Deutsche Mutual Fund

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

Deutsche Asset & Wealth Management

BROKER INFORMATION

BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)	SUB-BROKER CODE
ARN-98078		**E114948**	

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

1 EXISTING FOLIO NUMBER

KYC ☐ Yes ☐ No. Common Application Form No. (for New Investor)

2 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

3 SIP/ENROLLMENT DETAILS

Scheme Name

Plan (Please ✓) ☐ Regular Plan ☐ Institutional Plan ☐ Super Institutional Plan ☐ Direct Plan

Option (Please ✓) ☐ Growth ☐ Dividend ☐ Bonus Dividend / Bonus Frequency (Please ✓) ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual

Dividend Mode (Please ✓) ☐ Reinvestment ☐ Payout Amount per SIP Installment Rs. SIP Frequency (Please ✓) ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Daily*

SIP Dates (for option other than daily SIP) (Please ✓) ☐ 7th ☐ 15th ☐ 21st ☐ 28th Enrollment Period From M M Y Y Y Y To M M Y Y Y Y

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 subcribes to units of a plan other than the single plan, then by default the units of the single plan will be allotted.

*For Daily SIP please refer to key scheme features

☐ Micro SIPs (Please ⍰) (Investment of equal to or less than Rs. 50,000/- 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		

4 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	

5 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.

6 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.

Collection Centre Stamp & Signature

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

an application for SIP enrolment in the Scheme _____

Plan _____ Option _____

Total Amount (Rs.) _____ Cheque Nos. From _____ To _____

drawn on _____ on ☐ Monthly ☐ Quarterly ☐ Weekly