

# Deutsche Mutual Fund

**COMMON APPLICATION FORM** (Please fill in the Application Form in CAPITAL Letters)  
(Please read the instructions before completing this Application Form)

Deutsche Asset Management  
A Member of Deutsche Bank Group



Application No.

## BROKER INFORMATION

BROKER NAME & ARN	SUB-BROKER ARN
<b>132061</b>	

Application Date & Time

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.

## EXISTING UNITHOLDER'S INFORMATION

If you have, at any time, invested in any Scheme of Deutsche Mutual Fund and wish to hold your present investment in the same Folio, please furnish your Folio Number, Scheme Name, PAN Details, Bank Account Details below and proceed to investment & Payment Details. Folio No.  KYC\*\* ☐ Yes ☐ No.

## NEW APPLICANT'S INFORMATION (Please fill in Block Letters)

Name of Sole/First Applicant (leave space between first/middle/last name)  Salutation ☐ Mr. ☐ Ms. ☐ Dr. ☐ Prof.

Date of Birth\*  /  /  Sex ☐ Male ☐ Female \* Nationality ☐ Indian ☐ Others

(First holder/Minor) D D M M Y Y Y Y Enclosed (Please ☒) ☐ PAN Card Copy <sup>ss</sup> ☐ KYC Compliance Proof\*\*

PAN<sup>ss</sup>  Place of Birth  /  /  Annual Income\* (Please ☒) ☐ Rs. 0 - 5 lacs ☐ Rs. 5 - 25 lacs ☐ Rs. 25 lacs - 1 crore ☐ Rs. 1 - 5 crore ☐ Rs. 5 crore & above Source of Income :

Name of Guardian (In case of Minor)

Contact Person (In case of Institutional Investors)

PAN<sup>ss</sup>  Enclosed (Please ☒) ☐ PAN Card Copy <sup>ss</sup> ☐ KYC Compliance Proof\*\*

Name of the Second Applicant

PAN<sup>ss</sup>  Enclosed (Please ☒) ☐ PAN Card Copy <sup>ss</sup> ☐ KYC Compliance Proof\*\*

Name of the Third Applicant

PAN<sup>ss</sup>  Enclosed (Please ☒) ☐ PAN Card Copy <sup>ss</sup> ☐ KYC Compliance Proof\*\*

\*Address of Sole/First Applicant (PO Box Address is not sufficient)

City  Pin Code  State

Office Tel.  Resi. Tel.

Fax  Mobile

\*Overseas Address (In case of NRIs/FIIs applicants) Address for correspondence (Please ☒) ☐ Indian (by default) ☐ Overseas

\* To receive Account Statement (on each transaction)/Quarterly Newsletter and Annual Report by e-mail, please give your e-mail ID below (Please use BLOCK LETTERS).  
Please leave the e-mail ID blank if you wish to receive hard copy communication

\* Mode of Holding (Please ☒) ☐ Single ☐ Joint ☐ Anyone or Survivor

\* If NRI (Please ☒) ☐ Repatriation basis ☐ Non-repatriation basis

\* If company is listed ☐ Yes ☐ No \* List of documents submitted (in case of company)

\* Are you Politically Exposed Person? ☐ Memorandum of Association / Article of Association

First Holder Second Holder Third Holder ☐ Board Resolution

Y/N Y/N Y/N ☐ List of Authorised Signatory

\* Status (Please ☒) ☐ Individual ☐ HUF ☐ Company ☐ FIs ☐ NRI ☐ Trust

☐ Society ☐ Proprietary ☐ Partnership ☐ AOP ☐ Insurance Company ☐ Bank

☐ BOI ☐ On behalf of Minor ☐ Others

\* Occupation (Please ☒) ☐ Private Sector Service ☐ Public Sector / Government Service

☐ Retired ☐ Business ☐ Professional ☐ Housewife ☐ Student ☐ Agriculturist

☐ Current / Former Head of State ☐ Forex Dealer ☐ Other

\* If occupation is business/profession, please mention precisely the nature of business/profession/industry

PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

Name  Sex ☐ Male ☐ Female

Address

City  Pin code  State

Office Tel.:  Residence Tel.

Fax  Mobile

PAN<sup>ss</sup>  Enclosed (Please ☒) ☐ PAN Card Copy <sup>ss</sup> ☐ KYC Compliance Proof\*\*

\* In case the investor is not an individual (like Corporate, Partnerships, HUF etc) please provide details of Directors/Partners

Ultimate Beneficial Owner (UBO) is a natural person, who ultimately owns or controls (directly or indirectly) 25% or more of your entity. If you have any UBOs, please provide the details below. If there is no UBO, write Not Applicable.

List of UBOs				List of Directors			
Name	Date of Birth	PAN No.	Nationality	Name	Date of Birth	PAN No.	Nationality

If the above space is insufficient, please provide the information by way of an annexure, duly attested.

\*\* w.e.f. 01 January, 2011, KYC shall be mandatory for all investors irrespective of the amount of investments in Mutual Fund.

<sup>ss</sup> Please note that w.e.f. 01 January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs).

\* MANDATORY FIELDS ... continued overleaf

## ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Deutsche Mutual Fund: Registered Office: 2nd Floor, 222, Kodak House, Dr. D. N. Road, Fort, Mumbai-400001. Application No.

Received from Mr./Ms./M/s.  an application for Purchase of Units of Scheme  Plan

Option  alongwith Cheque / Demand Draft No.  Dated

Amount (Rs.)  Drawn on  Date

Please Note: All Purchases are subject to realisation of Cheques / Demand Drafts.

ISC Stamp & Signature



<b>BANK ACCOUNT DETAILS</b> (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)									
Account No.					Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____				
Bank Name					Bank City		Pin Code		
Branch Address									
MICR Code					This is a 9 digit number next to your Cheque No.			IFSC Code	
<b>INVESTMENT &amp; PAYMENT DETAILS</b>									
Scheme Name _____									
Plan (Please ✓) <input type="checkbox"/> Regular Plan <input type="checkbox"/> Wealth Plan** <input type="checkbox"/> Institutional Plan <input type="checkbox"/> Super Institutional Plan <input type="checkbox"/> Auto Sweep Plan*									
Dividend Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual									
Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus									
Dividend Mode (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout									
* Auto Sweep Facility available only for DWS Premier Bond Fund, DWS Short Maturity Fund and DWS Ultra Short Term Fund into DWS Equity Funds. ** Wealth Plan is available only for DWS Alpha Equity Fund and DWS Investment Opportunity Fund. In case of valid application received without indicating any choice of Options/Dividend Mode, it will be considered as Growth Option/Reinvestment by default, for all Scheme(s)/Plan(s).									
Investment Amount (Rs.) _____					DD Charges if any (Rs.) _____				
Net Amount (Rs.) _____					Mode of Payment <input type="checkbox"/> Cheque / Demand Draft / Fund Transfer <b>Strikeout whichever is not applicable.</b>				
Cheque / DD No. _____					Dated _____		Account No. _____		
Drawn on Bank _____		Branch _____			City _____				
					Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____				
Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan. Cheque / DD to be drawn in favour of the Scheme applied for.									
<b>SIP/ENROLLMENT DETAILS / AUTO SWEEP FACILITY</b>									
Amount per SIP Installment* Rs. _____					Enrollment Period From _____ To _____				
Auto Sweep from (Please ✓) <input type="checkbox"/> DWS Premier Bond Fund <input type="checkbox"/> DWS Short Maturity Fund <input type="checkbox"/> DWS Ultra Short Term Fund <i>(*Not applicable for Auto Sweep Plan)</i>					SIP Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly				
Auto Sweep into (Please ✓) <input type="checkbox"/> DWS Alpha Equity Fund <input type="checkbox"/> DWS Investment Opportunity Fund					SIP/Auto Sweep Dates (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th				
Auto Sweep Installments (Please ✓) <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 10 Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus					Dividend Mode (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				
<input type="checkbox"/> Micro SIPs (Please ✓) (Investment of equal to or less than Rs. 50,000/- per annum under SIP registration) (Required only in case of PAN not provided.)									
Photo Identification Document Type (Mandatory)					ID Card No. / Reference No.				
1st Applicant _____									
2nd Applicant _____									
3rd Applicant _____									
<b>PAYMENT MECHANISM</b> <input type="checkbox"/> Option I : Through Cheques					Total Cheques _____ Cheques Nos. From _____ To _____				
Drawn on Bank _____					Branch _____				
