

# Deutsche Mutual Fund

Please read the instructions overleaf before completing this Enrolment Form

## SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM

Application No.

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

|                   |                |                      |   |
|-------------------|----------------|----------------------|---|
| Broker Name & ARN | Sub-Broker ARN | Registrar Serial No. | Date  |
|                   |                |                      | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div> |

|   |  |
|---|--|
| Name of Sole / First Applicant                                    |  |
| Name of Second Applicant  |  |
| Name of Third Applicant   |  |
| Name of the Guardian (in case of First/Sole Applicant is a minor) |  |

|             |                   |                                      |
|-------------|-------------------|--------------------------------------|
| Scheme Name |                   | Folio No. (for existing Unit holder) |
| Plan        | Investment Option |                                      |

| PAN & UIN DETAILS (Mandatory, as per SEBI Regulations)   |   |
|--|---|
| <b>PAN / Form 60 / 61 for an application of or above Rs. 50,000. Application without this information will be rejected (please ✓)</b><br>First / Sole Applicant / Guardian <div></div> or <input type="checkbox"/> PAN Card Proof / Form 60 / 61 attached<br>Second Applicant <div></div> or <input type="checkbox"/> PAN Card Proof / Form 60 / 61 attached<br>Third Applicant <div></div> or <input type="checkbox"/> PAN Card Proof / Form 60 / 61 attached | <b>Unique Identification Number (UIN) (See Instruction 2c)</b><br><div></div><br><div></div><br><div></div> |

| SYSTEMATIC INVESTMENT PLAN (SIP)   |  |              |   |  |              |
|--|--|--------------|---|--|--------------|
| <b>Mode of SIP (please ✓)</b> <input type="checkbox"/> Cheques <input type="checkbox"/> SIP Auto Debit Facility (In case of SIP through Auto Debit Facility attached SIP Auto Debit form needs to be filled up.) |  |              |   |  |              |
| <b>Period of Enrolment</b> FROM <div></div> TO <div></div><br><div>d d m m y y y y</div>   | <b>Frequency (Please ✓)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates |              | <b>No. of Transactions</b><br><div></div> |  |              |
| Cheque Number(s)   | Dated (7th / 15th / 21st of every month/quarter as applicable)   | Amount (Rs.) | Cheque Number(s)                          | Dated (7th / 15th / 21st of every month/quarter as applicable) | Amount (Rs.) |
| 1.   |  |              | 7.  |  |              |
| 2.   |  |              | 8.  |  |              |
| 3.   |  |              | 9.  |  |              |
| 4.   |  |              | 10.                                       |  |              |
| 5.   |  |              | 11.                                       |  |              |
| 6.   |  |              | 12.                                       |  |              |
| Total Cheques  | Total Amount   | Rs.          | Drawn on Bank & Branch                    |  |              |

| SYSTEMATIC WITHDRAWAL PLAN (SWP)  |   |
|---|---|
| <b>Withdrawal Options (Please ✓) (Refer instruction No. 5)</b><br><input type="checkbox"/> Fixed Amount Rs. <div></div> <input type="checkbox"/> Capital Appreciation | <b>Withdrawal Frequency (Please ✓)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly<br><b>Date</b> <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st (Please ✓)<br><b>Period of Enrolment</b> FROM <div></div> TO <div></div><br><div>m m y y y y</div> |

| SYSTEMATIC TRANSFER PLAN (STP)   |        |   |        |
|--|--------|---|--------|
| <b>Transfer From</b>   |        | <b>Transfer To</b>  |        |
| Scheme   |        | Scheme  |        |
| Plan   | Option | Plan  | Option |
| <b>Transfer Frequency (Please ✓)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates<br><b>Date</b> (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st |        | <b>Transfer Options (Please ✓) (Refer instruction No. 6)</b><br>Fixed Amount Rs. <div></div> OR Capital Appreciation <div></div> OR Dividend* <div></div><br><b>Period of Enrolment</b> FROM <div></div> TO <div></div> * Subject to minimum of Rs.1000/-<br><div>m m y y y y</div> |        |

| 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 and the instructions overleaf. I/We hereby apply to the Trustees of Deutsche Mutual Fund for enrolment under the SIP/STP/SWP of the above Scheme(s)/Plan(s), as indicated above and agree to abide by the term, conditions, rules and regulations of the Scheme. 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 enrolment. I/We confirm that in the event I/We have mentioned "Not Applicable" / left the space blank against PAN in this Enrolment 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.<br>** Applicable to persons mandated by SEBI to obtain Unique Identification Number. | <b>SIGNATURE/S</b><br>First / Sole Applicant / Guardian <div></div><br>Second Applicant <div></div><br>Third Applicant <div></div> |

| ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)   |  | Application No.                                 |
|--|--|---|
| Received from Mr./Ms./M/s. _____<br>an application for following enrolment (Please ✓ and filled in) in the Scheme.   |  | <b>ISC Stamp &amp; Signature</b><br><div></div> |
| <input type="checkbox"/> <b>SIP</b> Total Amount Rs. _____ Cheque Nos. From _____ To _____<br>drawn on _____ on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.                             |  |   |
| <input type="checkbox"/> <b>STP</b> From above mentioned Scheme to Scheme / Plan / Option _____<br>Total Amount Rs. _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis. |  |   |
| <input type="checkbox"/> <b>SWP</b> Total Amount Rs. _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.  |  |   |



Deutsche Asset Management  
A Member of the Deutsche Bank Group