

BROKER INFORMATION			
BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)	Application No.
ARN - 30156			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.

1. EXISTING FOLIO NUMBER KYC Yes No. Common Application Form No. (for New Investor)

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

3. SIP/ENROLLMENT DETAILS

Scheme Name

Plan (Please ✓) Regular Plan Institutional Plan Super Institutional Plan Option (Please ✓) Growth Dividend Bonus

Dividend Frequency (Please ✓) Daily Weekly Fortnightly Monthly Quarterly Annual Dividend Mode (Please ✓) Reinvestment Payout

Amount per SIP Installment* Rs. Enrollment Period From M M Y Y Y Y To M M Y Y Y Y

SIP Frequency (Please ✓) Monthly Quarterly Weekly SIP Dates (Please ✓) 7th 15th 21st 28th

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.

Micro SIPs (Please ✓) (Investment of equal to or less than Rs. 50,000/- per annum under SIP registration) (Required only in case of PAN not provided.)

	Photo Identification Document Type (Mandatory)	ID Card No. / Reference No.
1st Applicant		
2nd Applicant		
3rd Applicant		

4. 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 style="width: 95%;" type="text"/>	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRD <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____
Bank Name	<input style="width: 80%;" type="text"/>	Bank City <input style="width: 100px;" type="text"/> PIN Code <input style="width: 50px;" type="text"/>
Branch Address	<input style="width: 95%;" type="text"/>	
MICR Code	<input style="width: 150px;" type="text"/>	IFSC Code <input style="width: 100px;" type="text"/>

This is a 9 digit number next to your Cheque No.

5. PAYMENT MECHANISM Option I : Through Cheques Total Cheques Cheques Nos. From To

Drawn on Bank Branch

Option II : Debt through Auto Debit Facility (Tick this Box and fill up SIP Auto Debit (ECS) Facility Form). Note: The initial subscription amount and subsequent installment amounts should be the same. Completed Application Form, SIP Auto Debit Form and the first cheque should be submitted at least 21 days before the first transaction date.

6. 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 AS PER DEUTSCHE MUTUAL FUND		SIGNATURE/S AS PER BANK RECORDS	
First/Sole Account Holder	<input style="width: 95%;" type="text"/>	First/Sole Account Holder	<input style="width: 95%;" type="text"/>
Second Account Holder	<input style="width: 95%;" type="text"/>	Second Account Holder	<input style="width: 95%;" type="text"/>
Third Account Holder	<input style="width: 95%;" type="text"/>	Third Account Holder	<input style="width: 95%;" type="text"/>

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) SIP Application No. **ARN-**

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 Weekly

Collection Centre Stamp
& Signature