

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
A Member of Deutsche Bank Group



BROKERAGE INFORMATION

Broker Name & ARN SACHIN S. PAREKH ARN-18941	Sub-Broker ARN _____
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Application No. **285207**
 Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

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. _____ KYC Yes No

NEW APPLICANT'S INFORMATION (Please fill in Block Letters)

Name of Sole / First Applicant (leave space between first / middle / last name) _____ Salutation Mr. Ms. Dr. Prof.

* Date of Birth _____ / _____ / _____ Sex Male Female \$Nationality Indian Others _____
 (First holder / Minor) D D M M Y Y Y Y PAN* _____ Place of Birth _____

Date of Birth is Mandatory for Investors opting for Insurance Cover in the DWS Tax Saving Fund Enclosed (Please) PAN Card copy** KYC Compliance proof

*Annual Income (Please) Rs. 0-5 lacs Rs. 5-25 lacs Rs. 25 lacs - 1 crore Rs. 1-5 crore Rs. 5 crore & above Source of Income _____

Name of Guardian (in case of Minor) _____

Contact Person (in case of Institutional Investors) _____

PAN* _____ Enclosed (Please) PAN Card copy** KYC Compliance proof

Name of Second Applicant _____

PAN** _____ Enclosed (Please) PAN Card copy** KYC Compliance proof

*Annual Income (Please) Rs. 0-5 lacs Rs. 5-25 lacs Rs. 25 lacs - 1 crore Rs. 1-5 crore Rs. 5 crore & above Source of Income _____

Name of Third Applicant _____

PAN** _____ Enclosed (Please) PAN Card copy** KYC Compliance proof

*Annual Income (Please) Rs. 0-5 lacs Rs. 5-25 lacs Rs. 25 lacs - 1 crore Rs. 1-5 crore Rs. 5 crore & above Source of Income _____

Address of Sole / First Applicant (PO Box Address is not sufficient)

City _____ Pin Code _____ State _____

Office Tel. _____ Residence Tel. _____

Fax _____ Mobile _____

Overseas Address (in case of NRIs / FIIs applicants) _____ Address for Correspondance (Please) Indian (by Default) Overseas

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 _____

Please leave the E-mail ID blank if you wish to receive hard copy communication

Mode of Holding (Please) Single Joint Anyone or Survivor \$Status (Please) Individual HUF Company FIIs NRI Trust

Society Partnership Proprietary AOP Insurance Company Bank

Nature of Business / Service / Industry _____ BOI On behalf of Minor Others _____

If company is listed Yes No List of documents submitted (in case of company) _____

Are you Politically Exposed Person? Memorandum of Association / Article of Association Board Resolution List of Authorised Signatory

First Holder Second Holder Third Holder Y/N Y/N Y/N

\$Occupation (Please) Private Sector Service Public Sector / Government Service Retired

Business Professional Housewife Student Agriculturist

Current / Former Head of State Forex Dealer Other _____

If NRI (Please) Repatriation basis Non-repatriation basis

PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

Name _____ Sex Male Female

Address _____

City _____ Pin Code _____ State _____

Office Tel. _____ Residence Tel. _____

Fax _____ Mobile _____

PAN* _____ Enclosed (Please) PAN Card copy** KYC Compliance proof

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 SAVINGS CURRENT NRE NRO

Bank Name _____ (Please) FCNR Others _____

Bank City _____ Pin Code _____

Branch Address _____

MICR Code _____ This is a 9 digit number next to your Cheque No. _____ IFSC Code _____

*w.e.f 3 March, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Compliant. \$ Mandatory fields

** 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).

Please submit photocopy of PAN Card (alongwith the original) for verification, which will be returned across the counter. Please see instruction 2b. ... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Deutsche Mutual Fund Application No. **285207**

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

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 & PAYMENT DETAILS (Please refer to the Snapshot on Page 14)

Scheme Name _____

Plan (Please ✓) Regular Plan NL Plan** Institutional Plan Super Institutional Plan Auto Sweep Plan* **Option** (Please ✓) Growth Dividend Bonus

Dividend Frequency (Please ✓) Daily Weekly Fortnightly Monthly Quarterly Annual **Dividend Mode** (Please ✓) Reinvestment Payout

* Auto Sweep Facility available only for DWS Premier Bond Fund, DWS Short Maturity Fund and DWS Ultra Short Term Fund into DWS Equity Funds.
 ** NL Plan is available only for DWS Alpha Equity Fund and DWS Investment Opportunity Fund.

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).

Investment Amount (Rs.) _____ **DD Charges if any (Rs.)** _____ **Net Amount (Rs.)** _____

Mode of Payment Cheque / Demand Draft / Fund Transfer Cheque / DD No. _____ **Dated** _____

Strikeout whichever is not applicable.

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.**

SIP ENROLLMENT DETAILS / AUTO SWEEP FACILITY – See Page No. 14

Amount per SIP Installment* Rs. _____ **Enrollment Period** From _____ To _____ **SIP / Auto Sweep Dates** (Please ✓) 7th 15th 21st 28th

SIP Frequency (Please ✓) Monthly Quarterly Weekly **Auto Sweep Installments** (Please ✓) 4 6 10

Auto Sweep from (Please ✓) DWS Premier Bond Fund DWS Short Maturity Fund DWS Ultra Short Term Fund

Auto Sweep into (Please ✓) DWS Alpha Equity Fund DWS Investment Opportunity Fund DWS Tax Saving Fund DWS Global Thematic Offshore Fund

Option (Please ✓) Growth Dividend **Dividend Mode** (Please ✓) Reinvestment Payout *Not applicable for Auto Sweep Plan

PAYMENT MECHANISM **Option I** : Through Cheques **Total Cheques** _____ **Cheques Nos.** From _____ To _____

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

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)

Cheques/Demand drafts Fund Transfer/Direct Credit RTGS/NEFT

The Fund Transfer/Direct credit option is available only in cases wherein the investor has an 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.

NOMINATION – See Page No. 12

I/We _____ and _____ (Unit holder 1) _____ (Unit holder 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	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	PAN No.	Proportion(%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

DECLARATIONS & SIGNATURE/S

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 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 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 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

_____ **Date** _____

First/Sole Account Holder Second Account Holder Third Account Holder

*Applicable to NRI. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.

CHECKLIST FOR INVESTMENT IN DWS TAX SAVING FUND:

Declaration of Good Health Date of Birth of the Investor

LIST OF ATTACHMENTS (To be filled in by Applicant)

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.

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. **Bhubaneswar:** 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.

Deutsche Mutual Fund SYSTEMATIC INVESTMENT PLAN (SIP) FORM

Please use separate SIP Form for investing in each Scheme / Plan

Deutsche Asset Management
A Member of Deutsche Bank Group



BROKERAGE INFORMATION	
Broker Name & ARN SACHIN S. PAREKH ARN-18941	Sub-Broker ARN

SIP Application No. **485207**
Application shall be directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors including the service rendered by distributor.

APPLICANT'S INFORMATION (Please fill in Block Letters)	
Folio No. (for existing Unit holder)	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Sole / First Applicant	Common Application Form No. (for New Investor)
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Second Applicant	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN Card copy** <input type="checkbox"/> KYC Compliance proof
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Third Applicant	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN Card copy** <input type="checkbox"/> KYC Compliance proof
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Guardian (in case Sole / First Applicant is a Minor)	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN Card copy** <input type="checkbox"/> KYC Compliance proof
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN Card copy** <input type="checkbox"/> KYC Compliance proof

*W.e.f. 03 March, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Compliant. If KYC is recorded in the Folio No., No further proof needs to be submitted. ** 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). Please submit photocopy of PAN Card (alongwith the original for verification, which will be returned across the counter. Please see instruction 2b on page 12.

SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS	
Scheme	Plan
Option	Sub-option
Mode of SIP (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Cheques <input type="checkbox"/> SIP Auto Debit Facility (In case of SIP through Auto Debit Facility attached SIP Auto Debit form needs to be filled up.)	SIP Date (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
Period of Enrollment From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	Amount per Installment Rs. <input type="text"/>
Frequency (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	Total Cheques <input type="text"/> Cheques Nos. From <input type="text"/> To <input type="text"/>
Drawn on Bank <input type="text"/>	Branch <input type="text"/>

DECLARATIONS & SIGNATURE/S	
I/We have read and understood the contents of the Offer 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 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 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.	
**Applicable to persons mandated by SEBI to obtain Unique Identification Number.	SIGNATURE/S First/Sole Account Holder <input checked="" type="checkbox"/> Second Account Holder Third Account Holder

SIP AUTO DEBIT (ECS) FACILITY FORM Registration cum Mandate Form for ECS (Debit Clearing)	
Folio No. (for existing Unit holder)	Please read the Terms & conditions for ECS overleaf
<input type="checkbox"/> New SIP Registration - by existing investor <input type="checkbox"/> Change in Bank Account for an existing investor with DMF	<input type="checkbox"/> New SIP Registration - by new investor (Also attach the new Application Form duly filled & signed)

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 <input type="text"/>	
Account No.	Account Type <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Bank Name	Pin Code
Bank City	
Branch Address	
MICR Code	IFSC Code

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. <input type="text"/>	SIGNATURE/S
	First/Sole Account Holder <input checked="" type="checkbox"/> Second Account Holder Third Account Holder As in Bank Records

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)	
Received from Mr./Ms./M/s. _____	SIP Application No. 485207
an application for SIP enrolment in the Scheme _____	ISC Stamp & Signature
Plan _____ Option _____	
Total Amount (Rs.) _____ Cheque Nos. From _____ To _____	
drawn on _____ on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis	