

EUIN- E019976

## Franklin Templeton Mutual Fund

## Common Transaction Form

Broker Name & Code*	Sub Broker Name & Code*
ARN- 6574 * AMFI Registered Distributors	

This Form is for use of Existing Investors only. Use this Form for • ADDITIONAL PURCHASE • REDEMPTION • SWITCH • DIRECT CREDIT • CHANGE OF ADDRESS / BANK DETAILS • E-MAIL COMMUNICATIONS • Online Account Access • SIP/SWP/STP/DTP • NOMINATION DETAILS

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

## Existing Unitholder Information

Name of Sole / First Accountholder (Leave space between first/middle/last name) \_\_\_\_\_ Customer Folio No. \_\_\_\_\_  
 \_\_\_\_\_ Account No. \_\_\_\_\_

## Additional Purchase Order

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_ Account No. \_\_\_\_\_  
 Amount (in figures) \_\_\_\_\_ Amount (in words) (Favouring scheme name is enclosed) \_\_\_\_\_  
 Cheque/Draft No. \_\_\_\_\_ Cheque/Draft Dated \_\_\_\_\_ Drawn on (Name of Bank and Branch) \_\_\_\_\_

PAN - Mandatory for all Resident Investors regardless of mode of holding and required for transactions of Rs. 50,000 & above

Sole/First Applicant/Guardian \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_  
 PAN \_\_\_\_\_  
 Enclosed:  PAN Card Copy OR  Form 60/61  PAN Card Copy OR  Form 60/61  PAN Card Copy OR  Form 60/61  
 Mandatory Enclosures: PAN Card Copy or Form 60 /61 with address proof. Transactions not including these mandatory enclosures may be rejected

## Redemption

Scheme \_\_\_\_\_ Account No. \_\_\_\_\_  
 Please redeem my/our Franklin Templeton units as per following details.  
 Amount (in figures) \_\_\_\_\_  
 Amount (in words) \_\_\_\_\_  
 Units (in figures) \_\_\_\_\_  
 Units (in words) \_\_\_\_\_

Please fill any one i.e. either Amount or number of Units.

## For Liquid Fund Redemption

Redemption for Previous Day NAV (T+0)

## Change of Bank Account

Scheme \_\_\_\_\_ Account No. \_\_\_\_\_  All Schemes  
 Bank Account Number \_\_\_\_\_  
 Account type  Savings  Current  NRO  NRE  Others \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Bank Branch \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_

Direct Credit Facility is available with the following banks: ABN Amro Bank, Citibank, Centurian Bank, Development Credit Bank, HDFC Bank, HSBC Bank, IDBI Bank, ICICI Bank, UTI Bank, Kotak Mahindra Bank, Standard Chartered Bank and YES Bank. Dividend and redemption payments will be directly credited to your account if the bank mandate registered for your account is one of the above said banks. I/We DO NOT wish to avail direct credit facility (Please tick)

Please verify and ensure the accuracy of the bank details provided above and as shown in your account statement. Franklin Templeton cannot be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate.

## Change of Address

New Address \_\_\_\_\_ Following is  Home  Office Address  
 \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_  
 Country \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Office Tel. \_\_\_\_\_ Resi. Tel. \_\_\_\_\_  
 My Email ID \_\_\_\_\_

## Declaration

Having read and understood the contents of the Offer Document of the Scheme, the Key Information Memorandum and the Addenda issued till date, I / We hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of Franklin Templeton Mutual Fund as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Scheme as on the date of this investment and confirm that the monies invested in the scheme legally belong to me / us. 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-Resident Indians / Persons of Indian 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 I / We hereby further confirm that the monies are remitted from abroad through approved banking channels or from my/our monies in my/our NRE/NRO/FCNR Account.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete.

