

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

Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE _____
residing in India at _____ (hereinafter
referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be
deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered
with the login ID _____
on the web site www.timesofmoney.com, hereinafter referred to as the Website") and enrolled for
service(s) offered by TimesofMoney Limited, a company incorporated under the Companies Act 1956
with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001
(hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context
thereof, be deemed to mean and include its successors in title and assigns) and has/have read,
understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the
Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and
severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or
agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney") for me/us, in
my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of
the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.

AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/We _____

have hereunto set my/our hand[s] at _____ this _____ day of _____ of 20____.

SIGNED, SEALED AND DELIVERED
By the within names

X _____

X _____

Date: ____/____/____ (dd/mm/yyyy)