



BROKER INFORMATION			
BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIIN)	SUB-BROKER CODE
ARN-9992			

Application No.

Application Date & Time

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including the service rendered by the distributor.
☐ I/We hereby confirm that the EUIIN 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
-----------------------------------	------------------	-----------------	--------------------------

EXISTING FOLIO NUMBER Existing Investors - Please fill in Sections marked (✓) KYC ** ☐ Yes ☐ No.

UNIT HOLDER INFORMATION
Name of the First Applicant / Corporate Investor Date of Birth/Incorporation* Age (No. of years)
Mr/ Ms/ M/s/ Dr/ Minor
PAN (mandatory)^{ss} Enclosed (Please ✓) ☐ PAN Proof^{ss} ☐ KYC Letter^{**} Nationality ☐ Indian ☐ Other (Refer instruction related to PAN & KYC)
Name of the Second Applicant Mr/ Ms/ M/s/ Dr
PAN (mandatory)^{ss} Enclosed (Please ✓) ☐ PAN Proof^{ss} ☐ KYC Letter^{**} Nationality ☐ Indian ☐ Other (Refer instruction related to PAN & KYC)
Name of the Third Applicant Mr/ Ms/ M/s/ Dr
PAN (mandatory)^{ss} Enclosed (Please ✓) ☐ PAN Proof^{ss} ☐ KYC Letter^{**} Nationality ☐ Indian ☐ Other (Refer instruction related to PAN & KYC)
Name of the Guardian (in case of a minor)/Name of the Power of Attorney Holder.
Mr/ Ms/ M/s/ Dr
PAN (mandatory)^{ss} Enclosed (Please ✓) ☐ PAN Proof^{ss} ☐ KYC Letter^{**} Nationality ☐ Indian ☐ Other (Refer instruction related to PAN & KYC)

STATUS OF FIRST APPLICANT* ☐ Resident Individual ☐ Bank ☐ HUF ☐ Proprietor ☐ Minor ☐ Society ☐ FII ☐ FPI ☐ Partnership Firm ☐ NRI
☐ PIO ☐ Trust ☐ Company ☐ Other

MODE OF OPERATION* ☐ Single ☐ Joint ☐ Anyone or Survivor **IF NRI*** (Please ✓) ☐ Repatriation basis ☐ Non-repatriation basis **LISTED COMPANY*** ☐ Yes ☐ No

ARE YOU A POLITICALLY EXPOSED PERSON OR RELATED TO ONE?* (Refer Point 2 (b) (7)) First Holder ☐ Yes ☐ No Second Holder ☐ Yes ☐ No Third Holder ☐ Yes ☐ No

ADDRESS - FIRST APPLICANT/ GUARDIAN/CORPORATE*
Contact Person (In case of Non Individual Investor)
Address
City State Country
Pin Code Mobile Email

OVERSEAS ADDRESS* (Mandatory in case of NRIs/ FIIs/FPIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)
Address
City State Country
Pin Code Mobile Landline No. Email

CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER (PO Box address is not sufficient)
Address
City State Country
Pin Code Mobile Landline No. Email

***In case the INVESTOR is NOT an INDIVIDUAL, please provide Ultimate Beneficial Owner (UBO)/ Directors/Partners/Trustees/Karta of HUF details (Refer to point 11 under General Information on page 32). If there is NO UBO, please declare that the entity does not have anyone holding beneficial interest.**

List of Beneficiary owners/ Directors/Partners/Trustees/Karta of HUF						
Name	Date of Birth	PAN No.	Nationality	Residential Address	Status (Director / Trustee etc.)	PEP (Y/N)

If the above space is insufficient, please provide the information by way of an annexure, duly attested.

✓MODE OF CORRESPONDENCE (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive hard copy communication are requested to leave the e-mail id blank)
☐ I / We wish to receive all communication through physical mode in lieu of email.

✓BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)
Name of Bank Branch
City State Account No.
Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others
MICR code* IFSC code**
*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf.)

*** MANDATORY FIELDS**continued overleaf

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

ISC Stamp & Signature

✓INVESTMENT DETAILSScheme Name Plan (Please ✓) ☐ Existing Distributor's Plan/Regular Plan ☐ Direct Plan Option (Please ✓) ☐ Growth ☐ DividendDividend Frequency (Please ✓) ☐ Daily ☐ Regular ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual Dividend Mode (Please ✓) ☐ Reinvestment ☐ Payout

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.

✓PAYMENT OPTIONSInvestment Amount (Rs.) Mode of Payment Cheque / Demand Draft / Fund Transfer Strikeout whichever is not applicable.Cheque / DD No. Dated Account No. Drawn on Bank Branch City Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan. Cheque / DD to be drawn in favour of the Scheme applied for.

✓DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S)

NSDL ☐ OR CDSL ☐
Depository Participant (DP) ID Depository Participant (DP) ID
Beneficiary Account Number & Beneficiary Account Number

(If the name of the applicant in this application is not identical with the Beneficiary Account details with the above mentioned DP, the application will be treated as incomplete and is liable to be rejected.)

NOMINATION DETAILS

I / We do hereby nominate the under mentioned person to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments 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.

Nominee's Name Relationship Address

In case Nominee is a Minor

Name of Guardian Address of Guardian Date of Birth Signature of Guardian

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

OTHER DETAILS*

(* 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 LacsOR Net-worth as on (date) (Net worth should not be older than 1 year)Source of Income Occupation (please ✓ any one and give brief details): ☐ Private Sector ☐ Public Sector☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired☐ Housewife ☐ Student ☐ Others Any other information: **Non 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-1 crore ☐ > 1 croreNet-worth as on (date) (dd/mm/yyyy): (*Net worth should not be older than 1 year)Nature of Business Source of Income **✓FOR DETAILS OF TAX RESIDENCY REFER POINT 12 & COMPLETE SEPERATE FORM. UBO DETAILS NEED TO BE PROVIDED ONCE ONLY# (#Mandatory)****✓DECLARATION AND SIGNATURES**

I/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. 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 of subscription have been remitted form 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 designed 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, Tax Residency details are 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 declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Date:

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FIs/FPIs	NRIs	Investments through POA	UBO / Directors / Trustee
	1	Resolution / Authorisation to invest		✓	✓	✓	✓	✓		✓	
	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								✓	
	8	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicable						✓	✓		
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted)	✓	✓	✓	✓	✓	✓	✓	✓	
	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓	
	12	Details under FATCA/Foreign Tax Law	✓	✓	✓	✓	✓	✓	✓	✓	
	13	Proof of Identity									✓
	14	Proof of Address									✓

All documents in 1 to 6 above should be originals or true copies certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public/Partner as applicable. Originals will be handed over 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 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.

✓INVESTMENT DETAILSScheme Name Plan (Please ✓) ☐ Existing Distributor's Plan/Regular Plan ☐ Direct PlanOption (Please ✓) ☐ Growth ☐ DividendDividend Frequency (Please ✓) ☐ Daily ☐ Regular ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual Dividend Mode (Please ✓) ☐ Reinvestment ☐ Payout

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.

✓PAYMENT OPTIONSInvestment Amount (Rs.) Mode of Payment Cheque / Demand Draft / Fund Transfer Strikeout whichever is not applicable.Cheque / DD No. Dated Account No. Drawn on Bank Branch City Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan. Cheque / DD to be drawn in favour of the Scheme applied for.

✓DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S)

NSDL ☐ OR CDSL ☐
Depository
Participant (DP) ID
Beneficiary Account Number

& Beneficiary Account Number

(If the name of the applicant in this application is not identical with the Beneficiary Account details with the above mentioned DP, the application will be treated as incomplete and is liable to be rejected.)

NOMINATION DETAILS

I / We do hereby _____ nominate the under mentioned person to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments 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.

Nominee's Name Relationship Address

In case Nominee is a Minor

Name of Guardian Address of Guardian Date of Birth Signature of Guardian

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

OTHER DETAILS*

(* 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) _____ (_____) (Net worth should not be older than 1 year)

Occupation (please ✓ any one and give brief details): ☐ Private Sector ☐ Public Sector☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired☐ Housewife ☐ Student ☐ Others Any other information: **Non 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-1 crore ☐ > 1 crore

Source of Income / Net-worth as on (date) _____ (dd/mm/yyyy): (_____) (*Net worth should not be older than 1 year)

Any other information: **✓FOR DETAILS OF TAX RESIDENCY REFER POINT 12 & COMPLETE SEPERATE FORM. UBO DETAILS NEED TO BE PROVIDED ONCE ONLY# (#Mandatory)****✓DECLARATION AND SIGNATURES**

I/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. 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 of 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 designed 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, Tax Residency details are 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 declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Date: First / Sole Applicant / Guardian Second Applicant Third Applicant Power of Attorney Holder

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	Flls/FPIs	NRIs	Investments through POA	UBO / Directors / Trustee
	1	Resolution / Authorisation to invest		✓	✓	✓	✓	✓		✓	
	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								✓	
	8	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicable						✓	✓		
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted)	✓	✓	✓	✓	✓	✓	✓	✓	
	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓	
	12	Details under FATCA/Foreign Tax Law	✓	✓	✓	✓	✓	✓	✓	✓	
	13	Proof of Identity									✓
	14	Proof of Address									✓

All documents in 1 to 6 above should be originals or true copies certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public/Partner as applicable. Originals will be handed over 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 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.

BROKER INFORMATION

BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)	SUB-BROKER CODE
ARN-9992			

Application No.

Application Date & Time

Upfront commission shall be paid directly by the investor to the AMFI registered distributor 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

EXISTING FOLIO NUMBER

KYC ☐ Yes ☐ No.

Common Application Form No. (for New Investor)

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)

SIP/ENROLLMENT DETAILS

Scheme Name

Plan (Please ☒) ☐ Existing Distributor's Plan/Regular Plan ☐ Direct Plan ☐ Option (Please ☒) ☐ Growth ☐ Dividend

Dividend Frequency (Please ☒) ☐ Daily ☐ Regular ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

Dividend Mode (Please ☒) ☐ Reinvestment ☐ Payout

Amount per SIP Installment Rs.

SIP Frequency (Please ☒) ☐ Daily* ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Perpetual

SIP Dates (for option other than daily SIP) (Please ☒) ☐ 1st ☐ 7th ☐ 15th ☐ 21st ☐ 28th

Enrollment Period From To or ☐ Perpetual#

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). For full details of default plans/options refer to page 36.

*For Daily SIP please refer to key scheme features. # Please refer to page 34 for more details.

☐ Micro SIPs (Please ☒) (Investment of equal to or less than Rs. 50000/- per annum under SIP registration) (Required only in case of PAN not provided.)

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

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

Account Type (Please ☒) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Bank Name

Bank City

PIN Code

Branch Address

MICR Code

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

IFSC Code

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.

First SIP/Micro Cheque No.

Cheque dated

Amount

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		First/Sole Account Holder	
Second Account Holder		Second Account Holder	
Third Account Holder		Third Account Holder	

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP Application No.

Received from Mr./Ms./M/s.

an application for SIP enrolment in the Scheme

Plan

Total Amount (Rs.)

drawn on

Option

Cheque Nos. From To

on ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Daily ☐ Perpetual

Collection Centre Stamp & Signature

BROKER INFORMATION				Application No.
BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EJIN)	SUB-BROKER CODE	<div>Application Date & Time</div>
ARN-9992				

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors’ assessment of various factors including the service rendered by the distributor.

☐ I/We hereby confirm that the EJIN 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

EXISTING FOLIO NUMBER	<div></div>	KYC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Common Application Form No. (for New Investor)	<div></div>
-----------------------	-------------	-----	--	--	-------------

SYSTEMATIC TRANSFER PLAN (STP) DETAILS

Transfer From

Scheme

Plan Option

Transfer Frequency (Please ✓) ☐ Daily** ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Perpetual

Transfer Options (Please ✓) Fixed Amount (Rs.) per installment

Period of Enrollment From

m m y y y y

 To

m m y y y y

 or ☐ Perpetual**

Transfer To

Scheme

Plan Option

Date (Please ✓) ☐ 1st ☐ 7th ☐ 15th ☐ 21st ☐ 28th

OR ☐ Capital Appreciation OR ☐ Dividend*

*Subject to minimum of Rs. 1000/-

** For Daily STP refer to Key Scheme Features. ** Please refer to page no 34 for more details.

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS			
Scheme	<div></div>	Plan	<div></div> Option <div></div>
Sub-option	<div></div>	Withdrawal Options (Please ✓)	<input type="checkbox"/> Fixed Amount (Rs.) <div></div> <input type="checkbox"/> Capital Appreciation
Transfer Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	Date (Please ✓)	<input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
Period of Enrollment	From <div>m m y y y y</div> To <div>m m y y y y</div>		

FOR DETAILS UNDER FATCA / FOREIGN TAX LAWS# (Refer to separate form)

(# Mandatory)

DECLARATIONS & SIGNATURE/S

I/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. I/We hereby apply to the Trustees of Deutsche Mutual Fund for enrolment under the SIP 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 do 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 declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I / We hereby declare that the amount being invested by me/us in the Scheme of Deutsche Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that where the EJIN space has been left blank by me/us, the transaction is an "execution-only" transaction.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies.

SIGNATURE/S

First/Sole Account Holder

Second Account Holder

Third Account Holder

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 _____ Plan _____ Option _____
To the Scheme _____ Plan _____ Option _____
Total Amount (Rs.) _____ OR _____ Units on ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Daily ☐ Perpetual

☐ SWP From the Scheme _____ Plan _____ Option _____
Total Amount (Rs.) _____ OR _____ Units on ☐ Monthly ☐ Quarterly ☐ Weekly

Collection Centre Stamp
& Signature

Deutsche Mutual Fund

DWS TRIGGER FACILITY APPLICATION FORM (Please fill in CAPITAL Letters) (Please read the instructions before completing this Application Form)

Deutsche Asset
& Wealth Management



BROKER INFORMATION			
Broker Name & ARN	Sub-Broker ARN	Employee Unique Identification Number (EJIN)	Sub-Broker Code
ARN-9992			

Application No.

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 EJIN 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

TRANSACTION CHARGES (Please refer instructions and tick any one)	
Applicable for transactions routed through a distributor who has 'Opted in' for transaction charges. <input type="checkbox"/> I am a First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.) <input type="checkbox"/> I am an Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)	
EXISTING UNITHOLDER'S INFORMATION	
If you have, at any time, invested in any Scheme of Deutsche Mutual Fund and wish to hold your present investment in the same Folio, please furnish your Folio Number, Scheme Name, PAN Details, Bank Account Details below and proceed to investment & Payment Details. Folio No. <input type="text"/> KYC <input type="checkbox"/> Yes <input type="checkbox"/> No	
NEW APPLICANT'S 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.
<input type="text"/>	
* Date of Birth (First holder/Minor) <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female * Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others <input type="text"/>
PAN ^{ss} <input type="text"/>	Place of Birth <input type="text"/> Enclosed (Please ✓) <input type="checkbox"/> PAN Card copy ^{ss} <input type="checkbox"/> KYC Compliance proof ^{**}
Name of Guardian (in case of Minor)	<input type="text"/>
Contact Person (in case of Institutional Investors)	<input type="text"/>
* Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others <input type="text"/>	PAN ^{ss} <input type="text"/> Enclosed (Please ✓) <input type="checkbox"/> PAN Card copy ^{ss} <input type="checkbox"/> KYC Compliance proof ^{**}
Name of Second Applicant	<input type="text"/>
* Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others <input type="text"/>	PAN ^{ss} <input type="text"/> Enclosed (Please ✓) <input type="checkbox"/> PAN Card copy ^{ss} <input type="checkbox"/> KYC Compliance proof ^{**}
Name of Third Applicant	<input type="text"/>
* Nationality <input type="checkbox"/> Indian <input type="checkbox"/> Others <input type="text"/>	PAN ^{ss} <input type="text"/> Enclosed (Please ✓) <input type="checkbox"/> PAN Card copy ^{ss} <input type="checkbox"/> KYC Compliance proof ^{**}
* Address of Sole / First Applicant (PO Box Address is not sufficient)	
<input type="text"/>	
<input type="text"/>	
City <input type="text"/>	Pin Code <input type="text"/> State <input type="text"/>
Office Tel. <input type="text"/>	Residence Tel. <input type="text"/>
Fax <input type="text"/>	Mobile <input type="text"/>
* Overseas Address (in case of NRIs / FIs / FPIs applicants)	Address for Correspondence (Please ✓) <input type="checkbox"/> Indian (by Default) <input type="checkbox"/> Overseas
<input type="text"/>	
<input type="text"/>	
* To receive Account Statement (on each Transaction)/Quarterly Newsletter and Annual Report by e-mail, please give your E-mail ID below. (Please use BLOCK Letters)	
E-mail <input type="text"/>	
* Mode of Holding (Please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	* If NRI (Please ✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-repatriation basis
* Status (Please ✓) <input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> Company <input type="checkbox"/> FIs <input type="checkbox"/> FPIs <input type="checkbox"/> NRI <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary <input type="checkbox"/> AOP <input type="checkbox"/> Insurance Company <input type="checkbox"/> Bank <input type="checkbox"/> BOI	<input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Other <input type="text"/>

** w.e.f 1 January, 2011, KYC shall be mandatory for all investors irrespective of amount of investments in Mutual Fund.

* MANDATORY FIELDS

^{ss} Please note that w.e.f. 01 January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs).

... continued overleaf

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

* Occupation (Please ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector/Government Service <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Current/Former Head of State <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other _____																																																		
* List of documents submitted (in case of company) <input type="checkbox"/> Memorandum of Association/Article of Association <input type="checkbox"/> Board Resolution <input type="checkbox"/> List of Authorised Signatory																																																		
* If company is listed <input type="checkbox"/> Yes <input type="checkbox"/> No * Are you Politically Exposed Person? First Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No																																																		
* If occupation is business/profession, please mention precisely the nature of business/profession/industry _____																																																		
PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)																																																		
Name _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female																																																	
Address _____ _____ _____																																																		
City _____	Pin Code _____ State _____																																																	
Office Tel. _____	Residence Tel. _____																																																	
Fax _____	Mobile _____																																																	
PAN* _____	Enclosed (Please ✓) <input type="checkbox"/> PAN Card copy ^{ss} <input type="checkbox"/> KYC Compliance proof **																																																	
* In case the investor is other than individual viz. Corporate, Partnerships, Trust etc. Please provide following details (MANDATORY)																																																		
*In case the INVESTOR is NOT an INDIVIDUAL, please provide Ultimate Beneficial Owner (UBO)/ Directors/Partners/Trustees/Karta of HUF details (Refer to point 11 under General Information on page 32). If there is NO UBO, please declare that the entity does not have anyone holding beneficial interest.																																																		
<div style="text-align: center;">List of Beneficiary Owners/ Directors/Partners/Trustees/Karta of HUF</div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Name</th> <th style="width:15%;">Date of Birth</th> <th style="width:15%;">PAN No.</th> <th style="width:15%;">Nationality</th> <th style="width:30%;">Residential Address</th> <th style="width:15%;">Status (Director / Trustee etc.)</th> <th style="width:10%;">PEP (Y/N)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name	Date of Birth	PAN No.	Nationality	Residential Address	Status (Director / Trustee etc.)	PEP (Y/N)																																										
Name	Date of Birth	PAN No.	Nationality	Residential Address	Status (Director / Trustee etc.)	PEP (Y/N)																																												
If the above space is insufficient, please provide the information by way of an annexure, duly attested.																																																		
BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)																																																		
Account No. _____	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____																																																	
Bank Name _____	Bank City _____ Pin Code _____																																																	
Branch Address _____ _____																																																		
MICR Code _____	This is a 9 digit number next to your Cheque No. IFSC Code _____																																																	
INVESTMENT & PAYMENT DETAILS																																																		
Scheme Name _____	Plan (Please ✓) <input type="checkbox"/> Existing Distributor's/Regular <input type="checkbox"/> Direct Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend																																																	
Dividend Mode (Please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment Dividend Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Regular <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual																																																		
In case of valid application received without indicating any choice of Options, it will be considered as Growth Option by default.																																																		
Investment Amount (Rs.) _____	DD Charges if any (Rs.) _____																																																	
Net Amount (Rs.) _____	Mode of Payment Cheque / Demand Draft / Fund Transfer Strikeout whichever is not applicable.																																																	
Cheque / DD No. _____	Dated _____ Account No. _____																																																	
Drawn on Bank _____	Branch _____																																																	
City _____	Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____																																																	
Separate Cheque/DD/Fund Transfer instruction required for investment in each Scheme/Plan. Cheque / DD to be drawn in favour of the Scheme																																																		
DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (REQUIRED)																																																		
NSDL <input type="checkbox"/> Depository Participant (DP) ID _____	Beneficiary Account Number _____																																																	
OR CDSL <input type="checkbox"/> Depository Participant (DP) ID & Beneficiary Account Number _____																																																		
(If the name of the applicant in this application is not identical with the Beneficiary Account details with the above mentioned DP, the application will be treated as incomplete and is liable to be rejected.)																																																		

** w.e.f 1 January, 2011, KYC shall be mandatory for all investors irrespective of amount of investments in Mutual Fund.

* MANDATORY FIELDS

^{ss} Please note that w.e.f. 01 January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs).

