

Deutsche Mutual Fund

(Please read the instructions before completing this Application Form)

Application Form for

Deutsche Alpha Equity Fund • Deutsche Investment Opportunity Fund
Deutsche Premier Bond Fund • Deutsche MIP Fund

Application No.

BROKERAGE INFORMATION & APPLICATION DATE (Not to be filled in by the Applicant)

Broker Name & ARN	Sub-Broker ARN	Registrar Serial No.	Application Date
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EXISTING UNITHOLDER INFORMATION (Please fill in your Folio No., Scheme Name and then proceed to Investment Details)

Folio No.	Scheme Name
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NEW APPLICANT INFORMATION (Please fill in Block Letters)

Name of Sole / First Applicant (leave space between first / middle / last name)		Salutation	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.
Date of Birth (First holder / Minor)		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Name of Guardian (in case of Minor)						
Contact Person (in case of Institutional Investors)						
Name of Second Applicant						
Name of Third Applicant						
Address of Sole / First Applicant (in case of NRIs / FIIs) (Please provide Overseas Address)						
City	Pin Code	State				
Office Tel.	Residence Tel.					
Fax	Mobile					
I wish to receive Quarterly Newsletter & Annual Report by e-mail at the below mentioned address :						
E-Mail**						
** Please leave the E-mail ID Blank if you wish to receive hard copy communication.						
Mode of Holding (please ✓)	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor					
Occupation (please ✓)	<input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others					
Status (please ✓)	<input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> Company <input type="checkbox"/> FIIs <input type="checkbox"/> NRI <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Partnership <input type="checkbox"/> AOP <input type="checkbox"/> Body Corporate <input type="checkbox"/> BOI <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Others					

PAN & UIN DETAILS (Mandatory, as per SEBI Regulations (See Instruction Nos. 2b and 2c)

PAN / Form 60 / 61 for an application of or above Rs. 50,000. Application without this information will be rejected		Unique Identification Number (UIN) (For Corporate Applicants)
PAN (please ✓)		
First / Sole Applicant / Guardian	or <input type="checkbox"/> Form 60 / 61 attached	
Second Applicant	or <input type="checkbox"/> Form 60 / 61 attached	
Third Applicant	or <input type="checkbox"/> Form 60 / 61 attached	

BANK ACCOUNT DETAILS Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

Name of the Bank	Branch
Address	
Account No.	Account Type [Please tick (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR

... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Deutsche Mutual Fund Registered Office : DB House, Hazarimal Somani Marg, Fort, Mumbai 400 001		Application No.
Received from Mr./Ms./M/s. _____ an application for Purchase of Units of		ISC Stamp & Signature
<input type="checkbox"/> Deutsche Alpha Equity Fund	alongwith Cheque / DD No. _____ Amount (Rs.) _____	
<input type="checkbox"/> Deutsche Investment Opportunity Fund	alongwith Cheque / DD No. _____ Amount (Rs.) _____	
<input type="checkbox"/> Deutsche Premier Bond Fund	alongwith Cheque / DD No. _____ Amount (Rs.) _____	
<input type="checkbox"/> Deutsche MIP Fund	alongwith Cheque / DD No. _____ Amount (Rs.) _____	

Date :

Please Note : All Purchases are subject to realisation of cheques/demand drafts.



INVESTMENT DETAILS Separate Cheque / Demand Draft instruction required for investment in each Scheme / Plan. Cheques / Demand Drafts to be drawn in favour of the Scheme & Plan applied for.

Scheme/Plan	Option (please ✓)	Dividend Mode (please ✓)	Amount (Rs.)	Drawn on Bank / Branch	Cheque / DD No. & Date
Deutsche Alpha Equity Fund	<input type="checkbox"/> Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			
	<input type="checkbox"/> Growth*				
Deutsche Investment Opportunity Fund	<input type="checkbox"/> Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			
	<input type="checkbox"/> Growth*				
Deutsche Premier Bond Fund	<input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout ○ Mly ○ Qly ○ Yly			
	<input type="checkbox"/> Growth*				
Deutsche MIP Fund <input type="checkbox"/> Plan A # <input type="checkbox"/> Plan B ##	<input type="checkbox"/> Monthly Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			
	<input type="checkbox"/> Quarterly Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			
	<input type="checkbox"/> Annual Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			
	<input type="checkbox"/> Growth*				

Account Type [Please (✓)] ☐ SAVINGS ☐ CURRENT ☐ NRE ☐ NRO ☐ FCNR

* In case of valid application received without indicating any choice of Options, it will be considered as Growth Option by default, for all Scheme(s) / Plan(s).

Investment upto 20% Equity ## Investment upto 10% Equity

NOMINATION (To be filled in by Individual(s) applying Singly or Jointly) – Refer Instruction No. 6

I/We do hereby nominate the person more particularly described hereunder / and / cancel the nomination made by me / us on the _____ day of _____ in respect of units held by me / us under Folio No. _____ I/We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof shall be a valid discharge by the AMC / Fund / Trustees.

Name and Address of the Nominee

City					Pin Code			State	

Nominee's relationship with the Applicant
Date of Birth of Nominee

D	D	M	M	Y	Y	Y	Y

PAN

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UIN

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If Nominee is a Minor, details of the Guardian required : Name and Address of the Guardian

City					Pin Code			State	

Guardian's relationship with the Minor Nominee
PAN

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UIN

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Signature of Guardian

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DECLARATIONS & SIGNATURE/S

I/We have read and understood the contents of the Offer 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 for 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 designated 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 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 NRI. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.

If NRI Please (✓) ☐ Repatriation basis ☐ Non-repatriation basis

Date : _____

SIGNATURE/S

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

INVESTOR SERVICE CENTRES (customercare@karvy.com)
KARVY INVESTOR SERVICE CENTRES

AHMEDABAD	☎ 079-26420422 / 26402967	KOLKATA	☎ 033-24659267 (D) / 24659263
BANGALORE	☎ 080-25320085 / 86	LUCKNOW	☎ 0522-2236828 /19
BARODA	☎ 0265-2225210 / 2225168 / 69	MUMBAI	☎ 022-56346513 (D) / 563 41967
CHENNAI	☎ 044-52028858 (D) / 52028512	NEW DELHI	☎ 011-51511627 (D)
COCHIN	☎ 0484-310884 / 322152	PUNE	☎ 020-25456890 / 870 / 4028431
HYDERABAD	☎ 040-23312454 Extn. 488 / 119		