<input type="checkbox"/> Option II : Debt through Auto Debit Facility (Tick this Box and fill up SIP Auto Debit (ECS) Facility Form). <b>Note:</b> The initial subscription amount and subsequent installment amounts should be the same. Completed Application Form, SIP Auto Debit Form and the first cheque should be submitted at least 21 days before the first transaction date.									
<b>REDEMPTION / DIVIDEND PAYOUTS</b>									
The below payout options are available to the investors for redemptions/dividends:- (if no Payout Option is selected then payout would be through default option)									
<input type="checkbox"/> Cheques/Demand drafts <input type="checkbox"/> Fund Transfer/Direct Credit <input type="checkbox"/> RTGS/NEFT									
The Fund Transfer/Direct credit option is available only in cases wherein the investor has an account with either ICICI Bank Ltd./HDFC Bank Ltd./Axis Bank/Standard Chartered Bank/IDBI Bank/Deutsche Bank/Citi Bank/HSBC Bank/IndusInd Bank/ABN AMRO Bank. RTGS/NEFT will be extended from time to time subject to (i) availability of facility to bank/branch (ii) Participation of bank & branch in electronic transfer (iii) availability of complete details (NEFT/IFSC Code) in the investor application form. The minimum amount for payout through RTGS is Rs. 1,00,000/- (Rupees One Lac only). With regards to payout through NEFT no restriction of Amount is applicable. I/We understand that the instruction to the bank for Direct Credit/RTGS/NEFT will be given by the Mutual Fund and such instruction will be adequate discharge of Mutual Fund towards redemption/dividend proceeds. In case of bank not crediting my/our bank account with/without assigning any reason thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Deutsche Mutual Fund responsible. I/We understand that in case account number furnished by me/us, if found incorrect, I/We would not hold Deutsche Mutual Fund responsible for the credit going to the wrong account. Further, the Mutual Fund reserves the right to issue a demand draft/payable at par to make good payment rejected through DC/RTGS/NEFT.									
<b>NOMINATION</b>									
I/We _____ and _____ (Unit holder 1) _____ (Unit holder 2)									
*do hereby nominate the person(s) more particularly described hereunder/and* cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. _____ (*strikeout which is not applicable)									
Name and Address of Nominee(s)		Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)		PAN No.		Proportion(%) by which the units will be shared by each Nominee (should aggregate to 100%)		
Nominee 1									
Nominee 2									
Nominee 3									
<b>DECLARATIONS &amp; SIGNATURE/S</b>									
I/We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) of Deutsche Mutual Fund. I/We hereby apply to the Trustees of Deutsche Mutual Fund for allotment of Units of the Scheme(s) of Deutsche Mutual Fund, as indicated above and agree to abide by the term, conditions, rules and regulations of the relevant Scheme(s). I/We have understood the details of the Scheme(s) and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. *I/We confirm that I am/We are non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds of subscription have been remitted from abroad through normal banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby declare that the details provided by me/us are true and correct, the amount being invested has been derived from legitimate sources and is not held or designed for the purpose of contravening any statute, notification, legislation, directions or otherwise and I/We am/are duly authorised to sign this Application Form. I/We confirm that in the event I/We have mentioned "Not Applicable" / left the space blank against PAN in this Application Form, I am/We are not required to obtain a PAN under the provisions of the Income Tax Act, 1961. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the fund, I/We authorise the Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV on the date of such redemption and undertaking such other action with such funds that may be required by law.									
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.									
SIGNATURE/S		First/Sole Account Holder		Second Account Holder		Third Account Holder		Date _____ / _____ / _____	
*Applicable to NRI.									
<b>LIST OF ATTACHMENTS</b> (To be filled in by Applicant)									
Total number of attachments (Documents) alongwith the Application Form					_____				

