



BROKER INFORMATION			
BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIIN)	SUB-BROKER CODE

Application No. \_\_\_\_\_

Application Date & Time \_\_\_\_\_

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian      Second Applicant      Third Applicant      Power of Attorney Holder

**1 TRANSACTION CHARGES** (Please refer instructions and tick any one)  
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.  
 I am a First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.)       I am an Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)

**2 EXISTING FOLIO NUMBER** \_\_\_\_\_ Existing Investors - Please fill in Sections 1, 14, 15,16 and 19 only    KYC \*\*     Yes     No.

**3 UNIT HOLDER INFORMATION**  
Name of the First Applicant / Corporate Investor \_\_\_\_\_ Date of Birth/Incorporation\* 

D	D	M	M	Y	Y
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 Age (No. of years) 

Y	Y
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Mr/ Ms/ M/s/ Dr/ Minor \_\_\_\_\_  
PAN (mandatory)<sup>SS</sup> \_\_\_\_\_ Enclosed (Please ✓)  PAN Proof<sup>SS</sup>  KYC Letter\*\*    Nationality  Indian  Other \_\_\_\_\_ (Refer instruction related to PAN & KYC)  
Annual Income\* (Please ✓)     Rs. 0 - 5 lacs     Rs. 5 - 25 lacs     Rs. 25 lacs - 1 crore     Rs. 1 - 5 crore     Rs. 5 crore & above    Source of Income : \_\_\_\_\_  
Name of the Second Applicant    Mr/ Ms/ M/s/ Dr \_\_\_\_\_  
PAN (mandatory)<sup>SS</sup> \_\_\_\_\_ Enclosed (Please ✓)  PAN Proof<sup>SS</sup>  KYC Letter\*\*    Nationality  Indian  Other \_\_\_\_\_ (Refer instruction related to PAN & KYC)  
Name of the Third Applicant    Mr/ Ms/ M/s/ Dr \_\_\_\_\_  
PAN (mandatory)<sup>SS</sup> \_\_\_\_\_ Enclosed (Please ✓)  PAN Proof<sup>SS</sup>  KYC Letter\*\*    Nationality  Indian  Other \_\_\_\_\_ (Refer instruction related to PAN & KYC)  
Name of the Guardian (in case of a minor)/Name of the Power of Attorney Holder.  
Mr/ Ms/ M/s/ Dr \_\_\_\_\_  
PAN (mandatory)<sup>SS</sup> \_\_\_\_\_ Enclosed (Please ✓)  PAN Proof<sup>SS</sup>  KYC Letter\*\*    Nationality  Indian  Other \_\_\_\_\_ (Refer instruction related to PAN & KYC)

**4 STATUS OF FIRST APPLICANT\***     Resident Individual     Bank     HUF     Proprietor     Minor     Society     FII     Partnership Firm  
 NRI     PIO     Trust     Company     Other \_\_\_\_\_

**5 MODE OF OPERATION\***     Single     Joint     Anyone or Survivor    **6 If NRI\* (Please ✓)**     Repatriation basis     Non-repatriation basis

**7 If COMPANY IS LISTED\***     Yes     No    **8 ARE YOU POLITICALLY EXPOSED PERSON?\***    First Holder     Yes     No    Second Holder     Yes     No    Third Holder     Yes     No

**9 LIST OF DOCUMENTS SUBMITTED\*** (in case of company)     Memorandum of Association / Article of Association     Board Resolution     List of Authorised Signatory

**10 OCCUPATION (Please ✓)**     Private Sector Service     Public Sector / Government Service     Retired     Business     Professional     Housewife  
 Student     Agriculturist     Current / Former Head of State     Forex Dealer     Other

**11 ADDRESS - FIRST APPLICANT/ GUARDIAN/CORPORATE\***  
Contact Person (In case of Non Individual Investor) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Pin Code \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**12 OVERSEAS ADDRESS\*** (Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Pin Code \_\_\_\_\_ Mobile \_\_\_\_\_ Landline No. \_\_\_\_\_ Email \_\_\_\_\_

**13 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER** (PO Box address is not sufficient)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Pin Code \_\_\_\_\_ Mobile \_\_\_\_\_ Landline No. \_\_\_\_\_ Email \_\_\_\_\_

**14 \*In case the INVESTOR is NOT an INDIVIDUAL, please provide Ultimate Beneficial Owner (UBO) details (Refer to point 11 under General Information on page 28). If there is NO UBO, please declare that the entity does not have anyone holding beneficial interest.**

List of UBOS				Directors/Partners/Trustees/Karta of HUF			
Name	Date of Birth	PAN No.	Nationality	Name	Date of Birth	PAN No.	Nationality

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

**15 MODE OF CORRESPONDENCE** (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive hard copy communication are requested to leave the e-mail id blank)  
 I/ We wish to receive all communication through physical mode in lieu of email.

