



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. <input type="checkbox"/> I am a First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.) <input type="checkbox"/> I am an Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)																																											
2 EXISTING FOLIO NUMBER <input type="text"/> Existing Investors - Please fill in Sections 1, 14, 15,16 and 19 only KYC ** <input type="checkbox"/> Yes <input type="checkbox"/> No.																																											
3 UNIT HOLDER INFORMATION Name of the First Applicant / Corporate Investor _____ Date of Birth/Incorporation* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age (No. of years) <input type="text"/> <input type="text"/>																																											
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Annual Income* (Please ✓) <input type="checkbox"/> Rs. 0 - 5 lacs <input type="checkbox"/> Rs. 5 - 25 lacs <input type="checkbox"/> Rs. 25 lacs - 1 crore <input type="checkbox"/> Rs. 1 - 5 crore <input type="checkbox"/> Rs. 5 crore & above Source of Income : _____																																											
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4 STATUS OF FIRST APPLICANT* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Bank <input type="checkbox"/> HUF <input type="checkbox"/> Proprietor <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> Partnership Firm <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other _____																																											
5 MODE OF OPERATION* <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor 6 If NRI* (Please ✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-repatriation basis																																											
7 If COMPANY IS LISTED* <input type="checkbox"/> Yes <input type="checkbox"/> No 8 ARE YOU POLITICALLY EXPOSED PERSON?* First Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
9 LIST OF DOCUMENTS SUBMITTED* (in case of company) <input type="checkbox"/> Memorandum of Association / Article of Association <input type="checkbox"/> Board Resolution <input type="checkbox"/> List of Authorised Signatory																																											
10 OCCUPATION (Please ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector / Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Current / Former Head of State <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____																																											
11 ADDRESS - FIRST APPLICANT/ GUARDIAN/CORPORATE* Contact Person (In case of Non Individual Investor) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																											
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																											
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13 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER (PO Box address is not sufficient) Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																											
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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.																																											
<table border="1"> <thead> <tr> <th colspan="4">List of UBOS</th> <th colspan="4">Directors/Partners/Trustees/Karta of HUF</th> </tr> <tr> <th>Name</th> <th>Date of Birth</th> <th>PAN No.</th> <th>Nationality</th> <th>Name</th> <th>Date of Birth</th> <th>PAN No.</th> <th>Nationality</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				List of UBOS				Directors/Partners/Trustees/Karta of HUF				Name	Date of Birth	PAN No.	Nationality	Name	Date of Birth	PAN No.	Nationality																								
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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) <input type="checkbox"/> 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																											
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** w.e.f. 01 January, 2011, KYC shall be mandatory for all investors irrespective of the amount of investments in Mutual Fund. * MANDATORY FIELDS
^{SS}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.	
ISC Stamp & Signature	

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.