

APPLICATION FORM FOR NEW INVESTORS

(Please read Product labeling details available on cover page and instructions before filling this Form)

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Advisor ARN / RIA Code/ Portfolio Manager's Registration No.	Sub-broker/Branch Code	The upfront commission on investment investor's assessment of various factors confirm that the EUIN box has been in manager/sales person of the above of manager/sales person of the distributo	t made by the investor, if any, shall be paid to the sincluding service rendered by the AEN Holder. A tentionally left blank by mc/us as this transacti- listributor/sub-broker or notwithstanding the r/sub-broker." Applicable only if RIA Code/ Por	ARN Holder (AMFI registered distributor) directly by the investor, based on the applicable only if ARN is mentioned but EUIN box is left blank: "I/We hereby on is executed without any interaction or advice by the employee/relationship advice of in-appropriateness, if any, provided by the employee/relationship tiolio Manager's Registration Number is mentioned: "I/We hereby give you in respect of my/our investments under Direct Plan of all Schemes managed by
Sub-broker ARN	Representative EUIN	my/our_consent to share/provide the t you, to the SEIII-Registered Investment	ransactions data feed/portfolio holdings/NAV et Adviser/SEIII Registered Portfolio Manager who	c. in respect of my/our investments under Direct Plan of all Schemes managed by se code is mentioned herein."
an der				
For office use only	1	Sole / First Unit Holder		
I am a first time investor in mutu			ions routed through distributors/agen xisting mutual funds investor (Rs.1	ts/brokers who have opted to receive transaction charges. 00 will be deducted).
EST EXISTING UNITHOLDERS	FOLIO NUMBER (Please refe	r Instruction No. 1 on page 9	MY FOLIO NUMBER	
MY DETAILS (To be filled in I	Block Letters. Please provide the	following details in full; Plea	ise refer instructions)	
My Name				PAN/PEKRN (1st Applicant) KYC
Should match with PAN card	and preferably attach a co	av of PAN card		
Date of Birth/Incorporation*		RESEARCH TOWNST TRANS	ale Others CKYC NO.	
20		Gender Male Fem.	are others care no.	DAN (DESIDA) (Consultan (DOA)
Should match with PAN card	NAME OF THE PARTY	mer of DAM record		PAN/PEKRN (Guardian/POA) KYC
1 8 5 8 9 0 W	n		Date of Birth	Guardian named is :
On behalf of Minor' (* Attach Mandatory Documents as per ins	Date of Birth of Guardian*	D D / M M / Y	Proof attached *	Father Mother Court Appointed
* DOB is a mandatory field. #Minor investm	pents can be made only from the bank o	account where the minor is one of t	the holders or from the Parent/legal guard	tion bank account only.
IST JOINT APPLICANTS (IF AN	IV) DETAILS		Mode of Operation :	Single Joint Either or Survivor(s) [Default]
	#2	II CA CONSTRU	*	
2nd Applicant Name	311911	Ia manco with PAN card	and preferally attach a cop	y of PAN cara
Date of Birth D D / M M	/ Y Y * DOB is a mandati	ory field PAN/PEKRN (2)	nd Applicant)	☐ KYC
3rd Applicant Name	Shou	ld match with PAN card	and proferably attach a cop	v of PAN cord
Date of Birth D D / M M	/ Y Y * DOB is a mandati	ory field. PAN/PEKRN (3)	rd Applicant)	KYC
IST MY CONTACT DETAILS (As	per KYC records. To be filled in	Block Letters) NRI Investors	should mention their Overseas add	ress (Refer instructions).
Email ID				Address Type (Mandatory)
(in capital) Mobile +91		Total Company		a. Residential & Business
Mobile +91 Email ID and Mobile number should pertain		Tel (STD Code)		b. Residential
Address				d. Registered Office
				d. Registered office
Landmark				
City		Pin Code (Mandatory)	State	
I wish to receive Scheme Annual Re	port and Abridged Summary :	(Mandatory)		
		ne mode to help us save pap	per and contribute towards a green	er and cleaner environment.)
I declare that Mobile Number in thi	s form belongs to (tick one optio	n) Self Spouse	Dependent Children Depend	dent Siblings
Table 10 1500 com 10 com			age of these contact details for any	Water to Provide the Control of the
I declare that Email address provide			10 to	- C
Dependent Parents Guardi	an rws custodian	POA, and approve for us	age of these contact details for any	communication with FTMF.
MY INVESTMENT DETAILS	(Cheque/DD should be in favour o	of "Scheme Name". Default plan	n/Option will be applied incase of no i	nformation, ambiguity or discrepancy)
Full Scheme/P	lan/Option	Amount / Each SIP Amount	Payment Mode	Drawn on Bank/Branch
Scheme Name:				
Lumpsum SIP		Rs.	Cheque/DD No.	Name/Branch:
Plan: Regular Direct		Less DD	RTGS NEFT Transfer	
Option: Growth Payout of II	OCW Reinvestment of IDCW	charges	transfer	A/c no.
Scheme Name:				
Lumpsum SIP		Rs.	Cheque/DD No.	Name/Branch:
Plan: Regular Direct		Less DD	RTGS NEFT Funds	
Option: Growth Payout of II	OCW Reinvestment of IDCW	charges	Transfer transfer	A/c no.
Scheme Name:				
Lumpsum SIP		Rs.	Cheque/DD No.	Name/Branch:
Plan: Regular Direct		Less DD	RTGS NEFT Funds	
Option: Growth Payout of II	OCW Reinvestment of IDCW	charges	transfer	A/c no.
Payment through NACH (Attach	NACH form) Documents atta	ched to avoid Third Party Pa	vment Rejection (Familiesble)	Bank Certificate, for DD Third Party Declarations
IF YOU OPT TO START SIP'S, THE	BELOW MENTIONED DETAILS			dditional SIP Details
SIP Date: D Considered as the	will be Investment fine frame 16	Frequency Daily 5	Monthly(default) Quarterly	
for monthly and	quarterly Skeler Page 16	weekly	MON □TUE □WED □THU □	
SIP Period Start Date		Date III III / y	Y Y First SIP Cheque I	Date: m m / y y y y
Step-up my SIP annually by: Increase in	664	f 5%) (Amount invested w f to the nearest Rs. 100)	OR Increase in Rupe	Value: (in multiples of Rs. 500)

POR DANK ACCOUNT DETAILS (A.S.) Male de Desta De
BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)
My Bank Name
Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others
Branch Address
City Pin IFSC code: (11 digit)
EST ADDITIONAL INFORMATION
SECOND APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory. Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation I wish to receive Scheme Annual Report and Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF. I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
THIRD APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
EMAIL ID
TAX STATUS (Mandatory, Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation
I wish to receive Scheme Annual Report and Abridged Summary: Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.)
I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
GUARDIAN OR POA APPLICANT'S DETAILS
CKYC NO. Gender Male Female Others
MOBILE NO.
TAX STATUS (Mandatory, Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation
TAX STATUS (Mandatory: Please tick) Residential Individual NRI-Repatriation NRI-Non Repatriation I wish to receive Scheme Annual Report and Abridged Summary:
Online (Preferred & Default) Physical Copy (Choose online mode to help us save paper and contribute towards a greener and cleaner environment.) I declare that Mobile Number in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings
Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
I declare that Email address provided in this form belongs to (tick one option) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA, and approve for usage of these contact details for any communication with FTMF.
DEPOSITORY ACCOUNT DETAILS (Optional. To be filled if investor wishes to hold the units in Demat mode). Refer instructions.
NSDL: DP Name DP ID 1 N Beneficiary Ac No.
CDSL: DP Name Beneficiary Ac No.
Please ensure that the sequence of names as mentioned in this Application Form matches with the sequence of names in the Demat account. Enclosed Client Master List OR DP statement

KNOW YOUR CUST	OMER (KYC)	DETAILS (Pleas	e Tick/ Specify. 1	The application is	liable to get rejected if d	etails not filled.)				
Status details for	1ª Applicant	2 st Applicant	3" Applicant	Guardian	Occupation details	or 1" Applicant	2 nd Applicant	3 rd Applicant	Guardian	
Resident Individual	П	П	П	П	Private Sector	D	П	О	O	
NRI (Repatriable) / NRI					Public Sector	D	П	O	D D	
(Non-Repatriable) / Minor (Repatriable) /	0	П	П	О	Government Service	D	п	П	П	
Minor (Non-Repatriable) / PIO / OCI					Business	D	п	П	П	
Sole Proprietorship	П		2	20	Professional	D	П	П	П	
Minor through Guardian	П	g	¥	×.	Agriculturist	D	П	П	D	
	□ Company/ □ HUF	Body □ Corpor	ate Partners	híp	Retired	D	П	O	D	
	□AOP	□FI/FII/	FP1		Housewife	D	п	П	D	
	☐ Trust ☐ S	Society g under "Non-Pro	ofit Oreanization	* INPOI which	Student	D	П	П	П	
	has been con referred to in	nstituted for reli clause (15) of se 961), and is registe	gious or charit ection 2 of the li	able purposes ncome-tax Act,	Others (Please specif	v)				
Non Individual	the Societies I	Registration Act, 1 on or a Company r	860 (Z1 of 1860)	or any similar	Politically Exposed F	erson (PEP) detai	ls: Is a PEP	Related to PEP	Not Applicable	
	III 1 2 30 TO 1 2 CO. TO 1 TO 1 THE TO 1 CO. TO 1 TO 1	s Act, 2013 (18 of			1" Applicant		0	D	П	
	If yes, please	quote the NPO Re	gistration Numb	er provided by	2 nd Applicant		0	О	П	
	DARPAN port	as, I already, please regis on. In absence of rece	ster immediately and	d confirm with the	3 ^{rt} Applicant			D		
	details, MF / AM	IC/RTA will be requi port to the relevant a	red to register your	entity on the said	Guardian					
Others (Please specify)					Authorised Signatorie	s	D	D	D	
Others (Fielise specify)		-	-		Promoters		, 0	П	П	
Gross Annual Income R	ange (in Rs.)				Partners		0	O	D	
Below 1 lac			П		Karta			D	0	
1-5 lac		П	П	D	Whole-time Directors	/Turstee	D	D	П	
5-10 lac		П	D	D						
10-25 lac	.0	П	П	D						
25 lac- 1 cr	П	П	П	D						
1 -S cr			0	О						
5 - 10 cr	П	П	D	D						
> 10 cr		0		П						
OR Networth in Rs. (Mandatory for Non Individual) (not older than 1 year)	as on	as on	as on	as on						
FATCA/CRS/UBO D	ETAILS: For In	idividuals (Man	datory). Non In	dividual Investo	ors including HUF sho	ıld mandatorily fi	ll separate FA	rca/crs/ubo	letails form	
Details	19	Sole/ 1st Appl	licant	2nd App	nlicant	3rd Applican	e T	Guardia	/POA	
							-	1412-1414	W)	
Place & Country of Birth	į		-							
Nationality										
Father's Name			47	I Cheer's Aspire				1,50		
Are you a tax resident of a country other than India?	ny	Yes	No	Yes	□ No	Yes	No	Yes	☐ No	
			1	II Yes	: Mandatory to fill below FA	CA / CRS Details				
Country of Tax Residency	-									
Identification Type [TIN or other, please speci	entification Type IN or other, please specify]									
Tax Identification Number										
# To also include USA, where the individual is a citizen/ green card holder of USA. *In case Tax identification is not available, kindly provide its functional equivalent.										
ISP ACKNOWLEDGE	MENT SLIP						SI	No.		
The state of the s	ST ACKNOWLEDGEMENT SLIP Sl. No.									

