Amount (Rs.)

Drawn on Date

Please Note: All Purchases are subject to realisation of Cheques / Demand Drafts.

COMMON APPLICATION Please read the instructions before co		lication Form in CAPITAL Letters)		Deutsche Asset & Wealth Management
BROKER INFORMATION	ON			Application No.
BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)	SUB-BROKER CODE	
ARN-9992	L. I. I. I. I. I. I. AMEL II.			Application Date & Time
<u>-</u>	, ,			ing the service rendered by the distributor. the employee/relationship manager/sales person of the above distribu
		ded by the employee/relationship manage		
First / Sole Applicant / Guar	dian S	Second Applicant	Third Applicant	Power of Attorney Holder
EXISTING FOLIO NUMBER		Existing Investors - Please	e fill in Sections marked (✓)	KYC ** ☐ Yes ☐ No.
UNIT HOLDER INFORMATI				
Name of the First Applicant / Corporate			Date of Birth/Incorporation*	D M M Y Y Age (No. of years) Y Y
Mr/ Ms/ M/s/ Dr/ Minor				
PAN (mandatory) ^{\$\$}	Enclo	osed (Please ✓) PAN Proof ^{SS} KYC	C Letter** Nationality Indian	Other(Refer instruction related to PAN & KY
Name of the Second Applicant N	Ir/ Ms/ M/s/ Dr			
PAN (mandatory) ^{SS}	Enclo	osed (Please ✓) PAN Proof ^{SS} KYC	C Letter** Nationality Indian	Other(Refer instruction related to PAN & KY
Name of the Third Applicant Mr	/ Ms/ M/s/ Dr			
PAN (mandatory) ^{\$\$}	Enclo	osed (Please ✓) PAN Proof ^{SS} KYC	C Letter** Nationality Indian	Other(Refer instruction related to PAN & KY
Name of the Guardian (in case of a mir	nor)/Name of the Power of Attorney	Holder.		
Mr/ Ms/ M/s/ Dr				
PAN (mandatory) ^{SS}		osed (Please ✓) ☐ PAN Proof ^{SS} ☐ KYC	C Letter** Nationality Indian	Other (Refer instruction related to PAN & KY
STATUS OF FIRST APPLICA	=	lividual Bank HUF [Trust Company Oth		Society FII FPI Partnership Firm NRI
MODE OF OPERATION*			Repatriation basis Non-repatr	
		ATED TO ONE?* (Refer Point 2	? (b) (7)) First Holder Yes	No Second Holder Yes No Third Holder Yes No
ADDRESS - FIRST APPLICA		RATE*		
Contact Person (In case of Non Individ	ual Investor)			
Address City		State		Country
Pin Code	Mobile	Email		
OVERSEAS ADDRESS* (Man	datory in case of NRIs/ FIIs/FPIs) (PC	Box address is not sufficient. Investors	residing overseas & with PO Box ad	dress must provide their Indian address)
Address				
City Pin Code	Mobile	State Landline N	lo.	Country
		HOLDER (PO Box address is not suffi		, , , , , , , , , , , , , , , , , , , ,
Address	AITOMINET F			
City		State		Country
Pin Code	Mobile	Landline No.		Email
				rs/Partners/Trustees/Karta of HUF details (Refer to thave anyone holding beneficial interest.
- Soliolai III		List of Beneficiary owners/ Directors/F	•	
Name	Date of Birth	PAN No. Nationality	Residential Ad	dress Status (Director / Trustee etc.) PEP (Y/N)
If the above space is insufficient, plea	ase provide the information by way o	of an annexure, duly attested.		1
	ENCE (Where the investor has pro	ovided his e-mail id, the AMC shall send	d all communication to the investor v	ia e-mail. Investors who wish to receive hard copy communication a
requested to leave the e-mail id blank)	and an about the second second	f 1)		
I / We wish to receive all communi	<u> </u>			
	S OF FIRST / SOLE APPLI	CANT (Refer "Bank Details" under Ins		
Name of Bank City			Account No.	nch
Account Type Current	Savings NRO	□ NRE □ FCNR	Others	
MICR code*		IFSC code		
*Mandatory for dividend payout via EC	S (The 9 digit code appears on your	cheque next to the cheque number) **N	Mandatory for credit via RTGS/ NEFT	(11 digit code also found on your cheque leaf.)
* MANDATORY FIELDS				continued overleaf
ACKNOWLEDGEMEN	T SLIP (To be filled in by the In	vestor)		
		G Block, Bandra Kurla Complex, Mum	bai-400051.	Application No.
Received from Mr./Ms./M/s.	N		Di	ISC Stamp & Signature
an application for Purchase of Units of S Option	Schemealongwith Cheque / Dema	and Draft No	Plan Dated	
Opusii	aiongwith offeque / Defile	and Didit 110.	Dated	

Scheme Name			(Plana ()	Growth		Dividend					
		ung Distributor's Plan/Regular Plan □ Direct Plan Upun De ✔) □ Daily □ Regular □ Weekly □ Fortnightly □ Monthly □ (Divide	nd Mad	n (Place	se ✓) Reinvestm	ont Dovout
of a plan other than	the sir	received without indicating any choice of Options/Dividend Mode, it will be conside gle plan, then by default the units of the single plan will be allotted.	ca as Grow	шориони	JIIIVOJU	nont by o	cidait, ioi d	ii ochciii	10(3)/1 10	ings. in case the invest	or subcribes to units
✓PAYMENT (PTIC	NS									
Investment Amoun	t (Rs.)	Mode of Payment	Cheque	/ Demand [Oraft / F	und Tran	sfer		Strikeou	ut whichever is not app	licable.
Cheque / DD No.		Dated		unt No.	П						
Drawn on Bank						Branch				 	
				7	٣	_	1				
City		Account Type (Please ✓) Savings □ Cu			∐ NR		JFCNR	LJ Ot	hers		
		nd Transfer instruction required for investment in each Scheme / Plan. Cheque / DD	to be drawn	in favour of	the Sc	neme app	lied for.				
✓ DEMAT ACC	COUN	IT DETAILS OF FIRST / JOINT APPLICANT(S)									
NSDL		OR CDSL									
Depository Participant (DP) ID	1 1	Deposite Dep		1 1	1	1 1	1 1	1 1	1		1 1 1 1
	& Reneficiary Account Number										
Beneficiary Accour		er	,								
(If the name of the	applica	nt in this application is not identical with the Beneficiary Account details with the abo	ve mentione	ed DP, the ap	oplication	on will be	treated as i	ncomple	te and	is liable to be rejected.)	
NOMINATION	I DET	AILS									
I/We do hereby		nominate the under mentioned person to receive the	In case Nor	ninee is a M	inor						
		his folio no. in the event of my / our death. I / We also understand that all payments uch Nominee, and signature of the Nominee acknowledgment receipt thereof shall	Name of Gu	ardian							
		AMC / Mutual Fund / Trustee.	Address of 0	Guardian							
ŭ	,										
Nominee's Name _											
Relationship			Date of Birth		MIM	YY	Signature	of Guard	lian		
Address										tion (maximum 3 nom	inees) forms Extra
										r or from the AMC web	
OTHER DETA	ILS*										(* Mandatory)
Individuals			Non Ind	aleuhivil							(,
	ne Deta	ils (please specify): Income Range per annum:) - 4 - !I - /		: £ A. I	D			
		-5 Lac 5-10 Lac 10-25 Lac >25 Lacs		ual Income [Bs 1 Lac [nnum: 25 Lacs-1 crore	l > 1 crore
OR Net-worth as	on (date)(Net worth should not be older than 1 year)	_	_			_	_	_	_	•
Source of Income			Net-worth than 1 year				(dd/mm/yy)	/y): () (*Net worth	should not be older
Occupation (please	✓ any	one and give brief details): Private Sector Public Sector									
		Business Professional Agriculturist Retired	Nature of Business Source of Income								
		nt Others	Source of I	ncome							
Any other information	on:										
√FOR DETAIL	S OF	TAX RESIDENCY REFER POINT 12 & COMPLETE SEPERAT	E FORM	. UBO DI	ETAIL	S NEE	D TO BE	PRO\	/IDE	ONCE ONLY#	(#Mandatory)
√DECLARATI	ON A	ND SIGNATURES									
I/We have read and	d under	stood the contents of the Statement of Additional Information / Scheme Informatio	n Documen	t(s) of the re	spectiv	e Schem	e(s) of Deut	sche Mu	ıtual Fu	ınd. I/We hereby apply	to the Trustees of
		allotment of Units of the Scheme(s) of Deutsche Mutual Fund, as indicated above and									
) and I/We have not received nor been induced by any rebate or gifts, directly or indir ne funds of subscription have been remitted form abroad through normal banking cha									
		amount being invested has been derived from legitimate sources and is not held o									
		to sign this Application Form. I/We confirm that in the event I/We have mentioned "									
		s of the Income Tax Act, 1961. In the event "Know Your Customer" process, Tax Res cheme, in favour of the applicant at the applicable NAV on the date of such redemp									
		our KYC information as required under the law or requirements under your policies.									
		eeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I/We hereby cont									
		sed to me/us all the commissions (in the form of trail commission or any other mo	de), payable	to him for	the diffe	erent con	peting Sch	emes of	various	s Mutual Funds from a	mongst which the
Scheme is being re	comme	nded to me/us.							¬ г		
Data: D D M	L NA I	First / Sole Applicant / Guardian Secon	d Applicant			Thir	d Applicant		J L	Power of Attorney	Holdor
Date: D D N	I IVI	Filst/ Sole Applicant/ dualdian Secon	и Аррисант			111110	и Аррисант			rower of Attorney	noidei
CHECKLIST Docu	ıments	as listed below are to be submitted along with the Application Form (as application Form (as application Form)									
Document submitted	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership	FIIs/FPIs	NRIs	Investments through POA	UBO / Directors /
Kindly (✓)	1	Resolution / Authorisation to invest		✓	1	/	Firms	√		FUA ✓	Trustee
	2	List of Authorised Signatories with Specimen Signature(s)		✓	1	✓	✓	√		√	
	3	Memorandum & Articles of Association		✓							
	4	Trust Deed		-	✓	✓					
	5	Bye-Laws Partnership Deed		+		, ,	✓				
	7	Notarised Power of Attorney								✓	
	8	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicable		<u> </u>	L .	ļ ,		√	√		
	9	PAN Proof (not required for existing investors)	√	√	√	√	√	√	√	✓	√
	10	KYC acknowledgment letter (required if not already submitted) Copy of cancelled cheque	√	✓	✓	✓	✓	✓	✓ ✓	✓	
		Details under FATCA/Foreign Tax Law	√	✓	▼	✓	✓	√	V	→	
	13	Proof of Identity									✓
A.II. I.		Proof of Address	1				15				✓
All documents in 1	to 6 ab	ove should be originals or true copies certified by the Director/Trustee/Company Sec	etary/Autho	rised Signat	ory/Not	ary Public	Partner as	applicab	oie. Orig	ginals will be handed ov	ver atter verification.

