TRANSACTION SLIP F				xisting investors only)	l	
Please use separate transaction slip for each scheme. To be filled in CAPITAL LETTERS. DISTRIBUTOR / BROKER INFORMATION					Deutsche As & Wealth M	
Broker Name & ARN	Sub Broker ARN	Employee Unique Ide	entification Number	Sub Broker Code	Folio/Accou	-
					Follo/Accou	
I/We hereby confirm that the I	UIN box has been intention	ally left blank by me/us	as this transaction is ex	ecuted without any inter	action or advice by the en	e service rendered by the distrib ployee/ relationship manager/sa rson of the distributor/sub broke
First / Sole Applicant / Gua	rdian Se	econd Applicant		Third Applicant	Powe	er of Attorney Holder
ame of First/Sole Unitholder:						
cheme					Plan	
otion			Dividend/Bonus	. ,		
Ne would like to apply for A. ADDITIONAL PURCHASE	ADDITIONAL PURCH	IASE (fill section - A 8	& B) REDEMPTI	ON (fill section - C)	SWITCH (fill section	n - D)
	ue/DD RTGS/NEFT	Transfer		nstrument No.	UTR No. (in case	e of RTGS/NEFT)
Bank Name:				Branch:		
(in figures)		₹ (in words)				
B. DEMAT ACCOUNT DETAI	LS	NS	SDL CD	SL (Tick approp	riate box)	
Depository Participant Name						
epository Participant (DP) II . REDEMPTION	):		Beneficiary A	Account Number		
cheme					Plan	
ption			Dividend/Bonus	Frequency		
All units OR No. of		₹ (in figures)		₹ (in words)		
lease Note: If the balance in . SWITCH	your folio is less than thi	s redemption request,	, all units or entire ba	lance shall be redeem	ed.	
cheme					Plan	
ption			Dividend/Bonus	Frequency		
All units OR No. of	units OR	₹ (in figures)		₹ (in words)		
o		Scheme Name	7		Plan	
Declaration			Dividend/Bonus	Frequency		
in making this investment. T be paid directly by the invest I/We hereby confirm that I/w IGN HERE	he money invested in the or to the AMFI registered e have not been offered/	e schemes is through distributor based on communicated any in	legitimate sources a the investors' assess dicative portfolio and	nd is not in contravent sment of various factor d/or any indicative yield	tion of any prevailing la s including the service d for this investment.	
	t applicant/Guardian/ horised Signatory		pplicant	3rd applic		Power of Attorney Holder
		— — — — —				
CKNOWLEDGEMENT SLIP	(To be filled by the invest	or)			Folio No:	
ame:					Date	e:
eceived Request for	ADDITIONAL PURCHASE					
cheme			Plan		Option	
(in figures)	₹	(in words)				
REDEMPTION All u	nits 🗌 No. of un	ts	₹ (in	figures)		
₹ (in wo	rds)					
Scheme	)				Plan	
Option		Div	idend/Bonus Freque	ncy		
SWITCH From		(Scl	heme Name)			
Plan			Option			
☐ All units	No. of units		₹ (in	figures)		
₹ (in words)		L				Stamp & Signature
From		(20)	heme Name)			
Plan			Option			Deutsche Asset
						& Wealth Management