Deutsche Mutual Fund

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

BROKER INFORMATION

Deutsche Asset & Wealth Management

BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)	SUB-BROKER CODE			
Bonanza - 0186				Application Date	& Time	
Upfront commission shall be paid dire	rtly by the investor to the ΔMFI red	istered distributor based on the investo	ors' assessment of various factors	including the service rendered by	v the distributor	
<u> </u>	l box has been intentionally left bla	nk by me/us as this transaction is exec	cuted without any interaction or ad	lvice by the employee/relationsh	,	
First / Sole Applicant / Gual	rdian S	econd Applicant	Third Applicant	Pov	ver of Attorney Holder	
	ES (Please refer instructions and t					
	ted through a distributor who has	•				
	n Mutual Fund Industry. (Rs 150 w	ill be deducted.)	☐ I am an Existing Investor in	Mutual Fund Industry. (Rs 100 v	vill be deducted.)	
2 EXISTING FOLIO NUME	BER	Existing Investors - F	Please fill in Sections 1, 14, 15,16 a	nd 19 only KYC ** Yes	☐ No.	
3 UNIT HOLDER INFORM	IATION					
Name of the First Applicant / Corpora	te Investor		Date of Birth/Incorporation*	D D M M Y Y Age	(No. of years)	
Mr/ Ms/ M/s/ Dr/ Minor						
PAN (mandatory) ^{\$\$}	Enclo	osed (Please ✓) PAN Proof ^{\$\$} KYC	CLetter** Nationality Indian [Other(R	efer instruction related to PAN & KYC)	
Annual Income* (Please ✓)	Rs. 0 - 5 lacs Rs. 5 - 25 lacs	Rs. 25 lacs - 1 crore Rs. 1	1 - 5 crore Rs. 5 crore & abo	ve Source of Income :		
Name of the Second Applicant	Mr/ Ms/ M/s/ Dr					
PAN (mandatory) ^{\$\$}	Enclo	osed (Please ✓) PAN Proof ^{\$\$} KYC	CLetter** Nationality Indian	Other(R	efer instruction related to PAN & KYC)	
Name of the Third Applicant Mr	/ Ms/ M/s/ Dr					
PAN (mandatory) ^{\$\$}	Enclo	osed (Please ✓) PAN Proof ^{\$\$} KYC	Letter** Nationality Indian [Other(R	efer instruction related to PAN & KYC)	
Name of the Guardian (in case of a m	inor)/Name of the Power of Attorne	ey Holder.				
Mr/ Ms/ M/s/ Dr						
PAN (mandatory) ^{\$\$}	Enclo	osed (Please ✓) PAN Proof ^{\$\$} KYC	Letter** Nationality Indian [Other(R	efer instruction related to PAN & KYC)	
4 STATUS OF FIRST APP	_ICANT* Resident Inc	lividual Bank HUF Propri	ietor Minor Society F	II Partnership Firm		
□NRI □PIO □Tri						
5 MODE OF OPERATION	* Single Joint	Anyone or Survivor	6 If NRI* (Please ✓) ☐ Re	patriation basis Non-repa	atriation basis	
7 If COMPANY IS LISTED	Yes No 8 ARE YO	U POLITICALLY EXPOSED PER	RSON?* First Holder Yes	No Second Holder Yes	No Third Holder ☐ Yes ☐ No	
9 LIST OF DOCUMENTS	SUBMITTED* (in case of comp	any) Memorandum of Association	on / Article of Association Bo	pard Resolution	List of Authorised Signatory	
10 OCCUPATION (Please ✓)	·	blic Sector / Government Service			<u> </u>	
,		Current / Former Head of State				
11 ADDRESS - FIRST APPL	ICANT/ GUARDIAN/CORP	DRATE*				
Contact Person (In case of Non Indivi	dual Investor)					
Address						
City	1417	State		Country		
Pin Code	Mobile	Email				
12 OVERSEAS ADDRESS* Address	(Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Invest	tors residing overseas & with PO B	ox address must provide their in	dian address)	
City		State		Country		
Pin Code	Mobile	Landline N	0.	Email		
13 CONTACT & ADDRESS	OF POWER OF ATTORNEY	' HOLDER (PO Box address is not su	ufficient)			
Address						
City		State		Country		
Pin Code	Mobile	Landline No.		Email		
14 *In case the INVESTOR	is NOT an INDIVIDUAL, ple	ease provide Ultimate Benefici	ial Owner (UBO) details (Re	fer to point 11 under Gen	eral Information on page 28).	
If there is NO UBO, plea		oes not have anyone holding b				
Name	List of UBOs Date of Birth	PAN No. Nationality	Direc	tors/Partners/Trustees/Karta of H Date of Birth	PAN No. Nationality	
Ivaine	Date of Birtin	PAIN INC. INdubinding	Ivanie	Date of Birtin	FAIN NO. INduotidity	
If the above space is insufficient, ple		<u>, </u>				
15 MODE OF CORRESPON are requested to leave the e-m		provided his e-mail id, the AMC shall se	nd all communication to the invest	or via e-mail. Investors who wish	to receive hard copy communication	
	ommunication through physical m	ode in lieu of email.				
16 BANK ACCOUNT DETA	ILS OF FIRST / SOLE APPL	CANT (Refer "Bank Details" under In	nstructions. Please enclose a copy	of a cancelled cheque)		
Name of Bank			Br	anch		
City	State		Account No.			
Account Type Current	Savings NRO	□NRE □FCNR	Others_			
MICR code*		IFSC code ⁴	**			
		ur cheque next to the cheque number	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	
		ective of the amount of investments in		* MANDATOR		
St 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 low	estor)				
	<u> </u>	Dr. D. N. Road, Fort, Mumbai-400001		Application No.		
Received from Mr./Ms./M/s					ISC Stamp & Signature	
an application for Purchase of Units of Scheme Plan						
Option	Optionalongwith Cheque / Demand Draft No Dated					
Amount (Rs.)	Drawn on		Date			
Please Note: All Purchases are subject	t to realisation of Cheques / Demai	nd Drafts.				

