

BROKER INFORMATION	
Broker Name & ARN	Sub-Broker ARN
ARN-56003	

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.

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 PAN* _____ 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 Enclosed (Please ✓) ☐ PAN Card copy ^{ss} ☐ KYC Compliance proof

Name of Guardian (in case of Minor) _____

Contact Person (in case of Institutional Investors) _____

PAN ^s _____ Enclosed (Please ✓) ☐ PAN Card copy ^{ss} ☐ KYC Compliance proof

Name of Second Applicant _____

PAN ^s _____ Enclosed (Please ✓) ☐ PAN Card copy ^{ss} ☐ KYC Compliance proof

Name of Third Applicant _____

PAN ^s _____ Enclosed (Please ✓) ☐ PAN Card copy ^{ss} ☐ KYC Compliance proof

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

City _____ Pin Code _____ State _____
Office Tel. _____ Residence Tel. _____
Fax _____ Mobile _____

* Overseas Address (in case of NRIs / FIs 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)

E-mail _____

Please leave the E-mail ID blank if you wish to receive hard copy communication

* Mode of Holding (Please ✓) ☐ Single ☐ Joint ☐ Anyone or Survivor * Status (Please ✓) ☐ Individual ☐ HUF ☐ Company ☐ FIs ☐ NRI ☐ Trust
* If NRI (Please ✓) ☐ Repatriation basis ☐ Non-repatriation basis ☐ Society ☐ Partnership ☐ Proprietary ☐ AOP ☐ Insurance Company ☐ Bank

* If company is listed ☐ Yes ☐ No * List of documents submitted (in case of company) ☐ BOI ☐ On behalf of Minor ☐ Others _____

* Are you Politically Exposed Person? ☐ Memorandum of Association / Article of Association * Occupation (Please ✓) ☐ Private Sector Service ☐ Public Sector / Government Service ☐ Retired
First Holder Second Holder Third Holder ☐ Board Resolution ☐ Business ☐ Professional ☐ Housewife ☐ Student ☐ Agriculturist
Y/N Y/N Y/N ☐ List of Authorised Signatory ☐ 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* _____ Enclosed (Please ✓) ☐ PAN Card copy ^{ss} ☐ KYC Compliance proof

* IN CASE THE INVESTOR IS NOT AN INDIVIDUAL, PLEASE PROVIDE LIST OF ULTIMATE BENEFICIARY OWNERS (shareholders in excess of 25%)

List of Shareholders		List of Directors	
Name	% holding	Name	Date of Birth

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

^s w.e.f 3 March, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Compliant.

* MANDATORY FIELDS

^{ss} 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).

... 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

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														

Scheme Name

Plan (Please ✓) ☐ Regular Plan ☐ Wealth Plan** ☐ Institutional Plan ☐ Super Institutional Plan ☐ Auto Sweep Plan#

Dividend Frequency (Please ✓) ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Annual

Option (Please ✓) ☐ Growth ☐ Dividend ☐ Bonus

Dividend Mode (Please ✓) ☐ Reinvestment ☐ 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	Cheque / Demand Draft / Fund Transfer										Strikeout whichever is not applicable.										
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														

SIP/ENROLLMENT DETAILS / AUTO SWEEP FACILITY (Please refer Auto Sweep Instructions on page 16)

Amount per SIP Installment* Rs.		Enrollment Period From <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> To <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>		SIP Frequency (Please ✓)	
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>				<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 <input type="checkbox"/> DWS Tax Saving Fund <input type="checkbox"/> DWS Global Thematic Offshore Fund				SIP/Auto Sweep Dates (Please ✓)	
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 Dividend Mode (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				<input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	
<input type="checkbox"/> Micro SIPs (Please ✓) (Investment of equal to or less than Rs. 50,000/- per annum under SIP registration) (Please refer instruction on page no. 19) (Required only in case of PAN not provided.)					
Photo Identification Document Type (Mandatory)		ID Card No. / Reference No.			
1st Applicant					
2nd Applicant					
3rd Applicant					

PAYMENT MECHANISM ☐ **Option I :** Through Cheques Total Cheques Cheques Nos. From To

Drawn on Bank Branch

☐ **Option II :** Debt through Auto Debit Facility (Tick this Box and fill up SIP Auto Debit (ECS) Facility Form). **Note:** 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.

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)

☐ Cheques/Demand drafts ☐ Fund Transfer/Direct Credit ☐ RTGS/NEFT

The Fund Transfer/Direct credit option is available only in cases wherein the investor has an account with either ICI 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.

I/We _____ and _____				
(Unitholder 1)		(Unitholder 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				

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 not 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 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 Date

First/Sole Account Holder Second Account Holder Third Account Holder

*Applicable to NRI

LIST OF ATTACHMENTS (To be filled in by Applicant)	Total number of attachments (Documents) alongwith the Application Form	
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If you are investing in DWS Tax Saving Fund, please fill the Good Health Declaration Form for being entitled to an Insurance Cover. All corrections are to be countersigned.

Ahmedabad: Tel: +91 (079) 65124445/26463005. **Bangalore**: Tel: +91 (080) 25590110. **Chandigarh**: Tel: +91 (0172) 4628570. **Chennai**: Tel: +91 (044) 64504425/26/27. **Cochin**: Tel: +91 (0484) 2366686/698. **Coimbatore**: Tel: +91 (422) 4393270. **Hyderabad**: Tel: +91 (040) 64555700/27846970. **Indore**: Tel: +91 (0731) 6452033/34. **Jaipur**: Tel: +91 (141) 6505302/303. **Kolkata**: Tel: +91 (033) 65367818/65480465/464. **Lucknow**: Tel: +91 (522) 6569687/688. **Mumbai**: Tel: +91 (022) 66584350/4342/4305. **New Delhi**: Tel: +91 (011) 41522647/2646. **Pune**: Tel: +91 (020) 40068171. **Vadodara**: 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
ARN-56003	

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)
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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)
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Please read the Terms & conditions for ECS on page 19

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 <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Bank Name	(Please ✓) <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Bank City	Pin Code
Branch Address	
MICR Code	IFSC Code

This is a 9 digit number next to your Cheque No.

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			
		First/Sole Account Holder	Second Account Holder	Third Account Holder
				As in Bank Records

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 _____

Option _____ Total _____

Amount (Rs.) _____ Cheque Nos. From _____ To _____ drawn on _____ on _____ Monthly ☐ Quarterly basis ☐

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
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SYSTEMATIC TRANSFER PLAN (STP) DETAILS

Transfer From		Transfer To	
Scheme		Scheme	
Plan	Option	Plan	Option
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly		Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	
Transfer Options (Please ✓) (Refer instruction No. 6 on page 19) 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 ✓) (Refer instruction No. 5 on page 19) <input type="checkbox"/> Fixed Amount (Rs.) <input type="checkbox"/> Capital Appreciation	
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly Date (Please ✓) <input 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 filled in)

<input type="checkbox"/> STP	From the Scheme _____ Plan _____ Option _____	Collection Centre Stamp & Signature
	To the Scheme _____ Plan _____ Option _____	
	Total Amount (Rs.) _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis <input type="checkbox"/> Weekly	
<input type="checkbox"/> SWP	From the Scheme _____ Plan _____ Option _____	
	Total Amount (Rs.) _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis	