

BROKERAGE INFORMATION	
Broker Name & ARN	Sub-Broker ARN
IFCI Financial Services ARN - 2649	

Application No. _____

Application Date & Time _____

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 APPLICANTS' 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
Date of Birth is Mandatory for Investors opting for Insurance cover in the DWS Tax Saving Fund
PAN* _____ Place of Birth _____
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 Correspondence (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 _____

Mode of Holding (please) Single Joint Anyone or Survivor * Occupation (please) Private Sector Service Public Sector / Government Service Retired Business Professional Housewife Student Agriculturist Current / Former Head of State Forex Dealer Other _____

Nature of Business/Service/Industry _____

If company is listed <input type="checkbox"/> Yes <input type="checkbox"/> No	List of documents submitted (in case of company)
Are you Politically Exposed Person ? <input type="checkbox"/>	<input type="checkbox"/> Memorandum of Association / Article of Association
First Holder Y/N	<input type="checkbox"/> Board Resolution <input type="checkbox"/> List of Authorised Signatory
Second Holder Y/N	
Third Holder Y/N	

Status (please) Individual HUF Company FIIs NRI Trust Society Partnership Proprietary AOP Insurance Company BOI On behalf of Minor Others _____
If NRI Please (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 (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Bank Name	
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. _____
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 _____
along with 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

TEAR HERE

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

Scheme Name

Plan

Dividend Frequency (please ✓)

Option (please ✓) Growth Dividend Auto Sweep*

Dividend Mode (please ✓) Reinvestment Payout

* Auto Sweep facility available only for DWS Premier Bond Fund into DWS Equity Funds.
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**

Strike out whichever is not applicable.

Account No.

Drawn on Bank

Branch **City**

Account Type [Please (✓)] SAVINGS CURRENT NRE NRO

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

SIP ENROLLMENT DETAILS / AUTO SWEEP FACILITY (Auto Sweep facility available only for DWS Premier Bond Fund into DWS Equity Funds)

Amount per SIP Installment* **Enrolment Period** From To

SIP / Auto Sweep Dates (Please ✓) 7th 15th 21st 28th

SIP Frequency (Please ✓) Monthly Quarterly Weekly

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

Auto Sweep Installments (Please ✓) 4 6 10

* Not applicable for Auto Sweep Plan

PAYMENT MECHANISM

Option I : Through Cheques **Total Cheques** **Cheque Nos.** From To

Drawn on Bank **Branch**

Option II : Debit 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. 13 & 23

Investors who wish to opt for nomination can fill up the separate Nomination Form given on page no. 23.

Nomination Form is enclosed (Please ✓) Yes No

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 terms, 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/CNR 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

First/Sole Account Holder

Second Account Holder

Third Account Holder

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

Date

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.: 0674-2547531/2547532/33. **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.: 0512-3298000/3293222. **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.: 0832-3950660/2426870/2426871/72/73/74. **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. **Tirichy:** 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	Sub-Broker ARN

SIP Application No. _____

Application Date & Time

APPLICANTS' INFORMATION (Please fill in Block Letters)

Folio No. (for existing Unit holder)	_____	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No	Common Application Form No. (for New Investor)	_____
Name of Sole / First Applicant	_____			
PAN**	_____	Enclosed (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Pan Card copy**	<input type="checkbox"/> KYC Compliance proof
Name of Second Applicant	_____			
PAN**	_____	Enclosed (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Pan Card copy**	<input type="checkbox"/> KYC Compliance proof
Name of Third Applicant	_____			
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)	_____			
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"/> 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.)					
Period of Enrolment		SIP Date (Please <input 2"="" checked="" type="checkbox/>)</td> </tr> <tr> <td colspan="/> From _____ To _____		<input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	
		Frequency (Please <input 2"="" checked="" type="checkbox/>)</td> </tr> <tr> <td colspan="/>		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	
Amount per Installment	Rs. _____				
Total Cheques	_____	Cheques Nos. From	_____ To _____		
Drawn on Bank	_____	Branch	_____		
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.					

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 Applicant / Guardian	_____
	Second Applicant	_____
	Third	_____

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)
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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 (<input checkbox"="" checked="" type="checkbox/>)</td> <td><input type="/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO	
Bank Name	_____		
Bank City	_____	Pin Code	_____
Branch Address	_____		
MICR Code	_____	This is a 9 digit number next to your Cheque No.	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 Number	_____	SIGNATURE/S	First / Sole Account Holder	_____
			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. _____
an application for SIP enrolment in the Scheme _____ Plan _____	ISC Stamp & Signature
Option _____ Total Amount Rs. _____	
Cheque Nos. From _____ To _____	
drawn on _____ on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.	

TEAR HERE

INSTRUCTIONS – SYSTEMATIC INVESTMENT PLAN (SIP)

1. New Investors who wish to enroll for SIP are required to fill the SIP enrolment Form in addition to the Application Form.
2. Existing Unit Holders are required to provide their Folio No. and submit only STP Enrolment Form.
Applicant also need to fill in the SIP Auto Debit Facility Form for applying for SIP through Auto Debit. Existing unit holders need to fill in both the SIP form and the SIP Auto Debit Form. Existing unit holders need to maintain the Folio Number in the SIP Form and the New Applicants needs to indicate the Common Application No. in the SIP Form.
3. Investors can invest on a Monthly / Quarterly / Weekly interval by providing post cheques (minimum six / twelve cheques for Monthly SIP and four cheques for Quarterly SIP). All cheques shall be for the same amount and dated either 7th / 15th / 21st / 28th of the month.
4. Investors are advised to read the Offer Document of the respective Scheme carefully before investing. Investors should appraise themselves of the prevailing Load structure during the period of SIP.
5. The aggregate of your Systematic Investment cheque should not be less than the minimum investment requirement for the Scheme/Plan.
Please refer the Scheme Snapshot table alongside for minimum application amount etc.
6. The cheques should be drawn in favour of "the specific Scheme" as applicable (please refer the Scheme Snapshot table alongside for details) and crossed "A/c. Payee Only". A separate SIP enrolment form must be filled for each Scheme/Plans. Unit holders must write the Folio Number on the reverse of the Cheques accompanying the Application Form.
7. Payment may be made by cheques drawn on any bank branch which is a member of the Bankers' Clearing house and is located at the place (ISC) where the SIP application is submitted. Outstation cheques will not be accepted and applications accompanied by such Cheques are liable to be rejected. No cash, money orders or postal orders will be accepted.
8. Returned Cheque(s) are liable not to be presented again for collection. In case the returned Cheques are presented again, the necessary charges are liable to be debited to the investor. The Trustees / AMC also reserve the right to discontinue the SIP in case a cheque is returned and debit the charges for the cheque return to the investors' account.
9. Unitholder may discontinue the SIP by sending a written request to the nearest Investor Service Centre. The request of discontinuance should reach to the AMC/Fund at least 7 business days prior to the due date of the next Cheque. On receipt of such request the SIP would be discontinued and balance post dated Cheques will be returned to the unitholder. In the event of discontinuation / termination of SIP for any reason, before the minimum number of Cheques are cleared, the units allotted pursuant to the SIP shall be liable to an Exit Load equivalent to the waived Entry Load at the time of redemption / switch / transfer / withdrawal of such units.
10. The Trustees / AMC reserve the right to discontinue / modify the conditions reintroduce the loads for the SIP at any time in future. Also the Trustees / AMC reserve the right to close an investor's account if the balance falls below the minimum prescribed limit.
11. An investor cannot simultaneously participate in SIP and SWP/STP in the same scheme.

12. The rejected ECS instruction will not be presented again under any circumstances.
13. The initial purchase and subsequent installments should be the same.
14. All corrections are to be countersigned.
15. **SIP is not available in DWS Short Maturity Fund, DWS Insta Cash Plus Fund and DWS Ultra Short-Term Fund**

SCHEMES SNAPSHOT FOR SIP

Scheme Name	Minimum Amount for SIP	Cheque(s) to be drawn in favour of
DWS Alpha Equity Fund	<ul style="list-style-type: none"> • Minimum of 6 Cheques of Rs. 1,000 each • Minimum of 12 Cheques of Rs. 500 each • Minimum of 4 Cheques of Rs. 1,500 each 	DWS Alpha Equity Fund
DWS Investment Opportunity Fund		DWS Investment Opportunity Fund
DWS Global Thematic Offshore Fund		DWS Global Thematic Offshore Fund
DWS MIP Fund (Growth and Annual Dividend Option)		DWS MIP Fund
DWS Tax Saving Fund	Minimum of Rs. 500 and in multiples of Rs. 500.	DWS Tax Saving Fund
DWS Money Plus Fund	<ul style="list-style-type: none"> • Minimum of 6 Cheques of Rs. 1,000 each • Minimum of 12 Cheques of Rs. 500 each • Minimum of 4 Cheques of Rs. 1,500 each 	DWS Money Plus Fund
DWS Credit Opportunities Cash Fund		DWS Credit Opportunities Cash Fund
DWS Money Plus Advantage Fund	<ul style="list-style-type: none"> • Minimum of 6 Cheques of Rs. 1,000 each • Minimum of 12 Cheques of Rs. 500 each • Minimum of 4 Cheques of Rs. 1,500 each 	DWS Money Plus Advantage Fund
DWS Premier Bond Fund		DWS Premier Bond Fund
DWS Gilt Fund	<ul style="list-style-type: none"> • Minimum of 6 Cheques of Rs. 1,000 each • Minimum of 12 Cheques of Rs. 500 each • Minimum of 4 Cheques of Rs. 1,500 each 	DWS Gilt Fund

