

# 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



BROKER INFORMATION	
<b>Broker Name &amp; ARN</b>	<b>Sub-Broker ARN</b>
<b>2405</b>	

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<sup>s</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 Enclosed (Please ✓)  PAN Card copy<sup>ss</sup>  KYC Compliance proof  
Source of Income \_\_\_\_\_

Name of Guardian (in case of Minor) \_\_\_\_\_

Contact Person (in case of Institutional Investors) \_\_\_\_\_

PAN<sup>s</sup> \_\_\_\_\_ Enclosed (Please ✓)  PAN Card copy<sup>ss</sup>  KYC Compliance proof

Name of Second Applicant \_\_\_\_\_

PAN<sup>s</sup> \_\_\_\_\_ Enclosed (Please ✓)  PAN Card copy<sup>ss</sup>  KYC Compliance proof

Name of Third Applicant \_\_\_\_\_

PAN<sup>s</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. \_\_\_\_\_ 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

\* 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  Partnership  Proprietary  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\* \_\_\_\_\_ Enclosed (Please ✓)  PAN Card copy<sup>ss</sup>  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.

<sup>s</sup> 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

<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). ... 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

**BANK ACCOUNT DETAILS (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

**INVESTMENT & PAYMENT DETAILS (Please refer to the Snapshot on Page 15)**

Scheme Name

Plan (Please ✓)  Regular Plan  Wealth Plan\*\*  Institutional Plan  Super Institutional Plan  Auto Sweep Plan\* Option (Please ✓)  Growth  Dividend  Bonus

Dividend Frequency (Please ✓)  Daily  Weekly  Fortnightly  Monthly  Quarterly  Annual 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 ✓)  Savings  Current  NRE  NRO  FCNR  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.

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

Amount per SIP Installment\* Rs.  Enrollment Period From  To  SIP Frequency (Please ✓)  Monthly  Quarterly  Weekly

Auto Sweep from (Please ✓)  DWS Premier Bond Fund  DWS Short Maturity Fund  DWS Ultra Short Term Fund *(\*Not applicable for Auto Sweep Plan)*  Monthly  Quarterly  Weekly

Auto Sweep into (Please ✓)  DWS Alpha Equity Fund  DWS Investment Opportunity Fund  DWS Tax Saving Fund  DWS Global Thematic Offshore Fund SIP/Auto Sweep Dates (Please ✓)  7th  15th  21st  28th

Auto Sweep Installments (Please ✓)  4  6  10 Option (Please ✓)  Growth  Dividend  Dividend Mode (Please ✓)  Reinvestment  Payout

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.

**REDEMPTION / DIVIDEND PAYOUTS**

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 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.

**NOMINATION (Please refer to instruction 6 on page 17)**

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				

**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. 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 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 Date

\*Applicable to NRI.

**CHECKLIST FOR INVESTMENT IN DWS TAX SAVING FUND:**  Declaration of Good Health  Date of Birth of the Investor**LIST OF ATTACHMENTS (To be filled in by Applicant)** Total number of attachments (Documents) alongwith the Application Form 

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.

**Deutsche Asset Management (India) Private Limited**

**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.

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

BROKER INFORMATION		SIP Application No.
<b>Broker Name &amp; ARN</b>	<b>Sub-Broker ARN</b>	Application Date & Time
2405		

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  Yes  No Common Application Form No. (for New Investor)

### SIP AUTO DEBIT (ECS) FACILITY FORM Registration cum Mandate Form for ECS (Debit Clearing)

New SIP Registration - by existing investor  Change in Bank Account for an existing investor with DMF  New SIP Registration - by new investor (Also attach the new Application Form duly filled & signed)

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.	<b>Account Type</b> <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 <input type="text"/>
Bank City	Pin Code <input type="text"/>
Branch Address	
MICR Code <input type="text"/>	This is a 9 digit number next to your Cheque No. IFSC Code <input type="text"/>

### 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. <input type="text"/>	<b>SIGNATURE/S</b>	<input type="text"/>	<input type="text"/>
		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.

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 \_\_\_\_\_ on  Monthly  Quarterly basis

Collection Centre Stamp & Signature

### SYSTEMATIC TRANSFER PLAN (STP)/SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM

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

BROKER INFORMATION		Application Date & Time
<b>Broker Name &amp; ARN</b>	<b>Sub-Broker ARN</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.

Folio No. (for existing Unit holder)  KYC  Yes  No

### SYSTEMATIC TRANSFER PLAN (STP) DETAILS

<b>Transfer From</b>	<b>Transfer To</b>
Scheme <input type="text"/>	Scheme <input type="text"/>
Plan <input type="text"/> Option <input type="text"/>	Plan <input type="text"/> Option <input type="text"/>
<b>Transfer Frequency</b> (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	<b>Date</b> (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
<b>Transfer Options</b> (Please ✓) (Refer instruction No. 6 on page 19) Fixed Amount (Rs.) per installment <input type="text"/> OR Capital Appreciation <input type="checkbox"/> OR Dividend* <input type="checkbox"/>	
<b>Period of Enrollment</b> From <input type="text"/> To <input type="text"/>	* Subject to minimum of Rs. 1000/-

### SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

<b>Scheme</b> <input type="text"/>	<b>Plan</b> <input type="text"/>
<b>Option</b> <input type="text"/>	<b>Sub-option</b> <input type="text"/>
<b>Withdrawal Options</b> (Please ✓) (Refer instruction No. 5 on page 19) <input type="checkbox"/> Fixed Amount (Rs.) <input type="text"/> <input type="checkbox"/> Capital Appreciation	
<b>Transfer Frequency</b> (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	<b>Date</b> (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
<b>Period of Enrollment</b> From <input type="text"/> To <input type="text"/>	

### 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 do 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.

<b>SIGNATURE/S</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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)

**STP** From the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

To the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Total Amount (Rs.) \_\_\_\_\_ OR \_\_\_\_\_ Units on  Monthly  Quarterly basis  Weekly

**SWP** From the Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Total Amount (Rs.) \_\_\_\_\_ OR \_\_\_\_\_ Units on  Monthly  Quarterly basis

Collection Centre Stamp & Signature