... continued 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. 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 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 FACILITY					
Debt to Equity Trigger Schemes			Equity to Debt Trigger Schemes		
Source Fund: DWS Ultra Short Term Fund, DWS Cash Opportunities Fund Target Fund: DWS Alpha Equity Fund, DWS Investment Opportunity Fund			Source Fund: DWS Alpha Equity Fund, DWS Investment Opportunity Fund Target Fund: DWS Ultra Short Term Fund, DWS Cash Opportunities Fund		
Select your Source & Target Fund/Plan/Option			Select your Source & Target Fund/Plan/Option		
Source Fund (Please ✓) <input type="checkbox"/> DWS Ultra Short Term Fund <input type="checkbox"/> DWS Cash Opportunities Fund			Source Fund (Please ✓) <input type="checkbox"/> DWS Alpha Equity Fund <input type="checkbox"/> DWS Investment Opportunity Fund		
Plan (Please ✓) <input type="checkbox"/> Existing Distributor's <input type="checkbox"/> Direct			Plan (Please ✓) <input type="checkbox"/> Existing Distributor's <input type="checkbox"/> Direct		
Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend			Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Dividend (Please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			Dividend (Please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment		
Target Fund (Please ✓) <input type="checkbox"/> Alpha Equity Fund <input type="checkbox"/> DWS Investment Opportunity Fund			Target Fund (Please ✓) <input type="checkbox"/> DWS Ultra Short Term Fund <input type="checkbox"/> DWS Cash Opportunities Fund		
Plan (Please ✓) <input type="checkbox"/> Existing Distributor's <input type="checkbox"/> Direct			Plan (Please ✓) <input type="checkbox"/> Existing Distributor's <input type="checkbox"/> Direct		
Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend			Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Dividend (Please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			Dividend (Please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment		
Transfer into Target Fund (Please ✓)		At Index Level (multiples of 50 points)		Transfer into Target Fund	
<input type="checkbox"/> 100% Transfer		Sensex Level _____		100% Transfer	
<input type="checkbox"/> 50% Transfer		OR		<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25%	
<input type="checkbox"/> Balance 50% Transfer		Sensex Level _____		<input type="checkbox"/> Other ____%*	
<input type="checkbox"/> Balance 50% Transfer		Sensex Level _____		If you want to Transfer back into Source Fund	
If you want to Transfer back into Source Fund (Please ✓)		When NAV of Target Fund Grows by (%) (select one)		100% Transfer	
<input type="checkbox"/> 100% Transfer		<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> Other ____%*		<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25%	
<input type="checkbox"/> 50% Transfer		OR		<input type="checkbox"/> Other ____%*	
<input type="checkbox"/> Balance 50% Transfer		<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> Other ____%*		<input type="checkbox"/> Other ____%*	
* The NAV Increase/Decrease % should not be less than 5% and should not be in decimals					
FOR DETAILS UNDER FATCA / FOREIGN TAX LAWS# (Refer to separate form) (# Mandatory)					
REDEMPTION / DIVIDEND PAYOUTS					
The below payout options are available to the investors for redemptions/dividends:- (if no Payout Option is selected then payout would be through default option of cheque/Demand Drafts)					
<input type="checkbox"/> Cheques/Demand drafts <input type="checkbox"/> Fund Transfer/Direct Credit <input type="checkbox"/> RTGS/NEFT					
The Fund Transfer/Direct credit option is available only in cases wherein the investor has a account with either ICICI Bank Ltd./HDFC Bank Ltd./Axis Bank/Standard Chartered Bank/IDBI Bank/Deutsche Bank/Citi Bank/HSBC Bank/IndusInd Bank/ABN AMRO Bank.					
RTGS/NEFT will be extended from time to time subject to (i) availability of facility to bank/branch (ii) Participation of bank & branch in electronic transfer (iii) availability of complete details (NEFT/IFSC Code) in the investor application form. The minimum amount for payout through RTGS is Rs. 2,00,000/- (Rupees Two Lacs only). With regards to payout through NEFT no restriction of Amount is applicable.					
I/We understand that the instruction to the bank for Direct Credit/RTGS/NEFT will be given by the Mutual Fund and such instruction will be adequate discharge of Mutual Fund towards redemption/dividend proceeds. In case of bank not crediting my/our bank account with/without assigning any reason thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold Deutsche Mutual Fund responsible. I/We understand that in case account number furnished by me/us, if found incorrect, I/We would not hold Deutsche Mutual Fund responsible for the credit going to the wrong account. Further, the Mutual Fund reserves the right to issue a demand draft/payable at par to make good payment rejected through DC/RTGS/NEFT.					
NOMINATION					
I/We _____ and _____					
(Unitholder 1) (Unitholder 2)					
do hereby nominate the person(s) more particularly described hereunder/and cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. _____					
(*strikeout which is not applicable)					
Name and Address of Nominee(s)	Date of Birth	Relation	Name and Address of Guardian	PAN No.	Proportion(%) by which the units will be shared by each Nominee (should aggregate to 100%)
			(to be furnished in case the Nominee is a minor)		
Nominee 1					
Nominee 2					
Nominee 3					

This portion has been intentionally left blank

OTHER DETAILS *

(* 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 Net-worth as on (date) () (Net worth should not be older than 1 year)