Pin

Date

Date

Payment Details

Cheque/DD No.

Cheque/DD No._

Received from

Scheme Name

Plan/Option

Amount

Amount

Bank and Branch details

Bank and Branch details_

y I					Nomination I	Details				
9				N	landatory Details				Additiona	l Details**
A MORITINES	Name of nominee	Share of nominee (%)*	Relationship	Postal A	ddress	Mobile number & E-	mail	Identity Number**	D.O.B. of nominee	Guardia
2000										
I	1 / We hereby confi	Il supersede a rm that I / W oth of all the a	e do not wish to a	ion made by me / us, if an ppoint any nominee(s) ir , my / our legal heirs wo	my / our MF Folio/d uld need to submit all	emat account and understand the requisite documents / inf he value of assets held in the M	ormation fo	r claiming of assets I		AND THE RESERVE OF THE PARTY OF
(LARATION (SIGN	ATURE/S	THE PARTY OF THE P				IV-			
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UBO Declaration Form

Corporate Documents/ Trust Deed

PoA Documents

SI No.



SIP THROUGH NACH FORM

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

Advisor ARN / RIA Code/ Portfolio Manager's Registration No. Sub-br	Sub-bro	oker ARN Rep	resentative EUIN	For office use only			
MY DETAILS (To be filled in Block Lette	rs. Please provide the	following details in	full; Please refer instructions)				
My Name							
My Folio Number		Scheme (Account Number)				
SIP DETAILS (Please note that 30 Busine	ess dans are required to	set up the Auto debi	it. Default plan/Ontion will be an	plied incress of no information	ambiguity of discrepancy)		
13) On During (reservoir unit to busin	as tayn are required to:	act of the milit test	n. ocaza piany opiani wia oc ap	Interest in the second second			
Scheme Name/Plan/Option	SIP Date	Instalment Amount	(\$ Refer Page 16 for T & C)	SIP Period* (MMYY)	SIP Step Up Amount: 5% OR in Multiple of ₹500/-		
			Daily Weekly Monthly Mon TUE Quartely FRI	From Until cancelled			
			Daily Weekly Monthly Mon TUE Quartely WED THU	From Until cancelled			
			Daily Weekly Monthly Mon Tue Quartely WED THU	From Until cancelled			
			F	irst SIP Cheque Date:	Cheque No.		
Drawn on Bank/Branch							
Tick here, if an Open Mandate - Auto Deb	oit Form (ADF) is alre	eady registered in	the Folio. Please mention in	space provided below the I	Bank Name and Account Number:		
Bank Name			Account No.				
Tick here if attaching a New Auto Debit I	Form. Ch	ange in Bank for	Existing SIP.				
DECLARATION & SIGNATURES (To b	e signed as per Mode	of Holding)	Date		Place		
☐ Tick here only if ARN is mentioned but EUIN be advice by the employee/relationship manager/sale manager/sales person of the distributor/sub broker. ☐ Tick here only if RIA Code/ Portfolio Manager' respect of my/our investments under Direct Plan of a Having read and understood the contents of the Stathereby apply to the Trustees of Franklin Templeton instructions issued by any Indian or foreign government on the date ofthis application. I/We confirm that the investment and are not in contravention or evasion promptly inform FTI about any changes thereto. I/ wauthorised agents, representatives, distributors its damages arising out of any actions undertaken or a intimating such changes. I authorize the mutual funforeign governmental or statutory or judicial authority.	es person of the above s Registration Number all Schemes managed by tement of Additional Information Mutual Fund for registration ental or statutory or judi e funds invested legally of any laws in force. I/V we hereby agree to provid sponsor, AMC, trustees, a result of this investor d to disclose, share, rem dies / agencies including l	is mentioned: "I / V you, to the SEBI-Regi- formation, Scheme In tion of any of the afo- icial or regulatory aur belong to me/us an Ve declare that all the de any additional info- their employees, se- nent or activities per it in any form, mode Financial Intelligence	We hereby give you my/our conser- stered Investment Adviser/ SEBI Formation Document of the Fund- resaid facility, and agree to abide be thorities/ agencies and the terms, of that I/we have not received no e-particulars given herein are true formation/ documentation that ma- ervice providers, representatives (formed by them on the basis of the e-or manner, all / any of the information	it to share/provide the transacti legistered Portfolio Manager who, the Key Information Memorar ly any Act, Rules, Regulations, No conditions, rules and regulations or been induced by any rebate or le, correct and complete tothe be ly be required by FTI. I hereby a 'the Authorised Parties') are no the information provided by me mation provided by me to Autho obligation of advising me/us of	ons data feed/portfolio holdings/ NAV etc. in ose code is mentioned herein. Idum and the Addenda issued till date, I/we otifications, Directions, Guidelines, Orders or sof the Fund and the aforesaid facility(ies) as or gifts, directly or indirectly in making this est of my/our knowledge and belief and will gree and accept that the Mutual Funds, their it liable or responsible for any losses, costs, as also due to my not intimating / delay in orised Parties including any of the Indian or		
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ACKNOWLEDGEMENT SLIP	P FOR SIP THR	DUGH AUTO DEBIT (To	be Filled In by Inves	tor)	
Investor's Name					
Customer Folio		Account No.			Franklin Templeton
SIP Amount (Rs.)	Scheme:				InvestorService Centre Signature & Stamp
Frequency Daily Weekly D	MON TITUE T	WED THU FRI MO	onthly (default) Quart	erly	