<b>Deutsche Asset Management (India) Private Limited</b>	
<b>Ahmedabad:</b> Tel: +91 (079) 65124445/26463005. <b>Bangalore:</b> Tel: +91 (080) 25590110. <b>Chandigarh:</b> Tel: +91 (0172) 4628570. <b>Chennai:</b> Tel: +91 (044) 64504425/26/27. <b>Cochin:</b> Tel: +91 (0484) 2366686/698. <b>Coimbatore:</b> Tel: +91 (422) 4393270. <b>Hyderabad:</b> Tel: +91 (040) 64555700/27846970. <b>Indore:</b> Tel: +91 (0731) 6452033/34. <b>Jaipur:</b> Tel: +91 (141) 6505302/303. <b>Kolkata:</b> Tel: +91 (033) 65367818/65480465/464. <b>Lucknow:</b> Tel: +91 (522) 6569687/688. <b>Mumbai:</b> Tel: +91 (022) 66584350/4342/4305. <b>New Delhi:</b> Tel: +91 (011) 41522647/2646. <b>Pune:</b> Tel: +91 (020) 40068171. <b>Vadodara:</b> Tel: +91 (265) 3095446/6643918.	

# Deutsche Mutual Fund

SYSTEMATIC INVESTMENT PLAN (SIP) FORM Please use separate SIP Form for investing in each Scheme / Plan

Deutsche Asset Management  
A Member of Deutsche Bank Group



BROKER INFORMATION	
Broker Name & ARN	Sub-Broker ARN

SIP Application No.

Application Date & Time

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Folio No. (for existing Unit holder)	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No	Common Application Form No. (for New Investor)
SIP AUTO DEBIT (ECS) FACILITY FORM Registration cum Mandate Form for ECS (Debit Clearing)		
<input type="checkbox"/> New SIP Registration - by existing investor	<input type="checkbox"/> Change in Bank Account for an existing investor with DMF	<input type="checkbox"/> New SIP Registration - by new investor (Also attach the new Application Form duly filled & signed)

## ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

I/We hereby authorise Deutsche Asset Management (India) Pvt. Ltd., Investment Manager to Deutsche Mutual Fund acting through their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments.

Name of the Account Holder as in Bank Records	
Account No	Account Type (Please <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Bank Name	Bank Name PIN Code
Branch Address	
MICR Code	IFSC Code

## AUTHORISATION OF THE BANK ACCOUNT HOLDER [(To be signed by the Account Holder(s))]

This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards my/our investment in Deutsche Mutual Fund shall be made from my/our below mentioned bank account number with your bank. I/We authorise Deutsche Asset Management (India) Pvt. Ltd., (Investment Manager to Deutsche Mutual Fund), acting through their service providers and representative carrying this ECS mandate Form to get it verified & executed.

Account No.

SIGNATURE/S AS PER DEUTSCHE MUTUAL FUND		SIGNATURE/S AS PER BANK RECORDS	
First/Sole Account Holder		First/Sole Account Holder	
Second Account Holder		Second Account Holder	
Third Account Holder		Third Account Holder	

## ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP Application No.

Collection Centre Stamp & Signature

Received from Mr./Ms./M/s. \_\_\_\_\_ an application for SIP enrolment in the Scheme \_\_\_\_\_ Plan \_\_\_\_\_  
Amount (Rs.) \_\_\_\_\_ Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_ Total drawn on \_\_\_\_\_  
on ☐ Monthly ☐ Quarterly ☐ Weekly

## SYSTEMATIC TRANSFER PLAN (STP)/SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM Please use separate SWP/STP Form for investing in each Scheme/Plan

BROKER INFORMATION	
Broker Name & ARN	Sub-Broker ARN

Application Date & Time

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Folio No. (for existing Unit holder)	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No
SYSTEMATIC TRANSFER PLAN (STP) DETAILS	
Transfer From	Transfer To
Scheme	Scheme
Plan	Plan
Transfer Frequency (Please <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	Date (Please <input checked="" type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
Transfer Options (Please <input checked="" type="checkbox"/> Fixed Amount (Rs.) per installment	OR Capital Appreciation <input type="checkbox"/> OR Dividend* <input type="checkbox"/>
Period of Enrollment From M M Y Y Y Y To M M Y Y Y Y	*Subject to minimum of Rs. 1000/-

## SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme	Plan
Option	Sub-option
Withdrawal Options (Please <input checked="" type="checkbox"/> Fixed Amount (Rs.)	<input type="checkbox"/> Capital Appreciation
Transfer Frequency (Please <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	Date (Please <input checked="" type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
Period of Enrollment From M M Y Y Y Y To M M Y Y Y Y	

## DECLARATIONS & SIGNATURE/S

I/We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) of Deutsche Mutual Fund and the instructions overleaf. I/We hereby apply to the Trustees of Deutsche Mutual Fund for enrolment under the SIP of the above Scheme(s)/Plan(s), as indicated above and agree to abide by the term, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme(s) and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this enrolment. I/We confirm that in the event I/We have mentioned "Not Applicable" / left the space blank against PAN in this Enrolment Form, I am/We are not required to obtain a PAN under the provisions of the Income Tax Act, 1961. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the fund, I/We authorise the Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV on the date of such redemption and undertaking such other action with such funds that may be required by law. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURE/S

First/Sole Account Holder

Second Account Holder

Third Account Holder

## ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s. \_\_\_\_\_ an application for following enrolment (Please ☒ and fill in)  
☐ STP From the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
To the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
Total Amount (Rs.) \_\_\_\_\_ OR \_\_\_\_\_ Units on ☐ Monthly ☐ Quarterly ☐ Weekly  
☐ SWP From the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
Total Amount (Rs.) \_\_\_\_\_ OR \_\_\_\_\_ Units on ☐ Monthly ☐ Quarterly

Collection Centre Stamp & Signature