## Deutsche Mutual Fund

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

Deutsche Asset Management

DWS
INVESTMENTS
Deutsche Bank Group

BROKERAGE INFORMATION

SACHIN 5. PAREKI

Sub-Broker ARN

Member of Deutsche Bank Group

Fundamental Deutsche Bank Group

The Investorial Shall be pa285207 by by

Case Investorial State State & Time Investorial Stat

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EXISTING UNITHOLDER'S I				THE STATE OF THE S
		hold your present investment in	the same Folio, please furnish your Folio Number, Scheme N	lame, PAN Details, Ban
Account Details below and proceed to invest	KYC	Yes □ No		
NEW APPLICANT'S INFORM		etters)	Salutation Mr. Ms	Dr. Prof.
Name of Sole / First Applicant (leave space	a between first / middle / last name)		Salutationivii,ivis	
Date of Birth	/- Sex	☐ Male ☐ Female	\$Nationality	
(First holder / Minor) D D M I			Place of Birth	normal de la companyant
Date of Birth is Mandatory for Investors o			그림에는 1000년에 가장하다 한 원인 경험에서 전 시간에 가장하는 것이 되었다.	CYC Compliance proof
	0-5 lacs Rs. 5-25 lacs Rs. 25 la	acs - 1 crore Rs. 1-5 crore	Rs. 5 crore & above Source of Income	
Name of Guardian (in case of Minor)		da 187   Tel Sulfacetoid f	His man is an east base base in the part of the later in	
Contact Person				
(in case of Institutional Investors)			E I I/DI () CIDAN C- I ** CI	0/0 0
PAN*			Enclosed (Please ✓) □ PAN Card copy** □ k	(YC Compliance proof
Name of Second Applicant			attachen esterfelle de le des 190 en de	
PAN**				CYC Compliance proof
Annual Income (Please ✓) ☐ Rs.	0-5 lacs Rs. 5-25 lacs Rs. 25 lacs	acs - 1 crore Rs. 1-5 crore	Rs. 5 crore & above Source of Income	
Name of Third Applicant				
PAN**			Enclosed (Please ✓) ☐ PAN Card copy** ☐ F	KYC Compliance proof
*Annual Income (Please ✓) ☐ Rs.	0-5 lacs Rs. 5-25 lacs Rs. 25 lacs	acs - 1 crore Rs. 1-5 crore	Rs. 5 crore & above Source of Income	
Address of Sole / First Applicant (PO Box A	Address is not sufficient)			
		ID:- Codo I	Ctoto	
Office Tel.		Pin Code   Residence	State	
Fax		Mobile	Ci.	
Overseas Address (in case of NRIs / Fils app	olicants)		for Correspondance (Please ✓) ☐ Indian (by Default)	□ Overseas
	saction) / Quarterly Newsletter and Annual	Report by e-mail, please give you	ur E-mail ID below. (Please use BLOCK Letters)	
E-mail  Please leave the E-mail ID blank if you wish	to receive hard conveniention			
Please leave the E-mail ID blank if you wish		Ctatus (Diagos ()	idual DUIE D'Company DElla DN	DI Truot
Mode of Holding (Please ✓) ☐ Single	☐ Joint ☐ Anyone or Survivor	\$Status (Please ✓) ☐ Indiv	vidual HUF Company Fils N Proprietary AOP Insurance Company	RI Trust  Bank
Nature of Business / Service / Industry		□ BOI □ On behalf of		
If company is listed ☐ Yes ☐ No	List of documents submitted (in case of c	ompany) \$0ccupation (Pleas	e ✓) ☐ Private Sector Service ☐ Public Sector / Government	nent Service Retire
Are you Politically Exposed Person?	Memorandum of Association / Article of A		Professional Housewife Student Agricult	turist
First Holder Second Holder Third Holder Y/N Y/N Y/N	☐ Board Resolution ☐ List of Authorised Signatory	☐ Current / Former  If NRI (Please ✓)	Head of State Forex Dealer Other Non-repatriation basis	
				THE RESIDENCE OF THE PARTY OF T
	e investment is being made by	a Constituted Automey	please furnish Name and PAN of PoA holde	
Name			Sex Male	Female
Address				
City		Pin Code	State	
Office Tel.		Residence		
Fax		Mobile		
PAN*			Enclosed (Please ✓) □ PAN Card copy** □ I	KYC Compliance proof
The second secon	Please note that as per SEBI R	egulations it is mandate	ory for investors to provide their bank accou	nt details)
Account No.			Account Type SAVINGS CURRENT	THE RESIDENCE OF THE PARTY OF T
Bank Name			(Please ✓) □ FCNR □ Others □	
Bank City			Pin Code	
Branch Address		AND MARKET STATE OF THE STATE O	JECC Codo	
MICR Code		er next to your Cheque No		
w.e.f 3 March, 2008, if the investment is F Please note that w.e.f. 01 January, 2008	is. 50,000 and above, all the applicants r	reed to be KYC Complaint. nyestors (including Joint Holde	\$ Mandatory fields rs. Guardian in case of Minor and NRIs).	
lease submit photocopy of PAN Card (along)	with the original) for verification, which will	be returned across the counter. F	Please see instruction 2b contined overleaf	
	. — — — — — — —			
ACKNOWLEDGEMENT SLI	P (To be filled in by the Investo	r)	AAAAA	
Deutsche Mutual Fund	D D M D 1 5 1 1 1 100 0		ition No. 285207	
Registered Office: 2nd Floor 222 Kodak Ho	ouse, Dr. D. N. Road, Fort, Mumbai - 400 00			

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Deutsche Mutual Fund
Registered Office: 2nd Floor, 222, Kodak House, Dr. D. N. Road, Fort, Mumbai - 400 001.

Received from Mr./Ms./M/s.
Units of Scheme Plan Option
alongwith Cheque / Demand Draft No.
Dated

Drawn on Date

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

INVESTMENT & PAYMENT DETAILS (Please refer to the Snapshot on Page 14)									
Scheme Name									
Plan (Please ✓)									
In case of valid application		D Charges	na Mode, it will be cons			ocheme(s)/Plan(s).			
Amount (Rs.)	100	any (Rs.)		Net Amo	unt (Rs.)				
Mode of Payment	Cheque / Demand Draft / Fund Transfer  Cheque / DD No.  Strikeout whichever is not applicable.  Dated  Dated								
Account No.									
Drawn on Bank	Branch								
City Account Type (Please ✓) □ SAVINGS □ CURRENT □ NRE □ NRO □ FCNR □ Others									
NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	Fund Transfer instruction required for inv	THE RESIDENCE OF THE PARTY OF T			eme applied for.				
SIP ENROLLME	NT DETAILS / AUTO SWE	EP FACILIT	Y – See Page No						
Amount per SIP Installe SIP Frequency (Please Auto Sweep from (Please Auto Sweep into (Please	✓) ☐ Monthly ☐ Quarterly	□ Weekly □ DWS Short M □ DWS Investm	Auto Sweep Install	nents (Please ✓) □ 4 □ 6 □ DWS Ultra Short Term Fund □ DWS Tax Saving Fund		SIP / Auto Sweep Dates (Please ✓)  ☐ 7th ☐ 15th ☐ 21st ☐ 28th  ematic Offshore Fund			
Option (Please ✓) □				Payout Charusa Nas - Franci		*Not applicable for Auto Sweep Plan			
PAYMENT MECHNANIS		Total Chequ	162	Cheques Nos. From		To			
Drawn on Bank  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.									
REDEMPTION	DIVIDEND PAYOUTS								
Cheques/Demand drafts Fund Transfer/Direct Credit 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. 1,00,000/- (Rupees One Lac 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.									
	- See Page No. 12	rves the right to is	sue a demana dranipaya	ble at par to make good payment reje	cted through DC/HT	GO/INEL I.			
I/We	- See Fage No. 12		and						
*do hereby nominate the (*strikeout which is not a	(Unitholder 1) e person(s) more particularly described he applicable)	ereunder/and* can	cel the nomination made	by me/us on the day of	(Unitholder 2) in respect o	of the Units under Folio No			
Name and Address of N		Date of Birth	Name and	d Address of Guardian	PAN No.	Proportion(%) by which			
			(to be furnished in	case the Nominee is a minor)		Nominee (should aggregate to 100%)			
Nominee 1						Trottimos (orrodia aggiogato to 10076)			
Nominee 2 .									
Nominee 3									
I/We have read and understood the contents of the Offer 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 of 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 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 applicable NAV on the date of such redemption and undertaking such other action with such funds that may be required by law. **i/We hereby confirm that I/We am/are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued thereunder from time to time.									
SIGNATURE/S	X	Date							
First/Sole Account Holder Second Account Holder Third Account Holder Third Account Holder									
*Applicable to NRI. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.  *Applicable to NRI. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.  *Applicable to NRI. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.  **The ARN holder has disclosed to me/us  **The ARN holder has disclosed to me/us									
CHECKLIST FOR INVESTMENT IN DWS TAX SAVING FUND: Declaration of Good Health of Date of Birth of the Investor mode), payable									
LIST OF ATTACHMENTS (To be filled in by Applicant).  to him for the different competing Schemes.									
Total number of attachm	ents (Documents) alongwith the Applica	tion Form	100000000000000000000000000000000000000	The state of the s					
Total number of attachments (Documents) alongwith the Application Form  If you are investing in DWS Tax Saving Fund, please fill the Good Health Declaration Form for being entitled to an Insurance Cover All-corrections are to be countersigned.									
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## INVESTOR SERVICE CENTRES (customercare@karvy.com)