In compliance with SEBI circular no. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, CIR/IMD/DF/21/2012 dated September 13, 2012 and amendments if any, the AMC may deduct Transaction Charge for subscriptions made through distributors of mutual funds. Such Transaction Charge collected by the AMC will be paid to the distributor/ARN Holder (who have 'opted in' to receive the transaction charges) through whom the investment has been made. The distributors shall also have the option to opt in or opt out of levying transactions charges based on the type of product. However, no Transaction Charges will be imposed for investments made directly with the Fund. Transaction Charge shall be subject to the following as well as amendments that may be made from time to time: i. For existing mutual fund investors, an amount of Rs. 100/- per subscription of Rs. 10,000/- and above. ii. For a new investor investing for the first time in mutual funds, an amount of Rs. 150/- per subscription of Rs. 10,000/- and above. iii. There shall be no Transaction Charge on subscription below Rs. 10,000/- iv. There shall be no Transaction charge on subscription amount and paid to the distributor; and the balance amount shall be invested under the Scheme and units allotted accordingly. vi. The Statement of Account sent to the Unit holder shall state gross subscription less transaction charge and also show the number of units allotted against the net investment.

Deutsche Mutual Fu	FORM	(Please f	ill in the App	plication For	m in CAPIT	AL Letters)					Deutsche Asset & Wealth Management	/
Please read the instructions before con BROKER INFORMATION		o whhiicg	uon Fuill)							Application	<u> </u>	
BROKER NAME & ARN		B-BROKER	ARN		MPLOYEE I		SI	JB-BROKE	R CODE	Application N	U.	_
ARN-9992						UMBER (EUIN)					Application Date & Time	
pfront commission shall be paid directl IWe hereby confirm that the EUIN b Jb broker or notwithstanding the advice	ox has been	intentiona	ally left blank	k by me/us as	this transac	ction is execute	d without a	ny interact	tion or advice l	by the employee/	e rendered by the distributor. relationship manager/sales person of the	e above distributo
First / Sole Applicant / Guard	dian			Second App	_				rd Applicant		Power of Attorney Hold	ler
EXISTING FOLIO NUMBER					Existing	Investors - Pleas	e fill in Sed	ctions mar	ked (✓)	KYC **	Yes No.	
UNIT HOLDER INFORMATION							D-4-	of Divide floo		وارداءاء	(1 × 1 × 1 A (N) = -f V 2	
Name of the First Applicant / Corporate Mr/ Ms/ M/s/ Dr/ Minor	Investor	1 1	1 1	1 1 1	1 1	1 1 1	Date	of Birth/in	corporation* [DDMN	/ Y Y Age (No. of years) Y Y Y Y Y Y Y Y Y	
PAN (mandatory) ^{\$\$}			Enc	closed (Pleas	L e.✔) □ PAt	N Proof ^{SS} K	C Letter**	Nationa	lity Indian	Other	(Refer instruction relation	ed to PAN & KYC
. "	r/ Ms/ M/s/ [Or									(Neier Instruction relati	
PAN (mandatory) ^{\$\$}			Enc	closed (Pleas	e ✔) □ PAľ	N Proof ^{SS} K	C Letter**	Nationa	lity Indian	Other	(Refer instruction relat	ed to PAN & KYC
Name of the Third Applicant Mr/	Ms/ M/s/ D	r				$\overline{1}$						
PAN (mandatory) ^{\$\$}			Enc	closed (Pleas	e ✔) ☐ PAI	N Proof ^{SS} K	C Letter**	Nationa	lity Indian	Other	(Refer instruction relat	ed to PAN & KYC
Name of the Guardian (in case of a min	or)/Name of	the Powe	r of Attorney	y Holder.								
Mr/ Ms/ M/s/ Dr		<u> </u>										
PAN (mandatory) ^{\$\$}			Enc	closed (Pleas	e ✔) ☐ PAî	N Proof ^{SS} K	'C Letter**	Nationa	llity Indian	Other	(Refer instruction relate	ed to PAN & KYC
STATUS OF FIRST APPLICA	ANT*	=	Resident In	ndividual Trust	Bank	HUF	Propri	etor	Minor [Society	FII FPI Partnership Firm	NRI
MODE OF OPERATION*	Cinglo				L Compa			ntion booin	Non ro	patriation basis	If COMPANY IS LISTED*	□Von □No
ARE YOU A POLITICALLY EX			· · · · · · · · · · · · · · · · · · ·				· · ·					
ADDRESS - FIRST APPLICA					OIVE: (I	ileiei i oiiit	2 (D) (7)	11131110	iuei 🗀 ies L	NO Second II	loludei L. Tes L. TNO THIII UTIOLIDEI L. L.	ies 🗀 ivo
Contact Person (In case of Non Individu								П				
Address												
City	Mobile	+		State		Emai				Country		
Pin Code OVERCEAC ADDRESS* 0.4		(NID)	(EU (ED)) (B	20.0			_		DO D			
OVERSEAS ADDRESS* (Mand	datory in cas	e of NRIS/	FIIS/FPIS) (P	O Box addre	ess is not su	ITTICIENT. INVESTO	s residing	overseas &	with PU Box	address must pr	ovide their Indian address)	
City				State						Country		
Pin Code	Mobile					Landline	No				Email	
CONTACT & ADDRESS OF	POWER	OF ATT	TORNEY	HOLDER	(PO Box ad	ldress is not suf	icient)					
Address				Ctoto			1 1			Country		
City Use City Code	Mobile			State [Landline No				Country	Email	
	NOT an I	NDIVIE	DUAL, ple	ease prov	/ide Ultir	 '		vner (U	BO)/ Direc	tors/Partner	s/Trustees/Karta of HUF deta	ails (Refer to
											yone holding beneficial inte	
				List of Be	neficiary ov	vners/ Directors	Partners/T	rustees/Ka	rta of HUF			
Name		Date of	f Birth	PAN No.		Nationality			Residential .	Address	Status (Director / Trustee etc.)	PEP (Y/N)
											,	
					_							
	+				+							
If the above space is insufficient, please	se provide th	ne informa	ation by way	of an annex	ure, duly att	tested.						
requested to leave the e-mail id blank)			·		e-mail id, the	e AMC shall ser	d all comr	nunication	to the investo	or via e-mail. Inve	estors who wish to receive hard copy or	ommunication are
I / We wish to receive all communicBANK ACCOUNT DETAILS					ofor "Deal I	Dotoile"l l	otri oti	Dlass	polone a s	of a compalled at	ogual	
VISION ACCOUNT DETAILS		31 / 3U 	LE APPL	.ICANT (R 	erer "Bank l	Details" under It	structions	. Please er	1 1 1	of a cancelled che Branch	eque)	
City City			State					Accour				
	Savings		□ NRO		E .	FCNR	Othe					
MICR code*	<u> </u>					IFSC cod	e**	\perp				
*Mandatory for dividend payout via ECS	S (The 9 digi	t code app	pears on you	ır cheque ne	xt to the che	eque number) **	Mandator	y for credit	via RTGS/ NE	FT (11 digit code	· · · · · · · · · · · · · · · · · · ·	d
* Mandatory fields 											cont	inued overleaf
ACKNOWLEDGEMEN'	T SLIP	(To be fille	ed in by the I	Investor)								

