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 Meether of Deutsche Back Groep



BROKER INFORMATION			Application No.			
BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)	Application Date & Time			
ARN-97821		E113814	rapinouton buto a min			
Upfront commission shall be paid directly by the	investor to the AMFI registered distributor based	on the investors' assessment of various fa	ctors including the service rendered by the distributor.			
<ol> <li>TRANSACTION CHARGES (Please refer inst Applicable for transactions routed through a</li></ol>	a distributor who has 'opted in' for transaction cha	arges. am an Existing Investor in Mutual Fund In	dustry.			
(Rs 150 will be deducted.)		Rs 100 will be deducted.)				
2 EXISTING FOLIO NUMBER	Existing Investors - P	lease fill in Sections 1, 14, 15,16 and 19 only	KYC ** Yes No.			
Name of the First Applicant / Corporate Investor	r	Date of Birth/Incorpora	tion* Age (No. of years			
Mr/ Ms/ M/s/ Dr/ Minor						
PAN (mandatory)#	Enclosed (Please ✓)	PAN Proof* KYC Letter** Nationali	ty 🔲 Indian 🔲 Other(Refer instruction related to PAN & KYC)			
Annual Income* (Please ✓) Rs. 0 - 5 lac	cs Rs. 5 - 25 lacs Rs. 25 lacs - 1 cro	ore Rs. 1 - 5 crore Rs. 5 crore	e & above Source of Income :			
Name of the Second Applicant						
Mr/ Ms/ M/s/ Dr		41 DAM D. (** 10/01 ** ** /0 / -	C. L. L. DANIG MOD. N. C. Iv.			
PAN (mandatory)#	Enclosed (Please	✓) PAN Proof# KYC Letter** (Refer in	nstruction related to PAN & KYC) Nationality			
Name of the Third Applicant						
Mr/ Ms/ M/s/ Dr		41 DANIE - W D 10/01	astruction related to PAN & KYC) Nationality			
PAN (mandatory)## Name of the Third Applicant	Enclosed (Flease	7) HAN Proof HINT Letter Wara In	istruction related to PAIN & KTC/ Nationality			
Name of the Guardian (in case of a minor)/Name of th	the Power of Attorney Holder.					
Mr/ Ms/ M/s/ Dr	no roma orrational,					
PAN (mandatory)#	Enclosed (Please	✓) □ PAN Proof# □ KYC Letter** (Refer in:	struction related to PAN & KYCI Nationality			
4 STATUS OF FIRST APPLICANT* Residen		Proprietor Minor	Society FII Partnership Firm			
□NRI	PIO Trust	Company Other				
5 MODE OF OPERATION* Single	Joint Anyone or Survivor		Repatriation basis Non-repatriation basis			
			der LYes LNo Third Holder LYes LNo			
9 LIST OF DOCUMENTS SUBMITTED* (in case of o						
	ctor Service Public Sector / Government Se mer Head of State Forex Dealer Other	ervice	Professional Housewife Student Agriculturist			
11 ADDRESS - FIRST APPLICANT/ GUARDIAN						
Contact Person (In case of Non Individual Investor)						
Address						
City	State	C	Country			
Pin Code Mobile		Email				
	of NRIs/ FIIs) (PO Box address is not sufficient. In	vestors residing overseas & with PO Box a	address must provide their Indian address/			
Address		-				
City	State	C	Country			
Pin Code Mobile	Landlir	ne No.	Email			
	ORNEY HOLDER (PO Box address is not sufficient)					
	State	In	Country			
City Mobile	Landlin		Email			
Till Code			s no UBO, please declare that the entity does not have anyone holding beneficial interest.			
	/IDUAL (like Corporate, Partnerships, HUF etc) pla					
Lis	ist of UBOs	Direct	tors/Partners/Trustees/Karta of HUF			
Name	Date of Birth PAN No. National	lity Name	Date of Birth PAN No. Nationality			
<del>                                     </del>						
	e the information by way of an annexure, duly atte					
** Please note that w.e.f. 01 January, 2008, copy	ry for all investors irrespective of the amount of im of PAN Card is Mandatory for all investors (includi	vestments in Mutual Fund. Ing Joint Holders, Guardian in case of Min	* MANDATORY FIELDS or and NRIs) continued overleaf			
ACKNOWLEDGEMENT SLIP (To be filled in by the						
Deutsche Mutual Fund: Registered Office: 2nd F Received from Mr./Ms./Ws.	Floor, 222, Kodak House, Dr. D. N. Road, Fort, Mur	mbai-400001. Applica	tion No. ARN-97821			
an application for Purchase of Units of Scheme_		Plan	ISC Stamp & Signature			
Optiona	alongwith Cheque / Demand Draft No.	Dated				

I / We wish to sees		nail id blank)	hannah ahmatan) m	anda in linu of an	AMC shall s								
16. BANK ACCOUNT DETAIL						one Please er	nclose a com	of a cancell	ed cheque)				
Name of Bank	0 01 1	IIIOI 7 OOLL AI	T LIGHT (HOLG	Dank Details ui	idei ilistidet	ona. I icuac ci	icioac a cop	Branch	ca circque,				
City			State				Acce	ount No.					
