

# Deutsche Mutual Fund

## COMMON APPLICATION FORM



Deutsche Asset Management  
A Member of the Deutsche Bank Group

(Please read the instructions before completing this Application Form)

BROKERAGE INFORMATION		Application No.
Broker Name & ARN	Sub-Broker ARN	Application Date & Time
35275		

**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. \_\_\_\_\_ Scheme Name \_\_\_\_\_

**NEW APPLICANTS' 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 (First holder / Minor) D D / M M / Y Y Y Y \_\_\_\_\_ Sex  Male  Female Nationality  Indian  Others \_\_\_\_\_

PAN\* \_\_\_\_\_ Enclosed (Please )  Pan Card copy\*\*  KYC Compliance proof

Annual Income (Please )  Rs. 0 - 5 lacs  Rs. 5 - 25 lacs  Rs. 25 lacs - 1 crore  Rs. 1 - 5 crore  Rs. 5 crore and above

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

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

PAN\* \_\_\_\_\_ Enclosed (Please )  Pan Card copy\*\*  KYC Compliance proof

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

PAN\*\* \_\_\_\_\_ Enclosed (Please )  Pan Card copy\*\*  KYC Compliance proof

Annual Income (Please )  Rs. 0 - 5 lacs  Rs. 5 - 25 lacs  Rs. 25 lacs - 1 crore  Rs. 1 - 5 crore  Rs. 5 crore and above

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

PAN\* \_\_\_\_\_ Enclosed (Please )  Pan Card copy\*\*  KYC Compliance proof

Annual Income (Please )  Rs. 0 - 5 lacs  Rs. 5 - 25 lacs  Rs. 25 lacs - 1 crore  Rs. 1 - 5 crore  Rs. 5 crore and above

Address of Sole / First Applicant (P.O. Box Address is not sufficient)

\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

Office Tel. \_\_\_\_\_ Residence Tel. \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Overseas Address (in case of NRIs / FIIs applicants) \_\_\_\_\_ Address for Correspondence (Please )  Indian (by Default)  Overseas

I wish to receive Account Statement (on each Transaction) / Quarterly Newsletter and Annual Report by e-mail at the below mentioned address :  
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

Occupation (please )  Private Sector Service  Public Sector / Government Service  Politically Exposed Person  Retired  Business  Professional  Housewife  Student  Agriculturist  Current / Former Head of State  Forex Dealer

Status (please )  Individual  HUF  Company  FIIs  NRI  Trust  Society  Partnership  Proprietary  AOP  Insurance Company  BOI  On behalf of Minor  Others \_\_\_\_\_

**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

PAN\* \_\_\_\_\_ Enclosed (Please )  Pan Card copy\*\*  KYC Compliance proof

**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 ]  SAVINGS  CURRENT  NRE  NRO  FCNR

Bank Name \_\_\_\_\_

Bank City \_\_\_\_\_ Pin Code \_\_\_\_\_

Branch Address \_\_\_\_\_

MICR Code \_\_\_\_\_ < This is a 9 digit number next to your Cheque No. IFSC Code \_\_\_\_\_

\* W.e.f. 01 February, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Complaint. \*\* 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). Please submit photocopy of PAN Card (alongwith the original) for verification, which will be returned across the counter. Please see instruction 2b.

... continued overleaf

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)**

**Deutsche Mutual Fund** Application No. \_\_\_\_\_

Registered Office : 2nd Floor, 222, Kodak House, Dr. D. N. Road, Fort, Mumbai - 400 001.

Received from Mr./Ms./M/s. \_\_\_\_\_ an application for

Purchase of Units of Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

along with 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 \_\_\_\_\_

TEAR HERE

**INVESTMENT & PAYMENT DETAILS (Please refer to the Snapshot on Page 12)**

<b>Scheme Name</b>	<input type="text"/>		
<b>Plan</b>	<input type="text"/>	<b>Option</b>	<input type="text"/>
<b>Dividend Frequency</b> (please ✓)	<input type="text"/>	<b>Dividend Mode</b> (please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout

\* Please refer the Snapshot table on page no. 12 for the Plans available in respective Scheme.