Sole/First Holder/Guardian \_\_\_\_\_  
 Second Holder \_\_\_\_\_  
 Third Holder \_\_\_\_\_  
 Date: \_\_\_\_\_ \* Applicable to Non Resident Investors

## Acknowledgement Slip (To be filled in by the Investor)

Customer Folio \_\_\_\_\_ Date \_\_\_\_\_  
 Received from \_\_\_\_\_  
 Additional Purchase or  SIP : Total Amount (Rs.) \_\_\_\_\_ Total Cheque(s) \_\_\_\_\_ Cheque No.(s) \_\_\_\_\_  
 Redemption or  Switch: Amount (Rs.) \_\_\_\_\_ OR Units \_\_\_\_\_  
 SWP  STP  DTP  Change of Bank Account  Change of Address  Nomination Details

Service Centre  
Signature & Stamp

### Existing Unitholder Information

Name of Sole / First Accountholder (Leave space between first/middle/last name)

Salutation  Mr.  Ms.  Dr.  Prof.

Customer Folio

### Systematic Investment Plan (SIP)

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_ Account No. \_\_\_\_\_

Frequency  Monthly  Quarterly; Date  1st  7th  10th  20th  25th Monthly/Quarterly Amount \_\_\_\_\_

Enrolment Period From \_\_\_\_/\_\_\_\_ (mm/yy) To \_\_\_\_/\_\_\_\_ (mm/yy) Cheque No(s). From \_\_\_\_\_ To \_\_\_\_\_ No. of Cheques \_\_\_\_\_

Drawn on Bank /Branch \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

### Systematic Withdrawal Plan (SWP) (See instruction 7, 13)

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Account No. \_\_\_\_\_

Frequency  Monthly  Quarterly

Fixed Amount Rs. \_\_\_\_\_ OR  Capital Appreciation

15th  Last business day of month (Applicable for fixed amount)

Enrolment Period From \_\_\_\_/\_\_\_\_ (mm/yy) To \_\_\_\_/\_\_\_\_ (mm/yy)

### Switch

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Account No. \_\_\_\_\_

Please transfer \_\_\_\_\_ units or Rs. \_\_\_\_\_ to (Destination scheme name) \_\_\_\_\_ Destination Scheme

Account No (if available) \_\_\_\_\_

Plan/Option \_\_\_\_\_ Others Specify \_\_\_\_\_

### Systematic Transfer Plan (STP)

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Account No. \_\_\_\_\_

Please transfer  Fixed Amount Rs. \_\_\_\_\_ OR

Capital Appreciation

to (Destination scheme name) \_\_\_\_\_ Destination

Scheme Account No (if available) \_\_\_\_\_

Plan/Option \_\_\_\_\_ Others Specify \_\_\_\_\_

Frequency  Weekly  Monthly  Quarterly

Weekly  7  14  21  28 Monthly/Quarterly Specify date \_\_\_\_\_

Enrolment Period From \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

### Nomination Details

Scheme \_\_\_\_\_ Account No. \_\_\_\_\_  All Schemes

Nominee Name & Address \_\_\_\_\_ Signature \_\_\_\_\_

If nominee is a minor Date of Birth of nominee

\_\_\_\_\_  
D D M M Y Y Y Y

Guardian Name & Address \_\_\_\_\_ Signature \_\_\_\_\_

### Dividend Transfer Plan (DTP) (See instruction 9, 13)

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Account No. \_\_\_\_\_

I/We would like to transfer Dividend to the following:

New Scheme Name/Plan/Option  Existing Account No., if any in this scheme

\_\_\_\_\_

### E-Mail Communication and Online Account Access

I wish to receive the following via e-mail instead of physical document (please )

Account Statement  Quarterly Review & Annual Report  Daily NAV

My Email ID \_\_\_\_\_

### Online Account Access

I wish to avail the online account access facility (email address mandatory)  Yes  No

### Signatures(s) (Please read the instructions given for guidance)

Having read and understood the contents of the Offer Document of the Scheme, the Key Information Memorandum and the Addenda issued till date, I / We hereby apply to the Trustees of Franklin Templeton Mutual Fund for units of Franklin Templeton Mutual Fund as indicated above, and agree to abide by the terms, conditions, rules and regulations of the Scheme as on the date of this investment and confirm that the monies invested in the scheme legally belong to me / us. I / We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

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I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I further agree not to hold Franklin Templeton Investments liable for any consequences in case of any of the above particulars being false, incorrect or incomplete.

Sole/First Holder/Guardian \_\_\_\_\_

Second Holder \_\_\_\_\_

Third Holder \_\_\_\_\_

Date: \_\_\_\_\_ \* Applicable to Non Resident Investors



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