

## ADVISOR DETAILS FORM - INDIVIDUALS

Kindly spare a few momen	ts of your time to fill in the detai	ls below.				
CORRESPONDENCE DETAIL	LS:					
Name						
			Surname	2		
	First Name				Mid	dle Name
Educational Qualification						
Correspondence Address						
	City	7				Pin Code
Contact Nos. Off	(STD Code)	Res				
Fax	(STD Code)	Mobile				
	(STD Code)					
E-mail ID						
Do you have your own office?	Yes No					
	If Yes:					
	Space: Approx. sqft.		No of Emplo	oyees		Computer Yes No
	Internet Connectivity Yes	No	Broker Code	e [ BSE / NSE		
					,	(if applicable)
EXPERIENCE:						
How long have you been asso	ciated with the financial services sec	tor?	Years	5		
				¬ N /		
Have you cleared the AMFI (	Certification Programme for distribu	tors?	Yes	No		
Date of Certification	D D M M Y Y	Valid till:	D D M M	YY		
What kind of client base do y	ou service? (Please 3 if they are a s	ignificant com	ponent of yo	our business)		
	Inc	lividual:	Salaried	l Class	Institutions:	Large size Corporates
			Busines	ssmen		Mid-size Corporates
			High N	etworth Indi	viduals	Pvt Ltd. Firms
			Non-Re	esidents		Trusts/NGOs
	Tot	al No. of Indi	vidual House	eholds servic	ed by you:	
	Tot	al No. of Insti	itutions servi	iced by you:		
What kind of financial produ	cts / services do you offer your clier	nts?				
			Yes	No	If yes, for he	ow many years?
	Insurance					
	Stock Broking					
	Small Savings (PPF/NSC/Postal Sche	emes)				
	Unit Trust of India					
	Private Sector Mutual Funds					
	Tax Planning					

BUSINESS ASSOCIATIONS:					
Are you associated with any private sector mutual fund?					
Yes No					
If yes, please list names of the private sector mutual funds with whom you are directly associated with:					
Are you associated as a Sub-broker/Franchisee with any organisation?					
Active Currently					
Name of the organisation Yes No					
FRANKLIN TEMPLETON OFFERS THE FOLLOWING SUPPORT TO ITS REGISTERED DISTRIBUTORS:					
Training support (through seminars and classroom sessions)					
NAV information on a daily basis (through e-mail)					
Weekly market views and newsletters (through e-mail)					
Point of purchase / promotional material (brochures, banners, posters, dispensers)					
Joint sales calls with key clients, as and when desired					
Do you expect any other kind of support? Please specify:					
Signature:					
Name:					
Date:					

Thank you for your time. Our Relationship Manager will have this form collected from you.