

Franklin Templeton Mutual Fund

W99999

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

ARN - 83535



Advisor Name & Code*	SHAN WEALTH	Sub Advisor Name & Code*	* AMFI Registered Distributors
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Having read and understood the contents of the Scheme Information 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)

Regn. No. (For office use only)

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)

Frequency ☐ Monthly

SIP Date ☐ 1st

☐ Quarterly

☐ 7th

(please tick as applicable)

☐ 10th

☐ 20th

☐ 25th

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

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.

☐ 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