Occupation (please ✓ any one and give brief details): ☐ Private Sector ☐ Public Sector
☐ Government Service
 ☐ Business
 ☐ Professional
 ☐ Agriculturist
 ☐ Retired

☐ Housewife
 ☐ Student
 ☐ Others _____
Please tick, if applicable: ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Any other information: _____

Non 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-1 crore
 ☐ > 1 crore

Net-worth as on (date) (dd/mm/yyyy): () (*Net worth should not be older than 1 year)

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors:

☐ Politically Exposed Person (PEP)
 ☐ Related to a Politically Exposed Person (PEP)

Any other information: _____

DECLARATIONS & SIGNATURE/S

I/We have read and understood the contents of the Scheme Information Document of the Scheme of Deutsche Mutual Fund. I/We hereby apply to the Trustees of Deutsche Mutual Fund for allotment of Units of the Scheme of Deutsche Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme. I/We have understood the details of the Scheme 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 designed for the purpose of contravening any statute, notification, legislation, directions or otherwise and I/We am/are duly authorised to sign this Application Form. 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.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

*Applicable to NRI.

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

--	--	--	--	--	--	--	--	--	--

SIGNATURE/S

First/Sole Account Holder

Second Account Holder

Third Account Holder

DWS Trigger Facility Instructions

Debt to Equity Trigger Facility Instructions

1. New Investors who wish to enroll for trigger have to fill in Debt to Equity Trigger details in the application form
2. Investors should clearly indicate Source and Target Fund/Scheme/Plan/Option he/she wishes to invest and transfer their investment.
3. Investors should mandatorily mention Transfer In Index level and Transfer Back reverse entry percentage level. They can choose any of the 5%, 10%, 15%, 20% or 25% of NAV growth % or any other % of their choice. Sensex to be indicated by the investor in multiples of 50.
4. A Trigger / Alert once deactivated after execution will not be activated unless advised in writing.
5. Only one Trigger can be selected per transaction for a Fund/Scheme, Plan & Option
6. Unit holders may change the Indices level and/or % of NAV growth at any time by giving revised trigger level at the nearest Investor Service Centre
7. Investor can choose to transfer either full investment at Market value OR in two installments of 50% of net assets of the scheme in to equity. In case investor chooses to transfer the investment in two parts, then he will indicate two different levels of Sensex and accordingly, the switch will happen.
8. A minimum of 4 working days difference will be maintained between purchase and the beginning of the first Debt to Equity Trigger
9. Additional investment in source fund and target fund in the earmarked folio is not permitted. The default sweep in scheme will be DWS Alpha Equity Fund - Growth Plan.
10. The source funds and target funds are as given in the application form.
11. Investor can switch to other funds before activation of trigger. Exit from source fund to target fund is mandatory on activation of chosen trigger. Reentry into source fund is NOT mandatory. The investors can re-register for trigger cycle only after completion of complete cycle i.e. only when the money comes back to the source fund.
12. The exit load is applicable on switches at both ends.

13. Once the cycle is completed investor is free to define existing/new exit and reentry levels.
14. Default plan & options and corresponding minimum amount will be applicable as defined under the schemes for enrolling in this facility.

Equity to Debt Trigger Facility Instructions

1. New Investors who wish to enroll for trigger have to fill in Equity to Debt Trigger details in the application form
2. Investors should clearly indicate Source and Target Fund/Scheme / Plan / Option he / she wishes to transfer their investment.
3. Only the NAV of the Source Fund would be tracked for Transfer into (NAV Growth) and Transfer back (NAV Fall)
4. Profit booking & Transfer In percentage of NAV to be defined during set up of the trigger.
5. Only one Trigger can be selected per transaction for a Scheme, Plan & Option.
6. Investor can choose the % growth in chosen equity fund's NAV in specified form.
7. If the NAV of source fund grows by the chosen %, then the entire outstanding amount in the 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
8. A minimum of 4 working days difference will be maintained between the purchase and the beginning of the first Equity to Debt Trigger
9. Unit holders may change the % of NAV growth at any time by giving revised trigger level at the nearest Investor Service Centre.
10. 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.
11. Default plan & options and corresponding minimum amount will be applicable as defined under the schemes for enrolling in this facility.

This portion has been intentionally left blank



First / Sole Applicant / Guardian

Name																												
Gender	M	F	O		PAN												Occupation Type											
Father's Name																												
Cust ID / Folio No. / Application No.																												

