

SYSTEMATIC INVESTMENT PLAN AUTO DEBIT FACILITY FORM

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

BROKERAGE INFORMATION	
Broker Name & ARN	Sub-Broker ARN

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.

SIP AUTO DEBIT (ECS) FACILITY FORM Registration cum Mandate Form for ECS (Debit Clearing)

Folio No. (for existing Unit holder) Please read the Terms & conditions for ECS overleaf

- New SIP Registration - by existing investor
 Change in Bank Account for an existing investor with DMF
 New SIP Registration - by new investor (Also attach the new Application Form duly filled & signed)

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.	<input type="text"/>
Bank Name	<input type="text"/>
Bank City	Pin Code <input type="text"/>
Branch Address	<input type="text"/>
Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____
MICR Code	IFSC Code <input type="text"/>

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	<input type="text"/>
	Second Account Holder	<input type="text"/>
	Third Account Holder	<input type="text"/>

As in Bank Records

Please turn overleaf for instructions.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP Application No.

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

ISC Stamp & Signature