Account Type Current		Savings	□ NRO	NRE	FCN	R 0	thers	ount ivo.					
MICR code*						SC code**				i			
*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf.)													
17. INVESTMENT DETAILS													
Scheme Name													
Plan (Please ✓) Regular Pl	Plan (Please ✓) ☐ Regular Plan ☐ Institutional Plan ☐ Super Institutional Plan ☐ Option (Please ✓) ☐ Growth ☐ Dividend ☐ Bonus												
Dividend Frequency (Please ✓) □ Daily □ Weekly □ Fortnightly □ Monthly □ Quarterly □ Annual □ Dividend Mode (Please ✓) □ Reinvestment □ Payout													
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). In case the investor subcribes													
to units of a plan other than the single plan, then by default the units of the single plan will be allotted.													
18. PAYMENT OPTIONS			-										
Investment Amount (Rs.)				DD Charge	s if any (Rs.)				┙.				
Net Amount (Rs.)		<del></del>	Mod	de of Payment		Cheque / De	mand Draft/ Fu	ınd Transfer	Strike	eout whichev	er is not appl	licable.	
Cheque / DD No.				Dated		A	ccount No.						Ш
Drawn on Bank								Bra	anch				
City			Account Type (	Please ✓)	Savings [	Current	■ NRE	□ NRO	FCNR	Others			
Separate Cheque / DD / Fund	Transfe	r instruction re	quired for investm	ent in each Sche	me / Plan. C	heque / DD to	be drawn in	favour of th	e Scheme applied	for.			
19. DEMAT ACCOUNT DETAIL	S OF F	IRST / JOINT A	APPLICANT(S) (RE	QUIRED)									
NSDL _				OR CDSL									
Depository		1 1 1	1 1 1	Depository	(DRUID	1 1 1	1 1	1 1 1	1 1 1 1	1 1	1 1	1 1	
Participant (DP) ID Beneficiary	ш			Participant & Beneficia		$\perp$		шш				ш	
Account Number	I	T		Account N	•								
(If the name of the applicant in	this a	pplication is no	t identical with the			with the abov	e mentioned	DP, the appli	ication will be treat	ed as incon	plete and is	liable to be r	ejected.)
20. NOMINATION DETAILS													
I / We do hereby			noi	minate the unde	mentioned	In case No	minee is a N	<b>Minor</b>					
person to receive the units to m understand that all payments a						Name of G	uardian						
acknowledgment receipt there	of shal	l be a valid disc	charge by the AM(	C / Mutual Fund	Trustee.	Address of	Guardian						
Nominee's Name		acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.  Nominee's Name											
Relationship						Date of Bir		м м ү	Signature of 0				<del></del>
RelationshipAddress						In case of	more than or		kindly submit multi	ple nomina			
Address	ATURE					In case of	more than or			ple nomina			
21. DECLARATION AND SIGN			A C A ddis	d leferenting / C		In case of Extra nomi	more than or nation forms	can be obtain	kindly submit multi ined from the near	ple nomina est ISC or Re	egistrar or fr	rom the AMC	website.
Address  21. DECLARATION AND SIGN  I/We have read and understood  Deutsche Mutual Fund for allotm the details of the Scheme(s) and and I/We hereby confirm that the	the con ent of U I/We ha	tents of the Sta nits of the Scher ave not received of subscription I	ne(s) of Deutsche N nor been induced t nave been remitted	Mutual Fund, as inc by any rebate or gi form abroad throu	licated above fts, directly o gh normal ba	In case of Extra nomi ation Documen and agree to ab indirectly, in n nking channels	more than or nation forms t(s) of the res ide by the ter naking this im	spective Scher m, conditions, vestment. *I/V is in my/our N	kindly submit multi ined from the near me(s) of Deutsche M rules and regulation Ve confirm that I am RE/NRO/FCNR Acco	ple nominatest ISC or Related ISC or	I/We hereby ant Scheme(: Resident of reby declare	apply to the T s). I/We have u Indian Nationa that the detail:	rustees of nderstood lity/Origin s provided
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In compliance with SEBI circular no. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, and amendments if any, the AMC may deduct Transaction Charge for subscriptions made through distributors of mutual funds. Such Transaction Charge collected by the AMC will be paid to the distributor/ARN Holder (who have 'Opted in' to receive the transaction charges) through whom the investment has been made. However, no Transaction Charges will be imposed for investments made directly with the Fund. Transaction Charge shall be subject to the following as well as amendments that may be made from time to time: ji For existing mutual fund investors, an amount of Rs. 100/- per subscription of Rs. 10,000/- and above. iii) For a new investor investing for the first time in mutual funds, an amount of Rs. 150/- per subscription of Rs. 10,000/- and above. iii) There shall be no Transaction Charge on subscription below Rs. 10,000/- and above. iii) There shall be no Transaction Charge on subscription above. In the distributor, and the balance amount shall be invested under the Scheme and units allotted accordingly. vi) The Statement of Account sent to the Unit holder shall state gross subscription less transaction charge and also show the number of units allotted against the net investment.