment.

Name of Sole/First Account holder _____

Existing Unitholders' Folio Number _____ Account No. _____

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 _____

SIP Amount Rs. (per installment)* _____

#(Maximum amount per installment under ECS/Direct Debit is Rs. 25000)

Frequency Monthly

SIP Date 1st

Quarterly

7th

SIP Period From _____ To _____
m m y y y y m m y y y y

(please tick as applicable)

10th

20th

First SIP Cheque Date _____ Cheque No. _____ Amount Rs. _____
(If Cheque is given) d d m m y y y y

(Should be from the Bank Account from which ECS/Direct Debit is to be effected) | (for minimum period and installments, please refer point no. 16 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

Bank Details

Bank Name _____

Branch Name _____

Address _____

City _____

Account Number _____

9 Digit MICR Code _____ Account Type Savings Current CC/OD NRE/NRO (please ✓)

Please provide the MICR Code of the bank branch from where the ECS/Direct Debit is to be effected. MICR Codes starting or ending with 000 are not valid for ECS.

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

Account Holder Name as in Bank Account _____

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or wrongly effected or not effected at all for reasons of incomplete or incorrect information, I/We will not hold Franklin Templeton Investments responsible. I/We confirm that the funds invested belongs to me/us. I/We further undertake that any changes 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 have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. *I/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/FCNR Account. * Applicable to Non Resident Investors

Date _____ Signature of the Investor(s) 1. _____ 2. _____ 3. _____

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

Signature of Authorised Official from Bank (Bank Stamp and Date)

Bank Account No.

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 Mutual 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 _____

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 _____

Customer Folio _____ Account No. _____

SIP Amount (Rs.) _____ Frequency: Monthly Quarterly Scheme _____

Franklin Templeton Investor
Service Centre Signature & Stamp