



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

Advisor ARN / RIA Code/ Portfolio Manager's Registration No. Sub-broker/Branch Code Sub-broker ARN Representative EUIN For office use only

MY DETAILS (To be filled in Block Letters. Please provide the following details in full; Please refer instructions)

My Name My Folio Number Scheme (Account Number)

SIP DETAILS (Please note that 30 Business days are required to set up the Auto debit. Default plan/Option will be applied incase of no information, ambiguity or discrepancy)

Scheme Name/Plan/Option Each SIP Amount (minimum Rs. 500) SIP Date: D D SIP Period Start Date End Date Investment Frequency First SIP Cheque Date: Cheque No. Drawn on Bank/Branch Step-up my SIP annually by: Bank Name Account No.

DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

Tick here only if ARN is mentioned but EUIN box is left blank: I/We hereby confirm that the EUIN 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.

Sole / First Unit Holder Second Unit Holder Third Unit Holder



SIP Auto Debit Form

|ADF|

UMRN Sponsor Bank Code Utility Code I/We hereby authorize Franklin Templeton Mutual Fund to debit (tick) SB CA CC SB-NRE SB-NRO Other Bank a/c number with Bank Bank Name IFSC or MICR an amount of Rupees FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount Reference 1 Folio Number Phone No. Reference 2 Application Number Email ID

PERIOD From To I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Signature Primary Account holder Signature of Account holder Signature of Account holder Name as in Bank records

ACKNOWLEDGEMENT SLIP FOR SIP THROUGH AUTO 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