General T&C

Auto Debit is a facility which enables automatic transfer of funds from the investor's registered bank account to Franklin Templeton Mutual Fund ("FTMF"), as per the chosen frequency. Auto Debit includes NACH, ACH and Direct Debit.

1) This facility is offered to investors having Bank accounts in select banks mentioned in the link below (please refer point 14 in T&C for SIP through Auto Debit). The Banks in the list may be modified/updated/ changed/removed at any time in future entirely at the discretion of Franklin Templeton Asset Management (India) Pvt. Ltd. ("AMC."), Franklin Templeton Trustee Services Pvt. Ltd. ("Trustee") or Franklin Templeton Mutual Fund ("FTMF") without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued. 2) The AMC/ Trustee/ FTMF will not liable for any transaction failures due to rejection by the investors bank/branch. 3) The investor agrees to abide by the terms and conditions of NACH facility of NPCI and ACH/Direct Debit facility of Reserve Bank of India (RBI) 4) Investor will not hold AMC/ Trustee/ FTMF and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH/ACH/Direct Debit Registration / Cancellation / Rejections, if any. 5) The AMC/ Trustee/ FTMF reserves the right to reverse allotments in case the Auto debit/ ACH/ Direct Debit is rejected by the bank for any reason whatsoever. 6) The AMC/ Trustee/ FTMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the Auto Debit facility of NACH / ACH/ Direct Debit and takes full responsibility for the same. 7) The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis. 8) The AMC/ Trustee reserves the right to discontinue the SIP in case of Auto Debit through NACH / ACH/ Direct Debit routes are rejected by the investor bank for any reasons. 9) For load details and other terms of issue, please refer to the, Scheme Information Document, Key Information Memorandum and the addendum issued from time to time. 10) The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof, 11) SIP cancellation can be done separately by submitting the request at least 20 calendar days in advance; however the associated NACH / Direct Debit / ACH numbate can be retained for future investments. 12) For intimating the change in bank particulars, please use the Auto Debit Form to modify transaction limit or add/remove banks from the NACH/Direct Debit / ACH facility. Also fill-up all the relevant details as applicable. Requests for any changes/ cancellation in the NACH / Direct Debit / ACH Bank Mandate request should be submitted at least 30 Business days in advance. 13) In case of micro SIPs, please provide any one of the following photo identification documents as mentioned below: Voter Identity Card, Driving License, Government / Defense identification eard, Passport Photo Ration Card, Photo Debit Card (Credit card will not be accepted)., Employee ID cards issued by companies registered with Registrar of Companies, Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament, ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks, Senior Citizen / Freedom Fighter ID card issued by Government., Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI., Permanent Retirement Account No. (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL)., Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO 14) The amount of each SIP instalment should be less than []1 crore in case of a transaction in FICDF, FIGSF, FISF, FIDHF, FIPEP and FIBPDF. Transaction will be rejected if the instalment amount is greater than []1 crore 15) Minimum Investments: 12 installments of ₹500/- (or) 6 installments of ₹1000/-. In FHSF 12 installments of ₹2000/- (or) 6 installments of ₹4000/-, in FIDPEF 12 installments of ₹1000/-(or) 6 installments of ₹2000/- and in FIGSF 12 installments of ₹10,000/- or 6 installments of ₹20,000/-. 16) If during the tenure of a SIP, the unit holder changes the plan or option in which he/she had invested, the same would be treated as termination of existing SIP and re-registration of a new SIP and all the terms and conditions of the SIP such as minimum term/amount etc. shall apply in both plans/options. 17) The AMC / Trustee/FTMFreserves the right to modify or discontinue the SIP facility at any time in future on a prospective basis. It is clarified that the load applicable for a SIP shall be the load prevailing on the date of registration.