1/ INVESTMENT DETAILS Scheme Name								
Plan (Please ✓) ☐ Regular Plan ☐ Institutional Plan ☐ Super Institutional Plan ☐ Direct Plan Dividend/Bonus Frequency (Please ✓) ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Option (Please Y) Growth Dividend Bonus Half Yearly Annual Dividend Mode (Please Y) Reinvestment Payout considered as Growth Option/Reinvestment by default, for all Scheme(s)/Plan(s). In case the investor subcribes							
18 PAYMENT OPTIONS								
Investment Amount (Rs.) DD Charges if any (Rs.)								
Net Amount (Rs.) Mode of Payment Che	que / Demand Draft / Fund Transfer Strikeout whichever is not applicable.							
Cheque / DD No. Dated Dated	Account No.							
Drawn on Bank	Branch 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	e / DD to be drawn in favour of the Scheme applied for.							
19 DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (REQUIRED) NSDL OR CDSI								
Depository								
Participant (DP) ID Participant (DP) ID 8 Beneficiary Account Number								
Beneficiary Account Number (If the name of the applicant in this application is not identical with the Beneficiary Account details with								
20 NOMINATION DETAILS	are above mentioned by, are application will be a cated as meorphic and is hable to be rejected.)							
1/We do hereby nominate the under mentioned person to receive	e In case Nominee is a Minor							
the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that a payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receip								
thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.	Address of Guardian							
Nominee's Name								
Relationship	Date of Birth Signature of Guardian In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra							
Address	nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.							
21 OTHER DETAILS*	(* Mandatory)							
Individuals Gross Appual Income Details (please specify): Income Range per appum:	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	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							
OR Net-worth as on (date)	Net-worth as on (date)							
Occupation (please ✓ any one and give brief details): Private Sector Public Sector Government Service Business Professional Agriculturist Retired	than 1 year) Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole							
Housewife Student Others	time directors: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)							
Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEI) Any other information:	Any other information:							
Management (India) Pvt Ltd, believing this statement to be true, will rely on it and act on it. In the event reject the application or terminate the folio.	ructions):-							
US TIN	ry Residence Please specify Country of Birth Please specify							
First Holder Signature* Second Holder Signature 23 DECLARATION AND SIGNATURES	* ThirdHolderSignature*							
IWe have read and understood the contents of the Statement of Additional Information / Scheme Inform of Deutsche Mutual Fund, as indicated understood the details of the Scheme(s) and IWe have not received nor been induced by any rebate or Nationality/Origin and IWe hereby confirm that the funds of subscription have been remitted form abrox that the details provided by me/us are true and correct, the amount being invested has been derived fr legislation, directions or otherwise and IWe am/are duly authorised to sign this Application Form. We Application Form, I am/we are not required to obtain a PAN under the provisions of the Income Tax Act, IWe authorise the Fund to redeem the funds invested in the scheme, in favour of the applicant at the a be required by law. IWe declared that IWe shall update change to my/our KYC information as required with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a blank by me/us, the transaction is an "execution-only" transaction.	nation Document(s) of the respective Scheme(s) of Deutsche Mutual Fund. I/We hereby apply to the Trustees above and agree to abide by the term, conditions, rules and regulations of the relevant Scheme(s). I/We have gifts, directly or indirectly, in making this investment. *I/We confirm that I am/We are non Resident of Indian ad through normal banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby declare om legitimate sources and is not held or designed for the purpose of contravening any statute, notification, a confirm that in the event I/We have mentioned "Not Applicable" / left the space blank against PAN in this 1961. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the fund, pplicable NAV on the date of such redemption and undertaking such other action with such funds that may under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together year (applicable to Micro SIP investors only). I/We hereby confirm that where the EUIN space has been left or mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which							
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other the Scheme is being recommended to me/us.								
the Scheme is being recommended to me/us.	This IA F							
the Scheme is being recommended to me/us. Date: First / Sole Applicant / Guardian Section 1.5 Section	cond Applicant Third Applicant Power of Attorney Holder							
the Scheme is being recommended to me/us. Date: First / Sole Applicant / Guardian Ser CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applica	ble to your specific case)							
the Scheme is being recommended to me/us. Date: Sole Applicant / Guardian Second CHECKLIST Documents as listed below are to be submitted along with the Application Form (as application Form Form Form (as application Form Form Form Form Form Form Form Form	ble to your specific case) Individuals Companies Trusts Societies Partnership Firms Fils NRIs Investments through POA							
the Scheme is being recommended to me/us. Date: The first / Sole Applicant / Guardian Second CHECKLIST Documents as listed below are to be submitted along with the Application Form (as application form) Document submitted Kindly (*) Sr No Documents 1 Resolution / Authorisation to invest 2 List of Authorised Signatories with Specimen Signature(s)	ble to your specific case) Individuals Companies Trusts Societies Partnership Firms Fils NRIs Investments through POA							
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the Scheme is being recommended to me/us. Date: First / Sole Applicant / Guardian Second Sec	ble to your specific case) Individuals Companies Trusts Societies Partnership Firms Fils NRIs Investments through POA							
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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. For a new investor investing for the first time in mutual funds, an amount of Rs.150/- per subscription of Rs.10,000/- iv. There shall be no Transaction Charge on subscription seloum Rs.150/- investing 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.