

## 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)

## FIRST APPLICANT'S DETAILS

Name of the First / Sole Applicant												
Application Form No.						Folio No.						
Scheme Name					Plan					Option & Sub Option		

## SIP INVESTMENT DETAILS

First investment in SIP vide a **Cheque** and subsequent investment via **Auto Debit** in select cities only (please see list of cities on reverse)

Each SIP Amount	Rs.	SIP Frequency (please ✓)		<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates		
No. of Transactions		SIP Date (please ✓)	<input type="checkbox"/> 7th* <input type="checkbox"/> 15th <input type="checkbox"/> 21st	SIP Period	From	To
					MM/YYYY	MM/YYYY

First SIP Instalment via Cheque No. (Note : Cheque should be drawn on bank, details provided below)			Dated		
(Submit at least 7 days before this SIP cheque date)					

\* In case of valid application received without indicating any choice of Option or Frequency or SIP Date, it will be considered as Growth Option or Monthly Frequency or 7th of month as SIP Date by default.

**Note : Please allow minimum one month for Auto Debit to register and start.**

## 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			
Name of the Bank			
Branch & City			
Account Number		Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
9 Digit MICR Code		◀ (Please enter the 9 digit number that appears after your cheque number)	

## DECLARATION AND SIGNATURE(S)

I/We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Deutsche Asset Management (India) Pvt. Ltd. (Investment Manager to Deutsche Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Deutsche Asset Management (India) Pvt. Ltd., about any changes in my / our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date	
------	--

SIGNATURE/S

First / Sole Applicant / Guardian	
Second Applicant	
Third Applicant	

## For Office use only (Not to be filled in by investor)

Recorded on		Scheme Code	
Recorded by		Credit Account Number	

## 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 Number

--

SIGNATURE/S

First / Sole Applicant / Guardian	
Second Applicant	
Third Applicant	
As in Bank Records	