

Deutsche Mutual Fund

Please read the instructions overleaf before completing this Enrolment Form

SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM

Application No.

Please use separate Form for SIP / SWP / STP for investing in each Scheme / Plan

Broker Name & ARN 132061	Sub-Broker ARN	Registrar Serial No.	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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APPLICANTS' INFORMATION (Please fill in Block Letters)

Name of Sole / First Applicant	
PAN <input type="text"/>	or (please ✓) <input type="checkbox"/> Form 60 / 61 attached
Name of Second Applicant	
PAN <input type="text"/>	or (please ✓) <input type="checkbox"/> Form 60 / 61 attached
Name of Third Applicant	
PAN <input type="text"/>	or (please ✓) <input type="checkbox"/> Form 60 / 61 attached
Name of Guardian (in case of Sole / First Applicant is a Minor)	
PAN <input type="text"/>	or (please ✓) <input type="checkbox"/> Form 60 / 61 attached

Scheme Name	Folio No. (for existing Unit holder)
Plan	Investment Option

SYSTEMATIC INVESTMENT PLAN (SIP)

Mode of SIP (please ✓) <input type="checkbox"/> Cheques <input type="checkbox"/> SIP Auto Debit Facility (In case of SIP through Auto Debit Facility attached SIP Auto Debit form needs to be filled up.)					
Period of Enrolment	FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates	No. of Transactions	<input type="text"/>
Cheque Number(s)	Dated (7th / 15th / 21st of every month/quarter as applicable)	Amount (Rs.)	Cheque Number(s)	Dated (7th / 15th / 21st of every month/quarter as applicable)	Amount (Rs.)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	7. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	8. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	9. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	10. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	11. <input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	12. <input type="text"/>	<input type="text"/>	<input type="text"/>
Total Cheques	Total Amount	Rs.	Drawn on Bank & Branch		

SYSTEMATIC WITHDRAWAL PLAN (SWP)

Withdrawal Options (Please ✓) (Refer instruction No. 5)	Withdrawal Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> Fixed Amount (Rs.) <input type="text"/>	Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st
<input type="checkbox"/> Capital Appreciation	Period of Enrolment FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SYSTEMATIC TRANSFER PLAN (STP)

Transfer From		Transfer To	
Scheme	Option	Scheme	Option
Plan		Plan	
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates		Transfer Options (Please ✓) (Refer instruction No. 6)	
Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st		Fixed Amount (Rs.) <input type="text"/> OR Capital Appreciation <input type="text"/> OR Dividend* <input type="text"/>	
Period of Enrolment FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

DECLARATIONS & SIGNATURE/S

I/We have read and understood the contents of the Offer 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/STP/SWP 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. **I/We hereby confirm that I/We am/are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued thereunder from time to time. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.

SIGNATURE/S	First / Sole Applicant / Guardian	<input type="text"/>
	Second Applicant	<input type="text"/>
	Third Applicant	<input type="text"/>

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Application No.

Received from Mr./Ms./M/s. _____ an application for following enrolment (Please ✓ and filled in) in the Scheme _____

☐ **SIP** Total Amount Rs. _____ Cheque Nos. From _____ To _____ drawn on _____ on ☐ Monthly ☐ Quarterly basis.

☐ **STP** From above mentioned Scheme to Scheme / Plan / Option _____ Total Amount Rs. _____ OR _____ Units on ☐ Monthly ☐ Quarterly basis.

☐ **SWP** Total Amount Rs. _____ OR _____ Units on ☐ Monthly ☐ Quarterly basis.

ISC Stamp & Signature

<input type="text"/>



Deutsche Asset Management
A Member of the Deutsche Bank Group