**16 BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT** (Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)  
Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Account No. \_\_\_\_\_  
Account Type     Current     Savings     NRO     NRE     FCNR     Others \_\_\_\_\_  
MICR code\* \_\_\_\_\_ IFSC code\*\* \_\_\_\_\_

\*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.)

\*\* w.e.f. 01 January, 2011, KYC shall be mandatory for all investors irrespective of the amount of investments in Mutual Fund.      \* 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.



**17 INVESTMENT DETAILS**

Scheme Name

Plan (Please ✓)  Regular Plan  Institutional Plan  Super Institutional Plan  Direct Plan  Option (Please ✓)  Growth  Dividend  Bonus  
 Dividend/Bonus Frequency (Please ✓)  Daily  Weekly  Fortnightly  Monthly  Quarterly  Half Yearly  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 subscribes 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 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.

**19 DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (REQUIRED)**

NSDL  OR CDSL   
 Depository Participant (DP) ID  Depository Participant (DP) ID   
 Beneficiary Account Number  & Beneficiary Account Number   
 (If the name of the applicant in this application is not identical with the Beneficiary Account details with the above mentioned DP, the application will be treated as incomplete and is liable to be rejected.)

**20 NOMINATION DETAILS**

I / We do hereby \_\_\_\_\_ nominate the under mentioned person to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Nominee's Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

In case Nominee is a Minor  
 Name of Guardian \_\_\_\_\_  
 Address of Guardian \_\_\_\_\_  
 Date of Birth       Signature of Guardian \_\_\_\_\_  
 In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

**21 OTHER DETAILS\***

*Individuals*  
 Gross Annual Income Details (please specify): Income Range per annum:  
 Below Rs 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  >25 Lacs  
 OR Net-worth as on (date) \_\_\_\_\_ (Net worth should not be older than 1 year)  
 Occupation (please ✓ any one and give brief details):  Private Sector  Public Sector  
 Government Service  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Others \_\_\_\_\_  
 Please tick, if applicable:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 Any other information: \_\_\_\_\_

*Non Individuals*  
 Gross Annual Income Details (please specify): Income Range per annum:  
 Below Rs 1 Lac  1-5 Lac  5-10 Lac  10-25 Lac  25 Lacs-1 crore  > 1 crore  
 Net-worth as on (date) \_\_\_\_\_ (dd/mm/yyyy): \_\_\_\_\_ (\*Net worth should not be older than 1 year)  
 Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  
 Any other information: \_\_\_\_\_

**22 US / NON-US PERSON DECLARATION FOR INDIVIDUALS (FATCA)\***

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Deutsche Asset Management (India) Pvt Ltd, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Deutsche Asset Management (India) Pvt Ltd reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Deutsche Asset Management (India) Pvt Ltd within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Deutsche Asset Management (India) Pvt Ltd in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

Foreign Account Tax Compliance Act related information of the Sole/Primary Applicant (Please refer instructions):-  
 If you are a US person or tax-payer, please tick (✓) this box and provide your TIN (Tax-payer Identification Number) below or attach a W9 form  
 US TIN  -  -  (OR) W9 Form attached (Please ✓)  Country Residence   Country of Birth

First Holder Signature\* \_\_\_\_\_ Second Holder Signature\* \_\_\_\_\_ Third Holder Signature\* \_\_\_\_\_

**23 DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Statement of Additional Information / 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. I/We declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction.

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.

Date:

First / Sole Applicant / Guardian  Second Applicant  Third Applicant  Power of Attorney Holder

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FlIs	NRIs	Investments through POA
	1	Resolution / Authorisation to invest		✓	✓	✓	✓	✓		✓
	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
	3	Memorandum & Articles of Association		✓						
	4	Trust Deed			✓					
	5	Bye-Laws				✓				
	6	Partnership Deed					✓			
	7	Notarised Power of Attorney								✓
	8	Account Debit Certificate in case payment is made by DD from NRE/FCNR A/c where applicable						✓	✓	
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted)	✓	✓	✓	✓	✓	✓	✓	✓
	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public/Partner as applicable. Originals will be handed over after verification.

In compliance with SEBI circular no. Cir/IMD/DF/13/2011 dated August 22, 2011, CIR/IMD/DF/21/2012 dated September 13, 2012 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. The distributors shall also have the option to opt in or opt out of levying transactions charges based on the type of product. 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: i. For existing mutual fund investors, an amount of Rs.100/- per subscription of Rs.10,000/- and above. ii. 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/- iv. There shall be no Transaction Charge on transactions other than purchases/ subscriptions relating to new inflows. v. Such amount shall be deducted by the AMC from the subscription amount and paid to 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.