

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 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)

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 ✓) Savings Current NRE NRO FCNR Others _____
 Bank Name _____ Bank Name _____ PIN Code _____
 Branch Address _____
 MICR Code _____ This is a 9 digit number next to your Cheque No. _____ 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	_____

SIP Application No. _____

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

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

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

SYSTEMATIC TRANSFER PLAN (STP) DETAILS

Transfer From		Transfer To	
Scheme _____	Plan _____	Scheme _____	Plan _____
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 ✓) Fixed Amount (Rs.) per installment _____	OR Capital Appreciation <input type="checkbox"/> OR Dividend* <input type="checkbox"/>
Period of Enrollment From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	*Subject to minimum of Rs. 1000/-		

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme _____	Plan _____
Option _____	Sub-option _____
Withdrawal Options (Please ✓) <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 <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 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

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