Address of tax residence would be taken as available in KRA data base. In case of any change please approach KRA & notify the changes

Type of address given at KRA	Residential or Business		Residential		Business		Registered Office																				
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																										
Date of Birth					Place of Birth																						
Country of Birth																											
Nationality																											
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No																										

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA
%In case Tax Identification Number is not available, kindly provide its functional equivalent\$

Second Applicant

Name																												
Gender	M	F	O		PAN												Occupation Type											
Father's Name																												
Cust ID / Folio No. / Application No.																												

Address of tax residence would be taken as available in KRA data base. In case of any change please approach KRA & notify the changes

Type of address given at KRA	Residential or Business		Residential		Business		Registered Office																				
Permissible documents are	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																										
Date of Birth					Place of Birth																						
Country of Birth																											
Nationality																											
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No																										

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA
%In case Tax Identification Number is not available, kindly provide its functional equivalent\$

Third Applicant

Address of tax residence would be taken as available in KRA data base. In case of any change please approach KRA & notify the changes

Type of address given at KRA				Residential or Business				Residential				Business				Registered Office							
Permissible documents are				<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others																			
Date of Birth								Place of Birth															
Country of Birth																							
Nationality																							
Are you a tax resident of any country other than India?								<input type="checkbox"/> Yes <input type="checkbox"/> No															

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country#	Tax Identification Number%	Identification Type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA

%In case Tax Identification Number is not available, kindly provide its functional equivalent\$

Certification

I/We have understood the information requirements of this Form (read along with the instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the Terms and Conditions below and hereby accept the same.

Signatures

First / Sole Applicant / Guardian									Second Applicant									Third Applicant									
Date	D	D	M	M	Y	Y	Y	Y	Place																		

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 withholding from the account 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.



Name of the entity																																
Type of address given at KRA	Residential or Business								Residential								Business								Registered Office							
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes																																
Customer ID / Folio number / Application Number																																
PAN									Date of incorporation																							
City of incorporation																																
Country of incorporation																																
Entity Constitution Type Please tick as appropriate	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP / BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____																															

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)

Country	Tax Identification Number %	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent⁸.

In case TIN or its functional equivalent is not available, please provide Company Identification number or global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U. S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1	We are a, Financial institution ⁶ <input type="checkbox"/> or Direct reporting NFE ⁷ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity <input type="text"/> <input type="text"/>
	GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for If the entity is a financial institution <input type="checkbox"/> Not required to apply for- please specify 2 digits sub-category ¹⁰ <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI	

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active ³ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part D)
4.	Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

UBO Declaration

Category (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust ☐ Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -
1. Name <input type="text"/> Country <input type="text"/> Tax ID No.% <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> AddressType <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address <input type="text"/> <input type="text"/> <input type="text"/> ZIP <input type="text"/> State <input type="text"/> Country <input type="text"/>
2. Name <input type="text"/> Country <input type="text"/> Tax ID No.% <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> AddressType <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address <input type="text"/> <input type="text"/> <input type="text"/> ZIP <input type="text"/> State <input type="text"/> Country <input type="text"/>
3. Name <input type="text"/> Country <input type="text"/> Tax ID No.% <input type="text"/>	Tax ID Type <input type="text"/> Type Code <input type="text"/> AddressType <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address <input type="text"/> <input type="text"/> <input type="text"/> ZIP <input type="text"/> State <input type="text"/> Country <input type="text"/>

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving LicenceNREGA Job Card, Others)		Occupation Type - Service, Business, Others		DOB - Date of Birth	
City of Birth - Country of Birth		Nationality		Gender - Male, Female, Other	
		Father's Name - Mandatory if PAN is not available			
1. PAN	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Occupation Type	<div></div>	DOB	<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>
City of Birth	<div></div>	Nationality	<div></div>	Gender:	<div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Other</div>
Country of Birth	<div></div>	Father's Name	<div></div>		
2. PAN	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Occupation Type	<div></div>	DOB	<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>
City of Birth	<div></div>	Nationality	<div></div>	Gender:	<div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Other</div>
Country of Birth	<div></div>	Father's Name	<div></div>		
3. PAN	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Occupation Type	<div></div>	DOB	<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>
City of Birth	<div></div>	Nationality	<div></div>	Gender:	<div><input type="checkbox"/> Male</div> <div><input type="checkbox"/> Female</div> <div><input type="checkbox"/> Other</div>
Country of Birth	<div></div>	Father's Name	<div></div>		

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all account holders. 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 purposes of ensuring appropriate withholding from the account 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.

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.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

⁵It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions below and hereby accept the same.

Name	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>
Designation	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>	<div style="height: 20px;"></div>

Signature	Signature	Signature		Place _____								
				Date <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					