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.)	<input type="text"/>	DD Charges if any (Rs.)	<input type="text"/>	Net Amount (Rs.)	<input type="text"/>	
Mode of Payment	<input type="text"/>	Cheque / DD No.	<input type="text"/>	Dated	<input type="text"/>	
<i>Strike out whichever is not applicable.</i>						
Drawn on Bank	<input type="text"/>				City	<input type="text"/>
Branch	<input type="text"/>					

**Account Type** (Please ✓)  SAVINGS  CURRENT  NRE  NRO  FCNR

Separate Cheque / Demand Draft Fund Transfer instruction required for investment in each Scheme / Plan. **Cheques / Demand Drafts to be drawn in favour of the Scheme applied for.**

**SIP ENROLLMENT DETAILS**

Amount per Installment Rs. <input type="text"/>	Enrolment Period From <input type="text"/> To <input type="text"/>	<b>SIP Date</b> (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st
		<b>Frequency</b> (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates

**PAYMENT MECHANISM**

**Option I** : Through Cheques Total Cheques  Cheque Nos. From  To

Drawn on Bank  Branch

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

**DIRECT CREDIT FACILITY FOR REDEMPTION / DIVIDEND**

Deutsche Mutual Fund directly credits the Dividends / Redemption into the investor Bank Account in case the account is with ICICI Bank Ltd. / HDFC Bank Ltd. / Axis Bank / Standard Chartered Bank / IDBI Bank / Deutsche Bank / Citi Bank / HSBC Bank / IndusInd Bank.

I / We understand that the instruction to the bank for Direct Credit / ECS 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 cheque in case it is not possible to make payment by DC/ECS. Please (✓) your choice below:

I/We wish to receive redemption / dividend through ECS OR  I/We want to receive redemption / dividend proceed by Cheque/Demand Draft

**NOMINATION - See page no. 15 & 16**

Investors who wish to opt for nomination can fill up the separate Nomination Form given on page no. 15.

Nomination Form is enclosed (Please ✓)  Yes  No

**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. 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 for 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. \*\*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 NRI. \*\* Applicable to persons mandated by SEBI to obtain Unique Identification Number.

If NRI Please (✓)  Repatriation basis  Non-repatriation basis Date

**SIGNATURE/S**

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

**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.**

**INVESTOR SERVICE CENTRES (customercare@karvy.com)**
**KARVY INVESTOR SERVICE CENTRES**

**Ahmedabad** ☎ 079 - 26402967 / 32997687 / 26400527 / 28 **Aurangabad** ☎ 0240 - 2363530 / 517 / 523 / 524 **Bangalore** ☎ 080 - 25320085  
**Bhubaneshwar** ☎ 0674 - 2547533 / 2547532 / 33 **Chandigarh** ☎ 0172 - 5071726 / 5071727 / 5071728 **Chennai** ☎ 044 - 28277383 / 42028512 / 13 **Cochin** ☎ 0484 - 4011885 / 4010224 / 2310884 **Coimbatore** ☎ 0422 - 4384770 / 4382770 **Guwahati** ☎ 0361 - 2608122 / 2608016 / 2608102 **Hyderabad** ☎ 040 - 23312454 Extn. 124  
**Indore** ☎ 0731-3243601 / 05 **Jaipur** ☎ 0141 - 2363321 / 2375039 / 2364660 **Jamshedpur** ☎ 0657 - 2487045 / 2487048 **Kanpur** ☎ 0512 - 3296000 / 3293222  
**Kolhapur** ☎ 0231 - 2520650 / 55 **Kolkata** ☎ 033 - 24659267 / 24659263 / 39518643 **Lucknow** ☎ 0522 - 3949039 / 2236819 / 20 / 21 **Mumbai** ☎ 022 - 66341967 / 66341966 / 65266155 **Nagpur** ☎ 0712 - 5610513 / 5612374 / 75 **Nasik** ☎ 0253 - 6602542 / 43 / 44 **New Delhi** ☎ 011 - 43681700 **Panjim** ☎ 0832 - 3950660 / 2426871 / 72 / 73 / 74  
**Patna** ☎ 0612 - 2321354 / 55 / 56 **Pune** ☎ 020 - 25533795 / 3592 / 2783 / 9957 **Rajkot** ☎ 9328244392 **Surat** ☎ 0261 - 3067166 / 167 **Trivandrum** ☎ 0471 - 2725987 / 2725989 / 2725991 **Vadodara** ☎ 0265 - 2225210 / 3243293 **Visakhapatnam** ☎ 0891 - 2513362 / 2752915 / 16 / 17 / 18.