ACKNOWLEDGEM	ENT SLIP (To be filled in by the Investor)			
Deutsche Mutual Fund: Registere	ed Office: The Capital, 14th Floor, C-70, G Block, Bandra Kurla Complex, Mumbai-	400051.	Application No.	
Received from Mr./Ms./M/s				ISC Stamp & Signature
an application for Purchase of Units	s of Scheme	Plan		13C Starrip & Signature
Option	alongwith Cheque / Demand Draft No.	Dated		
Amount (Rs.)	Drawn on	Date		
Please Note: All Purchases are sub	ject to realisation of Cheques / Demand Drafts.			

✓INVESTMENT DETAILS Scheme Name	(Please ✓)				Divide	nd Mod	e (Pleas	se ✓) ☐ Reinvestme	ent Pavout
of a plan other than the single plan, then by default the units of the single plan will be allotted.								'	,
✓ PAYMENT OPTIONS									
Investment Amount (Rs.) Mode of Payment	Cheque	/ Demand D	Oraft / Fi	ınd Tran	sfer	ļ	Strikeou	it whichever is not app	licable
Cheque / DD No.		ınt No.							liodbic.
Drawn on Bank				Branch			Ť		
City Account Type (Please ✓) Savings □Cu	rrent [INRE			FCNR	Ot	hers		
Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan. Cheque / DD			the Sch						
✓ DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S)									
NSDL OR CDSL									
Depository Depository Participant (DP) ID									
	iciary Accour	nt Number							
(If the name of the applicant in this application is not identical with the Beneficiary Account details with the abo	ve mentione	d DP, the ar	plicatio	n will be	treated as in	ncomple	te and i	s liable to be rejected.)	
NOMINATION DETAILS		· '	•					, ,	
	In case Nom	ninee is a Mi	nor						
units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments	Name of Gua	ardian							
and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.	Address of G	uardian							
Nominee's Name									
Polationahia									
Address	In case of m	ore than or	ne nomi	nee, kind	ly submit n	nultiple r	ominat	tion (maximum 3 nomi or from the AMC web	nees) forms. Extra
OTHER DETAILS*	Homination	ioiiiis caii b	CODIUM	Cu mom	ino nourost	100 01 11	cgistiai	of from the Airie web	(* Mandatory)
Individuals Gross Annual Income Details (please specify): Income Range per annum: Below Rs 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac >25 Lacs OR Source of Income / Net-worth as on (date)	_	al Income E Rs 1 Lac] 1-5 La et-worth	ac 5 as on (c	-10 Lac [10-25	Lac [nnum:] 25 Lacs-1 crore m/yyyy): (•
Occupation (please ✓ any one and give brief details): ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others	Any other in	formation: _							
Any other information:									
√FOR DETAILS OF TAX RESIDENCY REFER POINT 12 & COMPLETE SEPERAT	E FORM.	UBO DE	TAIL	S NEE	D TO BE	PRO\	/IDEC	ONCE ONLY#	(#Mandatory)
We have read and understood the contents of the Statement of Additional Information / Scheme Informatio Deutsche Mutual Fund for allotment of Units of the Scheme(s) of Deutsche Mutual Fund, as indicated above and the details of the Scheme(s) and I/We have not received nor been induced by any rebate or gifts, directly or indir I/We hereby confirm that the funds of subscription have been remitted form abroad through normal banking chaus are true and correct, the amount being invested has been derived from legitimate sources and is not held on We am/are duly authorised to sign this Application Form. I/We confirm that in the event I/We have mentioned "a PAN under the provisions of the Income Tax Act, 1961. In the event "Know Your Customer" process, Tax Rest the funds invested in the scheme, in favour of the applicant at the applicable NAV on the date of such redempt shall update change to my/our KYC information as required under the law or requirements under your policies, aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I/We hereby control of the policy in the scheme is being recommended to me/us.	l agree to abiectly, in mak annels or fror r designed fc Not Applicabidency detail idency detail ion and undu I/We do not irm that whe de), payable	de by the te ing this inve in funds in m or the purpo ole" / left the s are not co ertaking suc have any e: re the EUIN	rm, condistment. ny/our Nase of coast space by space by the other existing Naspace has pace has space has	ditions, ru *I/We co RE/NRO/ Intravenin blank aga I by me/u action w /Iicro SIP as been l rent com	iles and reg infirm that I FCNR Accord any statu inst PAN in is to the sai ith such fur s which tog eft blank by peting Sch	ulations am/We bunt. I/W ute, notif this App tisfaction nds that i gether wi me/us, t	of the reare nor le herebication, of the may be the trans	elevant Scheme(s). IW Resident of Indian Nai by declare that the detai legislation, directions of Form, I am/we are not fund, IWe authorise the required by law. IWe current Micro SIP applications is an "execution as Mutual Funds from a	e have understood tionality/Origin and ils provided by me/ or of therwise and I/ a required to obtain the Fund to redeem declared that I/We cation will result in e-only" transaction. mongst which the
Date: First / Sole Applicant / Guardian Secon	d Applicant			Third	Applicant			Power of Attorney I	Holder
CHECKLIST Documents as listed below are to be submitted along with the Application Form (as application form)									
Document submitted Sr No Documents Kindly (V)	Individuals	Companies	Trusts	Societies	Partnership Firms	FIIs/FPIs	NRIs	Investments through POA	UBO / Directors / Trustee
1 Resolution / Authorisation to invest	1	√	V	√	✓	√		✓	
2 List of Authorised Signatories with Specimen Signature(s) 3 Memorandum & Articles of Association	+	√	√	✓	✓	✓		✓	
4 Trust Deed			√						
5 Bye-Laws 6 Partnership Deed	+			✓	√				
7 Notarised Power of Attorney					•			✓	
Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicab PAN Proof (not required for existing investors)	le 🗸	✓	√	√	√	√	√	√	
10 KYC acknowledgment letter (required if not already submitted)	✓	✓	√	✓	✓	✓	✓	✓	,
11 Copy of cancelled cheque	√ √	√	√	√	√ √	√	1	√	
12 Details under FATCA/Foreign Tax Law 13 Proof of Identity	+ -	· ·	'	√	✓	*	√	√	→
14 Proof of Address	<u> </u>								√ ·
All documents in 1 to 6 above should be originals or true copies certified by the Director/Trustee/Company Sec	etary/Author	rised Signat	ory/Nota	ary Public	/Partner as	applicab	le. Orig	inals will be handed ov	ver after verification.

In compliance with SEBI circular no. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, CIR/IMD/DF/21/2012 dated September 13, 2012 and amendments if any, the AMC may deduct Transaction Charge for subscriptions made through distributors of mutual funds. Such Transaction Charge collected by the AMC will be paid to the distributor/ARN Holder (who have 'opted in' to receive the transaction charges) through whom the investment has been made. The distributors shall also have the option to opt in or opt out of levying transactions charges based on the type of product. However, no Transaction Charges will be imposed for investments made directly with the Fund. Transaction Charge shall be subject to the following as well as amendments that may be made from time to time: i. For existing mutual fund investors, an amount of Rs.100/- per subscription of Rs.10,000/- and above. ii. For a new investor investing for the first time in mutual funds, an amount of Rs.150/- per subscription of Rs.10,000/- and above. iii. There shall be no Transaction Charge on subscription below Rs.10,000/- iv. There shall be no Transaction charge on transaction that paid to the distributor; and the balance amount shall be invested under the Scheme and units allotted accordingly. vi. The Statement of Account sent to the Unit holder shall state gross subscription less transaction charge and also show the number of units allotted against the net investment.

Deutsche Mutual Fund SYSTEMATIC INVESTMENT PLAN (SIP) FORM (Please use separate SIP Form for investing in each Scheme / Plan)

Deutsche Asset & Wealth Management

BROKER INFORMATI	ON							Application No.	J	
BROKER NAME & ARN	SUB-BROKER A	ARN		PLOYEE UNIQUE ATION NUMBER		SUB-BROKER CODE		Аррисацоп No.]
ARN-9992								Application Date &	Time	
pfront commission shall be paid direct I/We hereby confirm that the EUIN LIB broker or notwithstanding the advi	box has been intentional	ly left blank b	oy me/us as th	nis transaction is e	xecuted withou	t any interaction or advic	e by t	the employee/relationship manager/		bove distributo
First / Sole Applicant / Gua	rdian	S	econd Applica	ant		Third Applican	t	Powe	r of Attorney Holder	
EXISTING FOLIO NUMBE	R			☐ KYC ☐ Yes	□ No. C	ommon Application Fo	rm No	o. (for New Investor)		
SIP AUTO DEBIT (ECS) FA		egistration	n cum Mar							
		•				•	by ne	ew investor (Also attach the new Ap	plication Form duly	filled & signed
SIP/ENROLLMENT DETAI	LS							_	_	_
Scheme Name Dividend Frequency (Please ✓) Amount per SIP Installment Rs. SIP Dates (for option other than daily In case of valid application received plans/options refer to page 36.	y SIP) (Please ✓) ☐ 1st d without indicating any	choice of (SIP Freque	ly Monthly ency (Please ✓) st 28th Enr end Mode, it will	Quarterly Daily* ollment Period	Half Yearly	Annua erly Y	Weekly Perpetual Y Y To M M Y	Reinvestmen	Perpetual##
*For Daily SIP please refer to key so					-44:\			(Demined	only in any of DANI	
Micro SIPs (Please ✓) (Investm	Photo Identifi				stration)			ID Card No. / Reference No.	only in case of PAN	not provided.)
1st Applicant									-	
2nd Applicant										
3rd Applicant										
ECS DEBIT BANK ACCOU	NT DETAILS (MA	ANDATO	RY)			·				
I/We hereby authorise Deutsche A by ECS (Debit Clearing) for collect		ia) Pvt. Ltd.,	Investment I	Manager to Deut	sche Mutual F	und acting through the	ir aut	horised service providers to debit	my/our following b	ank account
Name of the Account Holder as in	Bank Records									
Account No					Account Type	Please ✓) ☐ Savings		Current NRE NRO FC	NR Others	
Bank Name					Bank Ci	у		PIN Code		
Branch Address										
MICR Code			Thi	is is a 9 digit num	ber next to yo	ur Cheque No. IF	SC Co	ode		
PAYMENT MECHANISM	Option I : Through	Cheques	Total Cheque	es	Cheque	s Nos. From	П	То		
Drawn on Bank						Branch	۱ 🗀			
Option II: Debt through Auto De Application Form, SIP Auto Debit Fo							ount a	and subsequent installment amount	ts should be the san	ne. Completed
First SIP/Micro Cheque No.				heque dated	D M	M Y Y Y Y] A	mount	\neg	
AUTHORISATION OF THE	BANK ACCOUN	T HOLD	FR [/To be	e signed by	the Accou	nt Holder(s)]				
This is to inform I/We have regis	tered for the RBI's Electi er with your bank. I/We	ronic Clearir authorise [ng Service (De Deutsche Ass	ebit Clearing) and	I that my/our p	ayment towards my/ou		stment in Deutsche Mutual Fund s Deutsche Mutual Fund), acting thr		
SIGNATUR	RE/S AS PER DEUTSCI	HE MUTUA	AL FUND	-		SIGI	VATU	JRE/S AS PER BANK RECORDS	_	-
First/Sole Account Holder	\top				First/Sole A	ccount Holder				\neg
Second Account Holder					Second Ac	count Holder				
Third Account Holder					Third Acco	unt Holder				
ACKNOWLEDGEMENT S				_		SIP Ap		ion No.		
				_					Collection Cen	tre Stamp
Received from Mr./Ms./M/s an application for SIP enrolment in the	Schama								& Signa	
	Scheme									
Total Amount (Rs.)										
drawn on					on N	Ionthly Quarterly	v	Veekly Daily Perpetual		

Deutsche Mutual Fund SYSTEMATIC TRANSFER PLAN (STP)/SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM

Deutsche Asset & Wealth Management



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

Plan	BROKER INFORMATI	ON			Application No.
ARN-9992 When or own and set and set goes it dentity is the institute of the set of the section	BROKER NAME & ARN	SUB-BROKER ARN	1		
We hence you for in the the Milks are without points and you make the first product of the above clothal production of the Action of the Act	ARN-9992				Application Date & Time
EXISTING FOLIO NUMBER SYSTEMATIC TRANSFER PLAN (STP) DETAILS Transfer Tomes	I/We hereby confirm that the EUIN	box has been intentionally left blank	k by me/us as this transaction is execute	ed without any interaction or advice b	by the employee/relationship manager/sales person of the above
SYSTEMATIC TRANSFER PLAN (STP) DETAILS Transfer Fogurery Country Option Plan Option	First / Sole Applicant / Guar	dian	Second Applicant	Third Applicant	Power of Attorney Holder
Scheme Solden Sol	EXISTING FOLIO NUMBER	R	KYC Yes	No Common Application For	n No. (for New Investor)
Solution Plan	SYSTEMATIC TRANSFER	PLAN (STP) DETAILS			
Plan Transfer Firequency (Places */ Dally* Morrhy Quotes / Weekly Perpatual Date (Places */ Ist 17 h 15 h 21 s 28 h 17 marker (Poptions (Places */) Ist 17 h 15 h 21 s 28 h 17 marker (Poptions (Places */) Fiscal Approachison (Places */) Support to minimum of its 100 ** 15 h 25 s 28 h		Transfer From			Transfer To
Transfer Frequency (Peace v) Dally* Mornish Davierty Vivalety Properties Transfer Options (Passe v) Find Annual Rs) per institutions Transfer Options (Passe v) Find Annual Rs) per institution The College of Environment From See See See See See See See Transfer Options (Passe v) Find Annual Rs Transfer Options See	Scheme			Scheme	
Transfer Options (Pieces */ Freed Amount (Rs.) per installment	Plan	Option		Plan	Option
Subject to minimum of Rs. 100! **To clay \$19* fred to Key Scheme features. Please and to page no 24 for more details. **SystemATIC WITHDRAWAL PLAN (SWP) DETAILS Scheme Winthdrawal Options Please Option Option	Transfer Frequency (Please ✓)	Daily** Monthly	Quarterly Weekly Perp	Date (Please ✓)	1st 7th 15th 21st 2
For Delly STP refer to Key Scheme Features. Please refer to page no 34 for more cetable. **SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS **Scheme**	Transfer Options (Please ✓) Fixe	ed Amount (Rs.) per installment			al Appreciation OR Dividend*
SystemATIC WITHDRAWAL PLAN (SWP) DETAILS Scheme				Perpetual##	*Subject to minimum of l
Solve-groin	· · · · · · · · · · · · · · · · · · ·				
Sub-option		VAL PLAN (SWP) DETA	ILS	¬ [
Transfer Frequency Places v Mornthiy Quarterly Vestely Date Places v 7 h 15th 21st 28th Period of Enrollment From 10 10 10 10 10 10 10 1		1			
FOR DETAILS UNDER FATCA / FOREIGN TAX LAWS# (Refer to separate form) ### Mandaton ### DECLARATIONS & SIGNATURES ### White laws and understood the contrate of the Statement of Additional Information Scheme information Documents of the respective Schemenia of Documents of the Statement of Additional Information Scheme information Documents of the respective Schemenia of Documents of the Schemenia of the Schemenia of Documents of the Schemenia of Docum			•		
FOR DETAILS UNDER FATCA / FOREIGN TAX LAWS# (Refer to separate form) ## Mandaton DECLARATIONS & SIGNATURE/S Whe have rest and undestood the contents of the Susternation of the Susterna	• • •	Monthly L Quarterly L V	, , , , , , , , , , , , , , , , , , , ,	J/th ∟ 15th ∟ 21st	□ 28th
We have read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) of the respective Scheme(s) of Deutsche Mutual Fund and the instructions overleaf. (We have understood to the Tinstees of Deutsche Mutual Fund and the instructions overleaf. (We have understood deals of the Scheme(s) and We have not recovered or been induced by any relate or gifts, and docted above and agree to abide by the term, conditions, rules and regulations of the Scheme (We have understood deals) of the Scheme(s) and We have not recovered or been induced by any relate or gift in Scheme (We have understood deals) of the Scheme(s) and We have not recovered or been induced by any relate or gift in Scheme (We have understood deals) of the Scheme (we have not required and the Scheme (We have understood the scheme in Res Act, 1981, in the event "Kern Ver the mentioned" (No.4 Applicable" Net the space by against PAN in this formation after one of the applicable (No.4 No.1 No.4 No.4 No. 1 the size of such redemption and understains such other action with such funds here are required by marked the law or requirements under your policies. (We do not that the amount being invested by marked with such a formation as required under the law or requirements under your policies. (We do not that the amount being invested by marked through eight and such as a formation as required under the law or requirements under your policies. (We do not that the amount being invested by marked through eight and such such as a formation as required under the law or requirements under your policies. (We do not that the amount being invested by marked through eight and such as a formation as required under the law or requirements under your policies.) **ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)** **ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)** **ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)** **ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)** **ACKNOWLEDGEMENT SLIP (To be fille	Period of Enrollment From	m m y y y y	10 m m y y y y		
We have restand understood the contents of the Sizement of Additional Information Documental of the respective Chemnets of Deutsch Mutual Fund and the instructions corted. When he have the formation to the formation of the respective Chemnets of Deutsch Mutual Fund is described that we recommend the content of the Stream. We have understood death of the Schemnet (Mission of the Chemnet) and Will have not received on the boar induced by an include by an industry of indicating in making this enrollment. Whe continued that is the event Will have mentioned "Not Agriculated" (left this special part of the Scheme) and Will have not received by the sound of the stream. We have not the content of the stream of the			S# (Refer to separate form)		(# Man
ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) Received from Mr./Ms./M/s. an application for following enrolment (Please ✓ and fill in) STP From the Scheme	be required by law. I/We declared that I/We shall update SIP application will result in aggregat Mutual Fund is derived through legitir Directions issued by any governmen The ARN holder has disclosed to me	change to my/our KYC information e investments exceeding Rs. 50,0 mate sources and is not held or des tal or statutory authority from time /us all the commissions (in the fo	n as required under the law or requirer 100/- in a year (applicable to Micro SIP signed for the purpose of contravention e to time. I/We hereby confirm that w rm of trail commission or any other m	ments under your policies. I/We do investors only). I / We hereby declan of any Act, Rules, Regulations or a here the EUIN space has been left node), payable to him for the differ	not have any existing Micro SIPs which together with the curr re that the amount being invested by me/us in the Scheme of ny statute or legislation or any other applicable laws or any Not blank by me/us, the transaction is an "execution-only" transacted that competing Schemes of various Mutual Funds from amon
ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) Received from Mr./Ms./Ms. an application for following enrolment (Please ✓ and fill in) STP From the Scheme Plan Option To the Scheme Plan Option Total Amount (Rs.) OR Units on Monthly Quarterly Weekly Daily Perpetual SWP From the Scheme Plan Option	SIGNATURE/S				
To the Scheme Plan Option Total Amount (Rs.) OR Units on Monthly Quarterly Weekly Daily Perpetual Plan Option	an application for following enrolmer	nt (Please ✓ and fill in)		<u> </u>	Collection Centre S & Signature
Total Amount (Rs.)ORUnits on Monthly Quarterly Weekly Daily Perpetual				·	
	Total Amount (Rs.)	OR _		n Monthly Quarterly	Weekly Daily Perpetual

DWS TRIGGER FACILITY APPLICATION FORM (Please fill in CAPITAL Letters)

Deutsche Asset & Wealth Management



(Please read the instructions before completing this Application Form)

Please Note: All Purchases are subject to realisation of Cheques / Demand Drafts.

BROKER INFORMATION				Application No.
Broker Name & ARN	Sub-Broker ARN	Employee Unique Identification Number (EUIN)	Sub-Broker Code	
ARN-9992		(2011)		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.

| I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First/Sole Applicant/Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
RANSACTION CHARGES (Please re			
plicable for transactions routed through a distributor wh			
I am a First Time Investor in Mutual Fund Industry. (Rs	150 will be deducted.) 🔲 I am an Ex	isting Investor in Mutual Fund Industry.	(Rs 100 will be deducted.)
(ISTING UNITHOLDER'S INFORMA	TION		
			ease furnish your Folio Number, Scheme Name, PAN Details, Ba
count Details below and proceed to investment & Paym		KYC L	Yes No
EW APPLICANT'S INFORMATION (I me of Sole/First Applicant (leave space between first			Salutation □ Mr. □ Ms. □ Dr. □ Prof.
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Date of Birth (First holder/Minor)		ex □ Male □ Female * Nat	cionality Indian Others
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			, =,
me of Guardian (in case of Minor)			
case of Institutional Investors)			
ationality	PAN SS	Enclosed (Ple	ease ✓) ☐ PAN Card copy ^{\$\$} ☐ KYC Compliance proof **
me of Second Applicant			
Jationality ☐ Indian ☐ Others	PAN SS	Enclosed (Ple	ease ✓) □ PAN Card copy ^{\$\$} □ KYC Compliance proof **
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Nationality Indian Others Address of Sole / First Applicant (PO Box Address is no		Enclosed (Ple	ease ✓) □ PAN Card copy ^{SS} □ KYC Compliance proof **
Address of Sole / First Applicant (PO Box Address is no		Enclosed (Ple	ease ✓) □ PAN Card copy ^{\$\$} □ KYC Compliance proof **
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Address of Sole / First Applicant (PO Box Address is no City Office Tel.		Pin Code	
Address of Sole / First Applicant (PO Box Address is not street and the street an	ot sufficient)	Pin Code Residence Tel. Mobile	State
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Address of Sole / First Applicant (PO Box Address is not like the state of Sole / First Applicant (PO Box Address is not like	ot sufficient)	Pin Code Residence Tel. Mobile Address for Correspondar	State
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	et sufficient) ts) arterly Newsletter and Annual Report b	Pin Code Residence Tel. Mobile Address for Correspondar	nce (Please ✓) ☐ Indian (by Default) ☐ Overseas ow. (Please use BLOCK Letters)
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office Tel. ax Description Policy Polic	arterly Newsletter and Annual Report barterly Newsletter and Annual Re	Pin Code Residence Tel. Mobile Address for Correspondar by e-mail, please give your E-mail ID below * If NRI (Please ✓) □ Repatriation □ Society □ Partnership □ Propriectives vestments in Mutual Fund.	State
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Address of Sole / First Applicant (PO Box Address is not provided in the provi	arterly Newsletter and Annual Report by Anyone or Survivor The FIIs FPIs NRI Trust Investors irrespective of amount of in Card is Mandatory for all investors (ir ed in by the Investor)	Pin Code Residence Tel. Mobile Address for Correspondar Poy e-mail, please give your E-mail ID below * If NRI (Please Partnership Propried vestments in Mutual Fund. Including Joint Holders, Guardian in case	State Sow. (Please use BLOCK Letters) Dow. (Please use BLOCK Letters) Dasis Non-repatriation basis Statary AOP Insurance Company Bank BOI * MANDATORY FIELDS se of Minor and NRIs) continued over
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Address of Sole / First Applicant (PO Box Address is no City Office Tel. Diffice Tel. Overseas Address (in case of NRIs / FIIs / FPIs applicant or receive Account Statement (on each Transaction)/Quag-mail Mode of Holding (Please V) Single Joint Status (Please V) Individual HUF Compan	arterly Newsletter and Annual Report by Anyone or Survivor The FIIs FPIs NRI Trust Investors irrespective of amount of in Card is Mandatory for all investors (ir ed in by the Investor)	Residence Tel. Mobile Address for Correspondar Permail, please give your E-mail ID below If NRI (Please Partnership Propriedes Propriedes Propriedes Partnership Propriedes	State Sow. (Please use BLOCK Letters) Dow. (Please use BLOCK Letters) Dasis Non-repatriation basis Statary AOP Insurance Company Bank BOI * MANDATORY FIELDS se of Minor and NRIs) continued over

	Private Sector Service Public S			□ Business □	Professional D	Housewife [Student A	griculturist		
	(in case of company)			ciation Board	d Resolution 🗆 Lis	t of Authorise	ed Signatory			
* If company is listed	□ No * Are you Politically	Exposed Person?	First Holder	∕es □ No Sec	cond Holder 🗌 Yes	□ No Th	nird Holder 🗌 Ye	es 🗆 No		
* If occupation is business/profe	ssion, please mention precisely th	e nature of business	/profession/indus	try						
PoA HOLDER DETAI	LS (If the investment is b	eing made by	a Constitute	d Attorney pl	lease furnish l	Name and	PAN of Po	A holder)		
Name						S	Sex	☐ Female		
Address										
City			Pin Cod	e		State				
Office Tel.				Residence Tel.						
Fax				Mobile						
PAN* Enclosed (Please ✓) □ PAN Card copy SS □ KYC Compliance proof **										
	is other than individua									
	an INDIVIDUAL, please provide l lease declare that the entity doe		, ,		Trustees/Karta of	HUF details ((Refer to point 1	1 under General In	formation on	
F=9-1-1, 11 11 11 11 11 11 11 11 11 11 11 11 1	,, ,, ,, ,, ,, ,, ,, ,	List of Beneficiary			Karta of HUF					
Name	Date of Birth	PAN No.	Nationality		Residential A	ddress		Status (Director /	PEP (Y/N)	
			,					Trustee etc.)		
If the above space is insufficient	, please provide the information by	way of an annexure,	duly attested.							
BANK ACCOUNT DE	TAILS (Please note that	as per SEBI Re	gulations it	is mandatory	/ for investors	to provid	le their bank	account deta	ils)	
Account No.			Acc	count Type (Pleas	se ✔) ☐ Savings ☐	Current 🗆 N	NRE □NRO □	FCNR Others		
Bank Name			E	Bank City			Pin Code	e		
Branch Address										
MICR Code		This is a 9 digit num	ber next to your (Cheque No.	IFSC C	Code				
INVESTMENT & PAY	MENT DETAILS									
Scheme Name		Plan /Plac	no -()	na Diatributar'a/P	egular Direct	On	ation (Places -()	☐ Growth ☐ D	ividand	
	Payout Reinvestment Divid			•	•					
	ved without indicating any choice	-		-		5 7	,	,	,	
Investment Amount (Rs.)		DD Charge	es if any (Rs.)							
Net Amount (Rs.)		Mode of Payment	Cheque / Dema	and Draft / Fund 1	Transfer Strike	eout whichev	ver is not applic	able.		
Cheque / DD No.		Dated		Acco	ount No.					
Drawn on Bank					Branch					
City			Account	Type (Please ✓)	□ Savings □ Cui	rrent \(\square\) NRE	□ NRO □ FC	NR Others		
Separate Cheque/DD/Fund Trans	sfer instruction required for investr	ment in each Scheme	e/Plan Cheque /	DD to be drawn i	in favour of the Sc	heme				
<u> </u>	ETAILS OF FIRST / JO						_	_		
NSDL □ Depos	itory Participant (DP) ID			Beneficia	ry Account Numbe	r				
OR CDSL Depos	itory Participant (DP) ID & Benefic	iary Account Numbe	er							
(If the name of the applicant in t	his application is not identical with	the Beneficiary Acc	ount details with	the above mentic	oned DP, the applica	ation will be t	reated as incom	plete and is liable to	be rejected.)	
•	all be mandatory for all investors	•					TORY FIELDS		tinual arrests (
~ riease note that w.e.f. 01 Janu	ary, 2008, copy of PAN Card is N	nandatory for all inv	restors (including	Joint Holders, (uardian in case of	r Minor and	INKIS).	con	tinued overleaf	

In compliance with SEBI circular no. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, CIR/IMD/DF/21/2012 dated September 13, 2012 and amendments if any, the AMC may deduct Transaction Charge for subscriptions made through distributors of mutual funds. Such Transaction Charge collected by the AMC will be paid to the distributor/ARN Holder (who have 'opted in' to receive the transaction charges) through whom the investment has been made. The distributors shall also have the option to opt in or opt out of levying transactions charges based on the type of product. However, no Transaction Charges will be imposed for investments made directly with the Fund. Transaction Charge shall be subject to the following as well as amendments that may be made from time to time: i) For existing mutual fund investors, an amount of Rs.100/- per subscription of Rs.10,000/- and above. iii) There shall be no Transaction Charge on subscription below Rs.10,000/- iv) There shall be no Transactions other than purchases/ subscriptions relating to new inflows. v) Such amount shall be deducted by the AMC from the subscription amount and paid to the distributor; and the balance amount shall be invested under the Scheme and units allotted accordingly. vi) The Statement of Account sent to the Unit holder shall state gross subscription less transaction charge and also show the number of units allotted against the net investment.

TRIGGER FACILIT	Υ							
	Debt to E	quity Trigger Sch	emes			Equity	to Debt Trigger Scl	nemes
Source Fund: DWS Ultra Sh Target Fund: DWS Alpha Eq					Source Fund: DWS Alph Target Fund: DWS Ultra			
Select your Source & Target	t Fund/Plan/Option				Select your Source & Ta	rget Fund/P	Plan/Option	
Source Fund (Please ✓)	☐ DWS Ultra Sho	ort Term Fund	DWS Cash Opp	ortunities Fund	Source Fund (Please ✓)	□ DWS AI	pha Equity Fund	DWS Investment Opportunity Fund
Plan (Please ✓)	☐ Existing Distrib	utor's 🗆 Direct			Plan (Please ✓)	☐ Existing	Distributor's 🗆 🗆	Direct
Option (Please ✓)	☐ Growth ☐ Di	vidend			Option (Please ✓)	☐ Growth	☐ Dividend	
Dividend (Please ✓)	☐ Payout ☐ Re	einvestment			Dividend (Please ✓)			
Target Fund (Please ✓)	☐ Alpha Equity F	und DWS In	vestment Opport	unity Fund	Target Fund (Please ✓)	□ DWS UI	Itra Short Term Fund	I ☐ DWS Cash Opportunities Fund
Plan (Please ✓)	☐ Existing Distrib	utor's Direct			Plan (Please ✓)	☐ Existing	Distributor's 🗆 D	irect
Option (Please ✓)	☐ Growth ☐ D	ividend			Option (Please ✓)	Growth	☐ Dividend	
Dividend (Please ✓)	☐ Payout ☐ R	einvestment			Dividend (Please ✓)	☐ Payout	Reinvestment	
Transfer into Target Fund (F	Please ✔)	At Index Level (mutiples of 50 po	ints)	Transfer into Target Fur	nd	When NAV of Sou	rce Fund Grows by (%)
☐ 100% Transfer		Sensex Level		_			(Please ✓ one)	
	()R			100% Transfer		☐ 5% ☐ 10% ☐ Other%*	15% 🗆 20% 🗆 25%
☐ 50% Transfer		Sensex Level		-	If you want to Transfer	back into		urce Fund Falls by (%)
☐ Balance 50% Transfer		Sensex Level		-	Source Fund		(Please ✓ one)	
If you want to Transfer back into (Please ✓)	o Source Fund	When NAV of T	arget Fund Grow	s by (%) (select one)	100% Transfer		□ 5% □ 10% □ □ Other%*	15% 20% 25%
□ 100% Transfer		□ 5% □ 10%	□ 15% □ 20%	☐ 25% ☐ Other%*	* The NAV Increase/Decr	ease % shou	uld not be less than 5	5% and should not be in decimals
	()R						
☐ 50% Transfer		□ 5% □ 10%	□ 15% .20% □	25% Other%*				
☐ Balance 50% Transfer		□ 5% □ 10%	□ 15% . 20% . 2	5% Other%*				
FOR DETAILS UN	DER FATCA	FOREIGN	ΓΑΧ LAWS:	# (Refer to separa	te form)			(# Mandatory)
REDEMPTION / D	IVIDEND PA	YOUTS	_	_	_		_	_
The below payout options a	re available to the ir	vestors for redem	ptions/dividends:	- (if no Payout Option is sele	ected then payout would b	oe through d	default option of che	que/Demand Drafts)
☐ Cheques/Demand drafts	☐ Fur	d Transfer/Direct	Credit	☐ RTGS/NEFT				
The Fund Transfer/Direct cr Bank/Citi Bank/HSBC Bank/			wherein the inves	tor has a account with eith	er ICICI Bank Ltd./HDFC E	Bank Ltd./Ax	ris Bank/Standard C	hartered Bank/IDBI Bank/Deutsche
								complete details (NEFT/IFSC Code) triction of Amount is applicable.
			· ·		,.		•	Fund towards redemption/dividend
proceeds. In case of bank no	ot crediting my/our b the Mutual Fund res	oank account with sponsible. I/We un	without assigning derstand that in c	any reason thereof or if the ase account number furnish	transaction is delayed or r hed by me/us, if found inc	not effected a correct, I/We	at all for reasons of it would not hold Det	ncomplete or incorrect information. utsche Mutual Fund responsible for
NOMINATION		and matauri unu	. CSOI VOO UIO IIGIIL	to isodo a domana diatupa	, a.s. at par to make 9000	. paymont it	Joseph Milough DO/	
NOMINATION								
I/We				and				
*do hereby nominate the properties (*strikeout which is not app		ticularly described	l hereunder/and*	cancel the nomination ma	ade by me/us on the	day of _	in res	pect of the Units under Folio No
Name and Address of Nom	inee(s)	Date of Birth	Relation	Name and	Address of Guardian		PAN No.	Proportion(%) by which the units
				(to be furnished in	case the Nominee is a mi	inor)		will be shared by each Nominee (should aggregate to 100%)
Nominee 1								
Nominee 2								
Nominee 3								

OTHER DE	TAILS	*		(* Mandatory)
Individuals				Non Individuals
Gross Annual In	come Detai	ls (please specify): Income Range per annum:		Gross Annual Income Details (please specify): Income Range per annum:
Below Rs 1	Lac 🔲 1-	5 Lac 5-10 Lac 10-25 Lac >25 Lacs		☐ Below Rs 1 Lac ☐ 1-5 Lac ☐ 5-10 Lac ☐ 10-25 Lac ☐ 25 Lacs-1 crore ☐ > 1 crore
OR Net-wor	rth as on (c	date) () (Net worth should not b	e older	Net-worth as on (date)
Occupation (plea	ase √ any o	one and give brief details): Private Sector Public Sector		Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/
Government	Service	Business Professional Agriculturist Retired		whole time directors:
Housewife	Studen	ot Others		Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
		Politically Exposed Person (PEP) Related to a Politically Exposed Person	n (PEP)	Any other information:
Any other inform	ation:			
DECLARA	TIONS 8	& SIGNATURE/S		
Units of the Sche and I/We have no confirm that the me/us are true a or otherwise and	eme of Deut ot received funds for su nd correct, d I/We am/a	tsche Mutual Fund, as indicated above and agree to abide by the terms, nor been induced by any rebate or gifts, directly or indirectly, in making to abscription have been remitted from abroad through normal banking chat the amount being invested has been derived from legitimate sources a re duly authorised to sign this Application Form. In the event "Know Yo	conditio his inves annels or nd is not ur Custo	tsche Mutual Fund. I/We hereby apply to the Trustees of Deutsche Mutual Fund for allotment of ns, rules and regulations of the relevant Scheme. I/We have understood the details of the Scheme strent. *I/We confirm that I am/We are Non Resident of Indian Nationality/Origin and I/We hereby from funds in my/our NRE/NRO/FCNR Account. I/We hereby declare that the details provided by held or designed for the purpose of contravening any statute, notification, legislation, directions of the fund, I/We authorise the Fund such redemption and undertaking such other action with such funds that may be required by law.
		sed to me/us all the commissions (in the form of trail commission or ne is being recommended to me/us.	any oth	er mode), payable to him for the different competing Schemes of various Mutual Funds from
*Applicable to N	RI.			
If NRI Please (✓)	☐ Rep	patriation basis Non-repatriation basis		Date
SIGNATURE	E/S	First/Sole Account Holder	Si	econd Account Holder Third Account Holder
		DWS Trigger F	acility	/ Instructions
Debt to Equity Tri	gger Facilit	y Instructions	13.	Once the cycle is completed investor is free to define existing/new exit and reentry levels.
application for	orm	h to enroll for trigger have to fill in Debt to Equity Trigger details in the		Default plan & options and corresponding minimum amount will be applicable as defined under the schemes for enrolling in this facility.
Investors sho invest and tra		indicate Source and Target Fund/Scheme/Plan/Option he/she wishes to investment.	Eq.	uity to Debt Trigger Facility Instructions
percentage le	evel. They c	storily mention Transfer In Index level and Transfer Back reverse entr an choose any of the 5%, 10%, 15%, 20% or 25% of NAV growth % o	r	application form
,		ice. Sensex to be indicated by the investor in multiples of 50. activated after execution will not be activated unless advised in writing	2.	Investors should clearly indicate Source and Target Fund/Scheme / Plan / Option he / she wishes to transfer their investment.
00		selected per transaction for a Fund/Scheme, Plan & Option	3.	Only the NAV of the Source Fund would be tracked for Transfer into (NAV Growth) and Transfer
		e the Indices level and/or % of NAV growth at any time by giving revised st Investor Service Centre	4.	back (NAV Fall) Profit booking & Transfer In percentage of NAV to be defined during set up of the trigger.
		ransfer either full investment at Market value OR in two installments of		Only one Trigger can be selected per transaction for a Scheme, Plan & Option.
in two parts,		scheme in to equity. In case investor chooses to transfer the investmen I indicate two different levels of Sensex and accordingly, the switch wil		Investor can choose the % growth in chosen equity fund's NAV in specified form. If the NAV of source fund grows by the chosen %, then the entire outstanding amount in the
happen. 8. A minimum of the first Do		days difference will be maintained between purchase and the beginning		source fund will be swept to target fund and if NAV of source fund falls by the chosen %, then the entire outstanding amount in the target fund will be swept back to the source fund
9. Additional in	vestment in	y mgger source fund and target fund in the earmarked folio is not permitted. The e will be DWS Alpha Equity Fund - Growth Plan.		A minimum of 4 working days difference will be maintained between the purchase and the beginning of the first Equity to Debt Trigger
		rget funds are as given in the application form.	9.	Unit holders may change the % of NAV growth at any time by giving revised trigger level at the nearest Investor Service Centre.
11. Investor can	switch to c	other funds before activation of trigger. Exit from source fund to targe stivation of chosen trigger. Reentry into source fund is NOT mandatory.		Additional investment in source fund and target fund in the earmarked portfolio is not permitted. The exit load is applicable on switches at both ends.
		ister for trigger cycle only after completion of complete cycle i.e. only back to the source fund.	/ 11.	Default plan & options and corresponding minimum amount will be applicable as defined under the schemes for enrolling in this facility.

12. The exit load is applicable on switches at both ends.

11. Default plan & options and corresponding minimum amount will be applicable as defined under the schemes for enrolling in this facility.

TAX RESIDENCY FOR INDIVIDUAL ACCOUNTS (Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)

Deutsche Asset & Wealth Management



			First / Sole Applicant / Guardian																											
Name																														
Gender	М	F	0						PAI	V											Occ	upat	ion T	уре						
Father's	Name																													
Cust ID	/ Folio	No./	Appl	icat	ion N	lo.																								
Address o	f tax re	siden	ce wo	uld l	oe tak	en as	availa	able in	KRA	data	base.	In ca	ase of	fany	chanç	ge ple	ease a	ppro	ach K	RA &	notify	the (chanç	ges						
Type of	addres	ss giv	en at	KR.	A			Res	identi	dential or Business Residential								Bus	iness					Registered Office						
Permiss	ible do	cum	ents a	are		Passp	ort [Ele	ection	tion ID Card PAN Card Govt. ID Card Driving Li								Licen	se 🗌	Aad	har C	ard [NR	EGA .	Job C	ard [Oth	iers		
Date of	Birth									Pla	ce of	Birtl	h																	
Country	of Bir	th																												
Nationa	lity																													
Are you	dia? Yes No																													
If yes, plea	ase indi	cate a	all cou	ntrie	es in w	vhich	you a	re res	ident	for ta	x pur	pose	s and	the a	issoci	ated	Tax II) Nui	mbers											
			Cou	ntry	#							Tax I	dent	ificat	ion N	luml	oer%			ld	entif	icatio	n Ty	pe (T	'IN or	Othe	er, pl	ease	speci	fy)
#To also i	include	USA.	wher	e the	e indiv	/idual	is a c	itizen	/ area	en ca	rd hol	der c	of the	USA																
										y provide its functional equivalent ^s																				
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Type of	addres	ss giv	en at	KR	Α			Res	identi	al or	Busin	ess		Res	sident	ial				Bus	iness					Reg	jistere	d Off	ice	
Permiss	ible do	cum	ents a	are		Passp	ort [Ele	ection	ID C	ard [PA	N Car	d 🗌	Govt	. ID C	Card [Dr	riving	Licen	se _	Aad	har C	ard [NR	EGA .	Job C	ard [Oth	iers
Date of	Birth									Pla	ce of	Birtl	h																	
Country	of Bir	th																												
Nationa	lity																													
Are you a tax resident of any country other than In										1?		Yes		No								•								
If yes, please indicate all countries in which you are reside											x pur	pose	s and	the a	issoci	ated	Tax II) Nui	mbers	belo	w.									
			Cou	ntry	#							Tax I	dent	ificat	ion N	luml	oer%			ld	entif	icatio	n Ty	pe (T	IN or	Othe	er, pl	ease	speci	fy)

