

Deutsche Mutual Fund

SYSTEMATIC INVESTMENT PLAN (SIP) FORM

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

Deutsche Asset Management
A Member of Deutsche Bank Group



BROKER INFORMATION	
Broker Name & ARN	Sub-Broker ARN
Neerav S Parekh ARN - 36250	

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Common Application Form No. (for New Investor)
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SIP AUTO DEBIT (ECS) FACILITY FORM Registration cum Mandate Form for ECS (Debit Clearing)

<input type="checkbox"/> New SIP Registration - by existing investor	<input type="checkbox"/> Change in Bank Account for an existing investor with DMF	<input type="checkbox"/> New SIP Registration - by new investor (Also attach the new Application Form duly filled & signed)
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Please read the Terms & conditions for ECS on page 19

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 <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Bank Name	(Please ✓) <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Bank City	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			
	First/Sole Account Holder	Second Account Holder	Third Account Holder	As in Bank Records

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP Application No.

Collection Centre Stamp & Signature

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

SYSTEMATIC TRANSFER PLAN (STP)/SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM

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

BROKER INFORMATION	
Broker Name & ARN	Sub-Broker ARN

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
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SYSTEMATIC TRANSFER PLAN (STP) DETAILS

Transfer From		Transfer To	
Scheme		Scheme	
Plan	Option	Plan	Option
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 ✓) (Refer instruction No. 6 on page 19) Fixed Amount (Rs.) per installment		OR Capital Appreciation <input type="checkbox"/> OR Dividend* <input type="checkbox"/>	
Period of Enrollment From m m y y y y To m m y y y y		* Subject to minimum of Rs. 1000/-	

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme	Plan
Option	Sub-option
Withdrawal Options (Please ✓) (Refer instruction No. 5 on page 19) <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 m m y y y y To m m y y y 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

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s. _____ an application for following enrolment (Please ✓ and filled in)

<input type="checkbox"/> STP	From the Scheme _____ Plan _____ Option _____	Collection Centre Stamp & Signature
	To the Scheme _____ Plan _____ Option _____	
	Total Amount (Rs.) _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis <input type="checkbox"/> Weekly	
<input type="checkbox"/> SWP	From the Scheme _____ Plan _____ Option _____	
	Total Amount (Rs.) _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis	