

For NRI / FII / OCB

Please give your overseas address (required as per RBI regulations) - refer instruction 4b

Address

Status of investment (please tick)

Repatriable Non Repatriable

Country of Citizenship:

Direct Credit for Redemptions

You may select Direct Credit Option for receiving redemption payouts in your bank account, the details of which have been provided under the section "Statutory Details" above

I/We authorise Templeton Mutual Fund to credit redemptions pertaining to my account with

ABN Amro Bank Banque Nationale De Paris Deutsche Bank HDFC Bank HSBC Bank
 ICICI Bank IDBI Bank Standard Chartered UTI Bank

Nomination Details (Optional)

Name & Address	% of Investment	Signature (if available)
First Nominee _____ _____	_____	_____
Second Nominee _____ _____	_____	_____
Third Nominee _____ _____	_____	_____
Guardian details if <input type="checkbox"/> first / <input type="checkbox"/> second / <input type="checkbox"/> third nominee is a minor (Please tick)	Signature (if available)	
Name & Address _____ _____		_____

Systematic Investment Plan (Optional)

Existing shareholders can fill up this form for joining Systematic Investment Plan (SIP) in the following schemes. First time investors should send a fully filled up Application Form along with the SIP application and payment cheques

My/Our account number is

I/We would like to join the Systematic Investment Plan as detailed below:

Scheme Name	Amount	Period (Minimum 12 months)	Cheque Numbers From To	Bank Name and Branch
FIT				
TIPP				

Declaration

Having read and understood the contents of the Offer Document(s) of Scheme(s) and Key Information Memorandum, I/We hereby apply to the Trustee of Templeton Mutual Fund for units of Templeton Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this investment.

*I/We confirm that I am/we are Non-Residents of Indian National /Origin and that I/We here by confirm that the funds are remitted from abroad through approved banking channels or from my/our funds in my/our NRE/NRO/FCNR Account

Date: _____ Place _____

* Applicable to NRI /OCB (ELSS)

Signatures :

First Applicant _____

Second Applicant _____

Third Applicant _____