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Name																														
Gender	М	F	0						PAN	J											Occ	upati	ion T	уре						
Father's	Name																													
Cust ID /	Folio	No. /	Appl	icat	ion N	lo.																								
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Type of a	addres	s giv	en at	KR.	A			Res	identia	al or	Busi	ness		Res	ident	ial				Busi	iness					Re	gistere	ed Off	fice	
Permissi	ble do	cume	ents a	are		Passp	ort	Ele	ection	ID Ca	ard [PA	N Car	d 🗌	Govt	. ID C	ard [Dri	iving	Licens	se [Aadl	har Ca	ard [NI	REGA	Job (Card [Ot	hers
Date of E	Birth									Pla	ce o	f Birtl	h																	
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Nationali	ity																											T		
Are you	a tax r	eside	nt of	any	/ cou	ntry c	other	than	India	?		Yes		No			'													
If yes, pleas	se indi	cate a	II cou	ntrie	es in v	vhich	you a	ire res	ident	for ta	ax pu	ırpose	s and	the a	ssoci	ated 7	Гах ІС) Nur	nbers	belov	٧.									
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#To also ir %In case T															alent\$															
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I/We have us true, corn																											y me i	/ us o	n this	Form
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Date		D	М	M	Y	Y	Y	Y]	Plac	ne.																			

Terms & Conditions

The Central Board of Direct Taxes has notified Rules, as part of the Income Tax Rules, 1962, which require Indian financial institutions such as Mutual Funds, Banks etc. to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all investors. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate whitholding from the acount or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days of the change.

Please note that you may receive more than one request for information if you have multiple relationships with Deutsche Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Details of ultimate beneficial owners including additional information

Deutsche Asset & Wealth Management



Na	me of the entity																					
	oe of address given at KRA				al or Busi		oo of	Resident		000 0	nnraach K		ness	, +ba ak	0000			Reg	gistere	d Off	ice	
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	tity Constitution Type ase tick as appropriate	Partr	nership Firr		HUF Limite			mited Com Partnership						any [ciety pecif		AOF	P / BO			
Plea	ase tick the applicable tax res	ident decl	laration-																			
	"Entity" a tax resident of any				Ye		No															
(If ye	s, please provide country/ies	in which	the entity i	s a res	ident for t						Tax ID nun				_	(T)		0.1				\
	Country					lax Io	denti	fication N	lumbe	er ⁷⁰		Ide	entifi	cation	Тур	e (II	IN or	Oth	er, pl	ease	spec	city)
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	case Tax Identification Numb case TIN or its functional equiv									mber	or global	Entity	Iden	tificatic	n Nu	ımbe	er or (GIIN,	etc.			
In o	case the Entity's Country o	f Incorpo	oration / T	ax res	idence is	U. S.	but	Entity is ı	ot a	Spec	ified U.S.	Perso	on, m	nentio	n Ent	tity's	;					
exe	emption code here																					
	(P	lease co	nsult you	profe				CRS De			e on FAT	CA &	CRS	classi	ficat	tion)						
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ļ .	Financial institution ⁶		GIIN															\perp				
	or				do not ha r sponsor			ut you are ow	spons	ored	by anothe	r entit	y, ple	ase pro	ovide	you	r spo	nsor'	s GIIN	l abo	ve an	d
	Direct reporting NFE ⁷ (please tick as appropriate)		Name	of spo	onsoring e	ntity																
	(picase tiok as appropriate)																	Ť				
	GIIN not available (please tid				ied for																	
	If the entity is a financial ins	titution L	_ `		apply for Non-parti			ecify 2 dig	its sub	-cate	gory ¹⁰											
PA	 RT B (please fill any one as a	opropriate			•			ct Reportin	a NFE	s")												
1.	Is the Entity a publicly trade		Yes					y one stoc	-		on which	the st	ock i	s regul	arly t	rade	d)					
	company ¹ (that is, a company w shares are regularly traded on an		Name	of sto	ck exchar	ige																
	securities market)		[¬																		
2.	Is the Entity a related entity ² publicly traded company <i>(a c</i>	company	Yes L	(If y	es, please	speci	fy nai	me of the	isted (comp	any and o	ne sto	ck ex	change	on '	whic	h the	stoc	k is re	gular	ly tra	ded)
	whose shares are regularly traded established securities market)	on an						y of the Li						by a Lie						took	ovobe	
3.	Is the Entity an active ³ NFE							·				CONTR	nea	uy a Lis	stea (com	hany	ıvam	ie oi s	LUCK	excn2	inge
٥.	is the Littly an active INFE							eclaration i	ıı ine i	iext s	section.)											
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_	Lake Fake . Abin				<u> </u>			of Active N			(Mention	code	– refe	er 2c o	Part	t D)						
4.	Is the Entity a passive ⁴ NFE						30 de	eclaration i	n the i	next s	section.)											
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	¹ Refer 2a of Part D ² Refe	" Oh of D		Dofor 1	lo of Dout I	<u> </u>	4D of	or 2/ii) of E	out D	1 60	Defer 1 of	Dort D	I 7D	ofor 2/	(ii) 0:	f Dor	+ D	100	ofor1	۸ af L	Port D	

			UBO De	eclarat	ion													
Category (Please tick applicable category): Unlisted Unincorporated association / body of individuals Please list below the details of controlling person(s), conteACH controlling person(s).	Public C firming <i>A</i>	haritable	e Trust	Religion resider	us Trust ncy / perm	Priv	vate Tr reside	rust [ency / ci	Othe	rs (ple	d ALI	Tax	Identific			_) bers fo		
Owner-documented FFI's ⁵ should provide FFI Owner Rep Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No Or functional equivalent for each country [%]	Tax ID	Type - ⁻ icial Inte	TIN or Otherest - in pe	er, please	e specify e	Addr		nclude :					P Code 8	& Cont	act [Details		
1. Name	7.	Type		9 ролос	,,, 	Addr	000											
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# If passive NFE, please provide below additional details.	(Please a	attach ac	dditional sh	eets if n	ecessary)													
PAN / Any other Identification Number (PAN, Aadhar, Pa Election ID, Govt. ID, Driving LicenceNREGA Job Card, City of Birth - Country of Birth		Nation	ation Type ality 's Name - N					ole		OB - D ender -			n nale, Otl	ner				
1. PAN		Occup	ation Type						DC	ов	D	D N	/I M	YY	Y	Y		
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Country of Birth			's Name						Ge	ender:	Ш	Male	Fer	nale		Other		
# Additional details to be filled by controlling persons with * To include US, where controlling person is a US citizen %In case Tax Identification Number is not available, kindly	or green	card ho	lder		cy / citize	nship /	Green	Card ir	any c	ountry	y othe	er thai	n India:					
⁴Refer 3(i	ii) of Par	t D !	⁵Refer 3(vi)	of Part I	D ¹¹ Re	efer 3(i	v) (A) c	of Part [)									
The Central Board of Direct Taxes has notified Rules 11 personal, tax and beneficial owner information and certain to tax authorities/ appointed agencies. Towards complian of ensuring appropriate withholding from the account or a	4F to 11 n certific ce, we r	4H, as ations a nay also	nd docume be require	Income entation to d to pro	tax Rule: from all a	s, 1962 ccount	holde	rs. In re	evant	cases,	, info	rmatio	on will h	ave to	be re	eported		
Should there be any change in any information provided I Please note that you may receive more than one request important that you respond to our request, even if you be	oy you, p for infor	olease er mation i	nsure you a f you have	dvise us multiple	relations	nips wi	th (De	utsche	Mutua	l Fund	d) or i	ts gro	oup entit	ies. Th	erefo	ore, it is		
If you have any questions about your tax residency, please please include United States in the foreign country inform *It is mandatory to supply a TIN or functional equivalent if please provide an explanation and attach this to the form.	nation fie the cour	ld along	with the U	S Tax Id	entificatio	n Num	ber.											
, p			Certif	fication	n													
I / We have understood the information requirements of t / us on this Form is true, correct, and complete. I / We als the same.			long with t	he FATC	A & CRS													
Name																		
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