

Company/Organisation Name

Application Number (where applicable)

## 1 INSTRUCTIONS FOR COMPLETING THE BENEFICIAL OWNER DECLARATION FORM

- Who has to complete the section 2 of the beneficial owner form:
  - Senior Management, individuals with executive power over the shareholder Legal Entity;
  - Individuals who own directly or indirectly 25% or more of the share capital or voting rights or economic interests in the shareholder Legal entity or 25% or more of the assets of the shareholder Legal Entity;
  - Trusts: all parties to the Trust must be considered as Beneficial Owners (Settlor, Protector (if any), Trustees and Beneficiaries).
- Franklin Templeton reserves the right to request:
  - a certified true copy of ID card of beneficial owner (s);
  - a document evidence of the Beneficial Owner registration such as a copy of the extract from the Beneficial Owner Register for European Union entities.
- The form must be signed at the end by authorized signatories of the shareholder Legal Entity.

## 2 DETAILS OF BENEFICIAL OWNERS as per instructions above.

### BENEFICIAL OWNER 1

- ☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.
- ☐ I am a member of Senior Management of the Legal Entity.

First Name(s)		Last Name	
<input type="text"/>		<input type="text"/>	
Address			Post Code
<input type="text"/>			<input type="text"/>
City/Town	Country	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Place of Birth	Profession	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### BENEFICIAL OWNER 2

- ☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.
- ☐ I am a member of Senior Management of the Legal Entity.

First Name(s)		Last Name	
<input type="text"/>		<input type="text"/>	
Address			Post Code
<input type="text"/>			<input type="text"/>
City/Town	Country	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Place of Birth	Profession	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### BENEFICIAL OWNER 3

- ☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.
- ☐ I am a member of Senior Management of the Legal Entity.

First Name(s)		Last Name	
<input type="text"/>		<input type="text"/>	
Address			Post Code
<input type="text"/>			<input type="text"/>
City/Town	Country	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Place of Birth	Profession	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### BENEFICIAL OWNER 4

- ☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.
- ☐ I am a member of Senior Management of the Legal Entity.

First Name(s)		Last Name	
<input type="text"/>		<input type="text"/>	
Address			Post Code
<input type="text"/>			<input type="text"/>
City/Town	Country	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Place of Birth	Profession	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Questions?** Please contact your Financial Adviser or local Franklin Templeton office.

**BENEFICIAL OWNER 5**
☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.

☐ I am a member of Senior Management of the Legal Entity.

First Name(s)				Last Name			
Address						Post Code	
City/Town				Country		Nationality	
Date of Birth		Place of Birth		Profession			

**BENEFICIAL OWNER 6**
☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.

☐ I am a member of Senior Management of the Legal Entity.

First Name(s)				Last Name			
Address						Post Code	
City/Town				Country		Nationality	
Date of Birth		Place of Birth		Profession			

**BENEFICIAL OWNER 7**
☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.

☐ I am a member of Senior Management of the Legal Entity.

First Name(s)				Last Name			
Address						Post Code	
City/Town				Country		Nationality	
Date of Birth		Place of Birth		Profession			

**BENEFICIAL OWNER 8**
☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.

☐ I am a member of Senior Management of the Legal Entity.

First Name(s)				Last Name			
Address						Post Code	
City/Town				Country		Nationality	
Date of Birth		Place of Birth		Profession			

**BENEFICIAL OWNER 9**
☐ I am direct/indirect Beneficial Owner of 25% or more of the share capital in the Legal Entity.

☐ I am a member of Senior Management of the Legal Entity.

First Name(s)				Last Name			
Address						Post Code	
City/Town				Country		Nationality	
Date of Birth		Place of Birth		Profession			

If your number of Beneficial Owners exceeds 9, please use additional form.

Authorised Person's Full name (in capitals)

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X

Authorised Person's Signature and Date

Authorised Person's Full name (in capitals)

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X

Authorised Person's Signature and Date