T&C for Step Up SIP facility for New SIPs:

 All the terms applicable to SIP facility shall also apply to Step up SIP.
 Step-up SIP is applicable only for AMC initiated debit feeds i.e. ACH / NACH/Direct Debit, etc.
 Investor will need to provide an alternate mandate in case the existing mandate cannot be utilized for the Step Up and the alternate mandate shall be

utilized to debit money for all future SIP installments. The existing mandate will still be active and the investor may choose to use the same if required at a later point of time.

T&C for SIP through Auto Debit

1) Existing investors must provide their Folio Number / Account number and need to fill up a Common Transaction Form in case the investment is into a new scheme. 2) New investors who wish to enroll for SIP through Auto Debit should also fill up the Common Application form in addition to this form, 3) The SIP through Auto Debit Form, and the Common Application Form (in case of new investors), along with the necessary cheque or copy thereof should be submitted at least 30 Business days in advance of the date of the first Auto Debit. 4) If Auto Debit Form (ADF) is already registered in the folio, SIP Auto debit can start in FIVE Business Days. 5) Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form already registered or submitted, if not registered. 6) Investors are required to ensure adequate funds in their bank account on the date of investment transaction. FTMF will endeavor to debit the investor's bank account on the date of investment transaction, however if thereis any delay all such transactions will be debited subsequently. The AMC/ Trustee/ FTMF (or any of its associates) shall not be held responsible for any delay/wrong debits on the part of the bank for executing the auto debit instructions on a specified date from the investor's bank account. 7) FTMF or its authorized banker or agent will initiate the registration of the Auto Debit form / debit instructions, 8) Investments made through Auto Debit/ ACH/ Direct Debit/NACH mode are subject to realization of funds from investor bank accounts and the NAV guidelines as per Scheme Information Document(s), Key Information Memorandum and Addenda issued till date will be applicable for the transactions which are connected withrealization of funds. 9) ACH/Direct Debit bank/NACH mandate is applicable only for investments via debit instructions. 10) The payment towards investment can happen only from the bank account of 1st holder and therefore the 1st holder need to be a holder in the bank account. 11) The transactions are liable to rejection incase Investor has Multiple Auto Debit Mandate at Joho level and Bank Name & Account number are not mentioned in the request form. 12) The AMC/Trustee/FTMF/Sponsor/Bank / NPCI are not liable for the bank charges, in case debited from investor's bank account, by the destination bank, on account of payment through NACH/ ACH/ Direct Debit. 13) For further details of the Scheme features like minimum amounts, risk factors etc., investors should, before investment, refer to the Scheme Information Document(s), Key Information Memorandum and Addenda ossued till date available free of cost at any of the Investor Service Centers or distributors or from the website www.franklintempletonindia.com. 14) Please contact Franklin Templeton ISC / visit www.franklintempletonindia.com for updated list of banks / branches eligible for ACH/ Direct Debit/NACH Facility 15) The bank branch provided for ACH/Direct Debit should participate in the local MICR clearing. The investor shall inform their Bankers about the ACH/Direct Debit mandate and AMC/Trustee/ FTMF will not liable forany transaction failures due to rejection by the investors bank/branch. 16) Only one installment per month/quarter is allowed under one SIP registration, e.g., if for a monthly SIP, the first installment is in the month July, say 2nd July, then the second installment should be in August. 17) Please write the Bank Name in "Full Form" to avoid any ambiguity and rejections E.g., State Bank of India (and not SBI). 18) FTMF reserves the right to determine which payment mode (NACH, ACH or Direct Debit) will be used for each specific transaction. 19) FTMF reserves the right to choose which mandate will be utilized in case an investor has provided multiple mandates for the same bank account. 20) In case the payment isn't processed through NACH within 30 days then same shall be processed through Direct Debit / ACH using my/our below mentioned account 21) For HDFC Bank account holders:

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for the reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be on a non-business day as per the Mutual Fund, execution of the SIP will not happen on the day of holiday and allotment of units will happen as per the terms and conditions listed in the Offer Document of the Mutual Fund. HDFC Bank shall not be liable for, non be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, munity, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events or any other cause of peril which is beyond HDFC Bank's reasonable control and which has the effect of preventing the performance of the contract by HDFC Bank. I/we acknowledge that no separate intimation will be received from HDFC Bank in case of non-execution of the instructions for any reasons whatsoever.

Instructions To Fill Auto Debit Form and Terms and Conditions

- Following fields need to be filled mandatorily:-
 - 1. Date: In format DD/MM/YYYY. If this is left blank, then the date of receipt of Auro Debit Form will be considered as the default date.
 - Select the appropriate checkbox to create, modify or cancel the mandate
 - Bank A/c Type: Tick the relevant box
 - Fill Bank Account Number
 - Fill name of Destination Bank 5.
 - 6 IFSC / MICR code: Fill respective code 7. Mention amount of mandate
 - 8, Select frequency of mundate
 - 9. Select whether the mandate amount is fixed value or maximum value
 - Reference 1: Mention Folio Number 10.
 - Reference 2: Mention Application Number 11.
 - Telephone Number (Optional)
 - Email ID (Optional)
 - Period: Starting and Ending dates should be mandatorily mentioned in the NACH registration (in format DD/MM/YYYY).
 - Signature as per bank account
- Name: Memion Holder Name as Per Bank Record
- Auto Debit Bank Mandate can be used for both SIP and Lurop Sum Porchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the Auto Debit bank account has the adequate funds to honor multiple debits
- Auto Debit Bank Mandate is applicable for both Individual and Non-Individual
- Registration of Multiple Auto Debit forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in Auto Debit Form Mandate already registered or submitted, if not registered
- For cancelling / updating an Auto Debit mandate. Investor has to use a separate form "Auto Debit Cancellation/

Update Form". Update option is only for updating the "Debit Amount"

- Investors are required to submit "New Auto Debit / ACH Mandate" registration first and only after successful registration an existing "Auto Debit Mandate" associated with a SIP can be cancelled.
- Auto Debit Mandate request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list, Please contact Franklin Templeton ISC / visit www.franklintempletonindia.com for updated list of banks eligible for Auto Debit Facility.
- Submitting Auto Debit/ ACH/Direct Debit form does not confirm your investments in FTMF unless supported by SIP Investment Form or Common Transaction forms
- Franklin Templeton will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH Auto Debit/ACH/Direct Debit payments please refer to SID or www.franklintempleronindia.com
- Auto Debit bank mandate is applicable only for investments via debit instructions
- By submitting the Auto Debit mandate the investor authorizes Franklin Templeton to utilize the information provided herein for the purpose of his/her investments in Franklin Templeton Mutual Fund
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents

The following applications will be considered as 'not in good order' (NIGO) and are liable to be rejected:

- If Iolio number mentioned in the Fresh / Additional Purchase, SIP Auto Debit form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in Auto Debit registration mandate Form.
- If the folio number mentioned in the Auto Debit mandate registration form does not match with our record, the Auto Debit mandate will not be registered. If the SIP period mentioned in SIP via Auto Debit form is beyond the Auto Debit Mandate validity period or
- Auto Debit validity period expired. Incase no frequency has been selected or multiple frequencies are selected
- Incase no debit type has been selected or multiple types are selected
- Incase no SIP end date mentioned will treated as NIGO

5 Daily and Weekly SIP highlights:

Franklin Templeton Mutual Fund will accept a minimum amount and minimum instalments from any SIP investor based on the grid given below. In case of applications for registration of Systematic Investment Plan (SIP), the mode of payment of SIP instalments should be E-NACH or Direct Debit or NACH or any other mode of payment accepted by the AMC from time to time. Post dated cheques will not be accepted.

Daily SIP	Weekly SIP
INR 100	INR 500
20	NA
12	12
6	6
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- During the period when SIP remains active, if the unitholder changes the plan or option in which he/she had invested, the same would be treated as termination of existing SIP and re-registration of a new SIP and all the terms and conditions of the SIP such as minimum term/amount etc. shall apply in both plans/options.
- The AMC / Trustee reserves the right to discontinue the SIP in case of rejection of Direct Debit/NACH by the bank for any reason.
- prospective basis; Transaction charges as mentioned in the SID will be applicable for daily, weekly, monthly and quarterly SIP.

The AMC / Trustee reserves the right to modify or discontinue the SIP facility at any time in future on a

Registration for daily and weekly SIP frequencies will require 7 calendar days.

Applicable for Daily SIP:

- Minimum Investment Amount: INR 100 and multiples of INR 1 thereafter, Minimum number of instalments would be based on the slab structure as provided in the grid above.
- Facilities under Freedom SIP would not be available for Daily SIP frequency

- 3. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
- A fixed amount will be invested via SIP only during weekdays" (Mon, Tue, Wed, Thu, Fri).
- In case the specified date of SIP instalment is a non-business day for the scheme, the respective SIP instalment will be skipped, and subsequent instalment will be processed.
- Available for all Franklin Templeton schemes except for Franklin India Taxsbield Fund & Franklin India Pension Plan.
- SIP start date and end date is mandatory

Applicable for Weekly SIP:

- 1. Available for all Franklin Templeton schemes with a minimum Investment Amount of INR 500 and above with multiples of INR 1 thereafter except for Franklin India Taxshield Fund which requires investments in multiples of INR 500. Minimum number of instalments would be based on the slab structure as provided in the grid above.
- Facilities under Freedom SIP would not be available for Weekly SIP frequency.
- Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the One Time Mandate.
- In case the specified date of SIP instalment is a non-business day for the scheme, the respective SIP instalment will be skipped, and subsequent instalment will be processed.
- A fixed amount will be invested via SIP on a pre-specified day" (Mon, Tue, Wed, Thu, Fri to be chosen by the investor) of every week.
- SIP start date and end date is mandatory

All other features pertaining to SIP will be applicable to Daily and Weekly frequencies.

FRAN		SI	P Auto Del	oit Form				ADF
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Third Party Payment Declaration Form

All details are mandatory, including relationship, PAN and KYC. Please read scheme related documents, KIM, Instructions details on Third Party payment guidelines before investing and filling this form. The forms should be filled in English. Please tick relevant boxes where applicable.