## KARVY INVESTOR SERVICE CENTRES

Ahmedabad: Tel: 079-26420422/26402967/0527/0528. Aurangabad: Tel: 0240-2363530/517/523/524. Bangalore: Tel: 080-25320085. Bhavnagar: Tel: 0278-2567005/006. Bhubaneshwar: Tel: 0674-6534585/2360334. Chandigarh: Tel: 0172-5071726/27/28. Chennai: Tel: 044-28277383/42028512/13. Cochin: Tel: 0484-4010224/1885. Coimbatore: Tel: 0422-4384770/4382770. Durgapur: Tel: 0343-2586376. Gurgaon: Tel: 0124-4083854/4086914. Guwahati: Tel: 0361-2608122/016/102. Hyderabad: Tel: 040-23312454 Ext: 124. Indore: Tel: 0731-3243601/3605. Jaipur: Tel: 0141-2363321/2375039/2364660. Jamnagar: Tel: 0288-2750263. Jamshedpur: Tel: 0657-2487045/48. Kanpur: Tel: 0512-3296000/3293222. Kolhapur: Tel: 0231-2520650/55. Kolkata: Tel: 033-24659263/67/39518643. Lucknow: Tel: 0522-2236819/20/28. Madurai: Tel: 0452-2600852/53/54. Mumbai: Tel: 022-66235353. Mumbai-Borivli: Tel: 022-28904855. Mumbai-Thane: Tel: 022-25446121/24. Nagpur: Tel: 0712-6619382/0513. Nasik: Tel: 0253-6611395. New Delhi: Tel: 011-43681700/14/15. Panjim (Goa): Tel: 0832-3950660/ 2426870/71/72/73/74. Patna: Tel: 0612-3209296/2321354. Pune: Tel: 020-25533795/3592/2783/9957. Rajkot: Tel: 0281-3046535. Salem: Tel: 0427-2210835/836/983. Surat: Tel: 0261-3017158/3237924. Trichy: Tel: 0431-2791322/8200/3799/3800/1000. Trivandrum: Tel: 0471-2725987/89/91. Vadodara: Tel: 0265-6640872. Vijayawada: Tel: 0866-2495500/88. Visakhapatnam: Tel: 0891-2752917.