

SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM

Application No. _____

Please use separate Form for SIP / SWP / STP for investing in each Scheme / Plan

Broker Name & ARN	Sub-Broker ARN	Registrar Serial No.	Date								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">d</td> <td style="width:10%; text-align:center;">d</td> <td style="width:10%; text-align:center;">m</td> <td style="width:10%; text-align:center;">m</td> <td style="width:10%; text-align:center;">y</td> <td style="width:10%; text-align:center;">y</td> <td style="width:10%; text-align:center;">y</td> <td style="width:10%; text-align:center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				

APPLICANTS' INFORMATION (Please fill in Block Letters)	
Name of Sole / First Applicant	
PAN _____ or (please ✓) <input type="checkbox"/> Form 60 / 61 attached	
Name of Second Applicant	
PAN _____ or (please ✓) <input type="checkbox"/> Form 60 / 61 attached	
Name of Third Applicant	
PAN _____ or (please ✓) <input type="checkbox"/> Form 60 / 61 attached	
Name of Guardian (in case of Sole / First Applicant is a Minor)	
PAN _____ or (please ✓) <input type="checkbox"/> Form 60 / 61 attached	

Scheme Name	Folio No. (for existing Unit holder)
Plan	Investment Option

SYSTEMATIC INVESTMENT PLAN (SIP)						
Mode of SIP (please ✓) <input type="checkbox"/> Cheques <input type="checkbox"/> SIP Auto Debit Facility (In case of SIP through Auto Debit Facility attached SIP Auto Debit form needs to be filled up.)						
Period of Enrolment	FROM		TO	Frequency (Please ✓)	No. of Transactions	
	d	d	d	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates	_____	
	d	d	d			
Cheque Number(s)	Dated (7th / 15th / 21st of every month/quarter as applicable)		Amount (Rs.)	Cheque Number(s)	Dated (7th / 15th / 21st of every month/quarter as applicable)	
1.				7.		
2.				8.		
3.				9.		
4.				10.		
5.				11.		
6.				12.		
Total Cheques	Total Amount Rs.		Drawn on Bank & Branch			

SYSTEMATIC WITHDRAWAL PLAN (SWP)	
Withdrawal Options (Please ✓) (Refer instruction No. 5)	Withdrawal Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> Fixed Amount (Rs.) _____ <input type="checkbox"/> Capital Appreciation	Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st
	Period of Enrolment FROM _____ TO _____

SYSTEMATIC TRANSFER PLAN (STP)					
Transfer From			Transfer To		
Scheme			Scheme		
Plan	Option		Plan	Option	
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates		Transfer Options (Please ✓) (Refer instruction No. 6)			
Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st		Fixed Amount (Rs.) _____	OR Capital Appreciation _____	OR Dividend* _____	
		Period of Enrolment FROM _____ TO _____ * Subject to minimum of Rs.1000/-			

DECLARATIONS & SIGNATURE/S							
<p>I/We have read and understood the contents of the Offer 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/STP/SWP 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. **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 persons mandated by SEBI to obtain Unique Identification Number.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center; font-weight: bold;">SIGNATURE/S</td> <td>First / Sole Applicant / Guardian</td> </tr> <tr> <td></td> <td>Second Applicant</td> </tr> <tr> <td></td> <td>Third Applicant</td> </tr> </table>	SIGNATURE/S	First / Sole Applicant / Guardian		Second Applicant		Third Applicant
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	Second Applicant						
	Third Applicant						

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)		Application No. _____
Received from Mr./Ms./M/s. _____ an application for following enrolment (Please ✓ and filled in) in the Scheme _____		
<input type="checkbox"/> SIP	Total Amount Rs. _____ Cheque Nos. From _____ To _____ drawn on _____ on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.	ISC Stamp & Signature
<input type="checkbox"/> STP	From above mentioned Scheme to Scheme / Plan / Option _____ Total Amount Rs. _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.	
<input type="checkbox"/> SWP	Total Amount Rs. _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.	

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