Annexure to Common Applicati	and the state of t							
Unit Holder Information (Beneficial Investor)								
Name of First/Sole Applicant								
For Existing Unit Holder:	folio No.	Account No.						
Third Party Information a	nd Relationship with Applicant (Benefi	icial Owner)						
Name of Third Party								
making payment		T T						
PAN details and KYC (Mandatory)		KYC Acknowledgement of	Third Party attached.					
Contact Details	Mobile:	Tel.;						
	Email:							
	Address:							
Contact Person Details	Name:							
For Non Individuals	Designation:							
Beneficial Investor status Please tick one as applicable	□ FII or □ Client	☐ Employee/s	Agent/ Distributor/ Dealer (similar arrangement with Principal - agent relationship)					
Relationship with	Custodian: SEBI Regn No.:	Employer	Corporate					
Beneficial Investor	Validity till:							
Declaration by Third Party	We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the FII / Client.	confirm the beneficial owner as stated we and that this payment is issued by us our capacity as Custodian to the plicant/Investor. The source of this ment is from funds provided to us by the We confirm that the investment/s is/are on behalf of our employee/s and payment/s is/are towards Systematic Investment plan/ or Lumpsum or one time through the payroll deduction, or deduction out of expense						
Payment Details								
Investment Amount in Rs.		0 1	(PAPER)					
Payment Mode	Cheque Demand Draft/Pay	Order Funds Transfer RTGS/N						
Cheque/DD/UTR No. Payment from A/c No.			Dated: b b z m m z z v					
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Account type	For Residents Savings Curr	ent For Non-Residents NRO NR	E FCNR Others					
account / bank letter cert Demand Draft: Issuing Ba issue of the demand draft	and account holder name should be print difying the third party account holder and nker certificate/DD counterfoil mentioni	ed on the cheque. Else a copy of the bank account number. ng Bank Account Holder's Name and Bank he Bank Account Number used for payme	Account Number debited for					
Declaration			Signature/s					
Third Party and Beneficial Into be bound by the same.	vestor have read and understood the Thir	d Party Payment Rules, and hereby agree						
Templeton Mutual Fund (FT	We certify that the information declared herein is true and correct. We hereby agree to promptly inform Franklin Templeton Mutual Fund (FTMF), its Trustee, the AMC of any changes to the information provided hereinabove and shall furnish such further information as may be required.							
Third Party hereby confirms that the monies invested in the scheme(s) of FTMF legally belong to it and / or is derived through legitimate sources and is not held or designed for the purpose of contravention of any applicable act, rules, regulations or any notifications, directions issued by governmental or statutory or judicial or regulatory authorities / agencies, from time to time.								
Beneficial Investor has no objection to the funds received from the Third Party. Third Party making Payment								
	its Trustee, the AMC shall have sole and a the beneficial investor(s) and refund the s	0 (0 0						
representative to call on my registry of TRAL I have opte about the option to opt-out	in Templeton Asset Management (Indi registered mobile number irrespective of d to receive updates from Franklin Templ from all our promotional messages at m e that DND registration/opt-out will n	its registration in Do Not Disturb (DND) eton via SMS and WhatsApp. I am aware y choice and the timeline to effect such	Sole / First Investor/Applicant /					
			Registered Guardian					

Third Party Payment Rules

In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "Risk mitigation process against Third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions.

- 1. The following words and expressions shall have the meaning specified herein:
 - (a) "Beneficial Investor" is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
 - (b) "Third Party" means any person making payment towards subscription of Units in the name of the Beneficial Investor.
 - (c) "Third Party payment" is referred to as a payment made through instruments issued from a bank account other than that of the Beneficiary Investor. It is clarified that in case of payments from a joint bank account, the first holder of the mutual fund folio has to be one of the joint holders of the bank account from which payment is made.
- 2. The AMC shall not accept subscriptions with Third Party payment instruments in the Scheme, except in cases of
 - a. Payment by Employer towards subscription in the name of employees as bonus/incentive paid in form of mutual fund units;
 - b. Custodian on behalf of an FII or a client.
 - c. Payment by Asset Management Company to a Distributor empanelled with it on account of commission/incentive etc. in the form of the Mutual Fund Units of the Funds managed by such AMC through Systematic Investment Plans or lump sum / one-time subscription, subject to compliance with SEBI Regulations and Guidelines issued by AMFI, from time to time;
 - d. Payment by Corporate to its Agent/ Distributor/ Dealer (similar arrangement with Principal-agent relationship), on account of commission/ incentive payable for sale of its goods/services in form of mutual fund units through SIP or lump sum/one-time subscription.
- The investors making an application under the exception cases mentioned above need to submit such declarations and other documents / information as may be prescribed by the AMC from time to time, without which applications for subscriptions for units will be rejected / not processed / refunded.
- 4. KYC is mandatory for all investors and the person making the payment i.e. third party.

The above mentioned Third Party Payment Rules are subject to change from time to time.



FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency, if required)

First / Sole Applicant / Guardian Name MF PAN Occupation Type Gender Service Business Others Father's Name Cust ID / Folio No. Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes Type of address given at KYC Registered Office Residential or Business Residential Business Permissible documents are O Passport O Election ID Card O PAN Card O Govt. ID Card O Driving License O UIDAI Card O NREGA Job Card O Others Date of Birth Place of Birth Country of Birth Nationality Are you a tax resident of any country other than India? Yes If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. Identification Type Country* Tax Identification Number* (TIN or Other, please specify) "To also include USA, where the individual is a citizen / green card holder of The USA *In case Tax Identification Number is not available, kindly provide its functional equivalent \$ Second applicant Name Gender MF PAN Occupation Type 0 Service Business Others Father's Name Cust ID / Folio No. Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes Type of address given at KYC Registered Office Residential or Business Residential Business Permissible documents are O Passport O Election ID Card O PAN Card O Govt. ID Card O Driving License O UIDAI Card O NREGA Job Card O Others Date of Birth Place of Birth Country of Birth Nationality Are you a tax resident of any country other than India? Yes No If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below. Identification Type Country* Tax Identification Number* (TIN or Other, please specify)

^{*}To also include USA, where the individual is a citizen / green card holder of The USA

*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

	Third applicant											
Name												
Gender M F O	PAN Oc	ccupation Type Service Business Others										
Father's Name												
Cust ID / Folio No.												
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes												
Type of address given at KYC Residential or Business Residential Business Registered C												
	Election ID Card @ PAN Card @ Govt. ID Card @ Driving	License © UIDAI Card © NREGA Job Card © Others										
	Place of Birth											
Country of Birth												
Nationality												
Are you a tax resident of any country oth	ner than India? Yes V No V											
If yes, please indicate all countries in	which you are resident for tax purposes and the	ne associated Tax ID Numbers below.										
Country*	Tax Identification Number [®]	Identification Type (TIN or Other, please specify)										
*To also include USA, where the individual is												
*In case Tax Identification Number is not ava	ailable, kindly provide its functional equivalent \$											
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	FATCA & CRS Terms & Conditions											
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information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Franklin Templeton Asset Management (India) Pvt. Limited or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.



Details of Ultimate Beneficial Owner including additional FATCA, GST & CRS information

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Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons (Mandatory for Non-individual Investors) I: Investor details: Investor Name PAN* * If PAN is not available, specify Folio No. (s) II: Category Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company (If this category is selected, no need to provide UBO details). Name of the Stock Exchange where it is listed#. Security ISIN# Name of the Listed Company (applicable if the investor is subsidiary/associate): #mandatory in case of Listed company or subsidiary of the Listed Company Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Public Charitable Trust Trust created by a Will. Others [please specify] Private Trust Religious Trust UBO / Controlling Person(s) details. Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? ☐ Yes ☐ No If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below. UBO-1 / Senior Managing Official (SMO) UBO-2 **UBO-3** Name of the UBO/SMO#. UBO / SMO PAN#. [For Foreign National, TIN to be provided] >10% controlling interest. >10% controlling interest. □ >10% controlling interest. % of beneficial interest#. >15% controlling interest. >15% controlling interest. >15% controlling interest. □ >25% controlling interest. >25% controlling interest. >25% controlling interest. ☐ NA. (for SMO) ☐ NA. (for SMO) NA. (for SMO) UBO / SMO Country of Tax Residency#. UBO / SMO Taxpayer Identification Number / Equivalent ID Number#. UBO / SMO Identity Type Place of Birth Place of Birth Place of Birth UBO / SMO Place & Country Country of Birth Country of Birth Country of Birth of Birth# **UBO / SMO Nationality**

dd-mmm-yyyy

☐ Registered Office.

Others

Business

☐ Yes ☐ No.

If 'Yes,' please attach the

KYC acknowledgement.

confirm the status.

If 'No,' complete the KYC and

Address:

Pincode:

Country:

City:

State:

□ Business

☐ Female

☐ Private Service

dd-mmm-yyyy

Address:

Pincode:

Country:

☐ Yes ☐ No.

If 'Yes,' please attach the

KYC acknowledgement.

confirm the status.

If 'No,' complete the KYC and

City:

State:

Others

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. # Mandatory column. *
Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

dd-mmm-yyyy

□ N - Not a PEP.

☐ Yes - Related to PEP.

☐ Yes - PEP.

Address:

Pincode:

Country:

□ Male

☐ Residence

☐ Public Service

☐ Yes ☐ No.

If 'Yes,' please attach the

KYC acknowledgement.

confirm the status.

If 'No,' complete the KYC and

City:

State:

Declaration

UBO / SMO Date of Birth #

Pincode, State, Country]

UBO / SMO Address Type

UBO / SMO Father's Name

UBO / SMO KYC Complied?

UBO / SMO Occupation

UBO / SMO Email

UBO / SMO Mobile

UBO / SMO Gender

SMO Designation#

UBO / SMO Address [include City,

UBO / SMO PEP#

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Franklin Templeton Asset Management (India) Pvt. Limited this group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

"It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name		
Designation		
		Place
Signature	Signature	Date//

PART D FATCA Instructions & Definitions

- 1 Financial Institution (FI) The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
 - Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
 - Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others
 and where it's income attributale to holding financial assets and related financial services equals or exceeds 20 percent of the
 entity's gross income during the shorter of-
 - (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less.
- Investment entity is any entity:
 - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (I) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - (ii) Individual and collective portfolio management; or
 - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

 The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues,
or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

• Fin	ot required to apply for GIIN:
A. Rea	asons why FI not required to apply for GIIN:
Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers& Executing Brokers