Please submit the following documents at least 21 days before the first SIP date for ECS (Debit Clearing)

New Investors	Existing Investors
Application Form for the respective Scheme(s)	SIP Enrolment Form
SIP Enrolment Form	SIP Auto Debit Facility Form
SIP Auto Debit Facility Form	First SIP Cheque
First SIP Cheque	

SIP AUTO DEBIT FACILITY - TERMS & CONDITIONS

SIP payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI)

1. This facility is offered to the investors having bank accounts in **select cities mentioned below**.
2. SIP Auto-Debit Facility is offered to you using RBI's Electronic Clearing Service (ECS) for effecting SIP payments. By opting for this facility, you agree to abide by the terms and conditions of ECS Facility of Reserve Bank of India.
3. Completed Application Form, SIP Auto Debit Form and the first cheque should be submitted at least 21 days before the first transaction date.
4. Your Bank Branch through which you want your SIP Auto-Debits to take place should participate in local MICR Clearing.
5. In case your bank decides to cross-verify the ECS auto-debit mandate with you as the Bank's customer, you would need to promptly do the same. Deutsche Mutual Fund, its Investment Manager, Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank / branch or its refusal to register the SIP mandate.
6. **Investors should mandatorily give a cheque for the first transaction drawn on the same bank account for auto debit. The cheques should be drawn in favour of "the Scheme" as applicable (for details please refer the Scheme Snapshot above) and crossed "A/c. Payee Only".**
7. A separate SIP enrolment form must be filled for each Scheme / Plans, Unitholders must write the Folio Number on the reverse of the Cheque accompanying the Application Form.
8. You will not hold Deutsche Mutual Fund, its Investment Manager, Registrar and other service providers responsible if the transaction is delayed or not effected or your bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS.
9. Deutsche Mutual Fund, its Investment Manager, Registrar and other service providers shall not be responsible and liable for any damages / compensation for any loss, damage, etc. incurred by you as a result of use of this facility by you.
10. Deutsche Mutual Fund / AMC, reserves the right to reject any application inter alia in the absence of fulfilment of regulatory requirements, fulfilment of requirements of the Offer Document / Addendum(s) and furnishing necessary information to the satisfaction of the Mutual Fund / AMC.
11. Deutsche Asset Management (India) Pvt. Ltd. and its service providers reserve the right to disclose the details of the Investors and their transactions using the SIP Auto Debit Facility to third parties for the purposes of verification and execution of the Auto Debit Facility as also for the purpose of law enforcement, fraud prevention, audit and inspection requirement etc.
12. The Investor undertakes and agrees that the SIP Auto Debit Facility requested for via this Form is subject to acceptance of the terms and conditions mentioned in Offer Document of the respective Scheme.
13. The rejected ECS instruction will not be presented again under any circumstances.
14. The initial purchase and subsequent installments should be the same.
15. All corrections are to be countersigned.

SIP AUTO DEBIT - CHECKLIST (Please ensure that)

- Both the Application Form / SIP Form and SIP Auto Debit Facility Form are filled in completely and signed.
- If you are an existing investor, you have quoted your Folio No. in the SIP Auto Debit Facility Form.
- If you are a new investor, your Application Form Number is quoted in the SIP Auto Debit Facility Form.
- Investment Plan / Option in which you wish to do systematic investments is clearly indicated in the SIP Auto Debit Facility Form.
- The SIP Amount, the SIP Frequency, your preferred SIP Date and Period are clearly indicated in the SIP Auto Debit Facility Form.
- Your First SIP Cheque from the same bank from which you wish your Auto-Debits to happen is enclosed and the cheque details are clearly indicated on the SIP Auto Debit Facility Form.
- Your Bank Account Details are correctly and completely furnished including the 9 Digit MICR Code.
- Your SIP Auto Debit Facility Form is signed in the same manner as your signatures in Bank Records.

List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing)

• Agra • Ahmedabad • Allahabad • Amritsar • Kanpur • Kolhapur • Kolkata • Lucknow • Ludhiana • Madurai • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • New Delhi • Panjim • Patna • Pondicherry • Pune • Raipur • Rajkot • Ranchi • Salem • Shimla • Siliguri • Solapur • Surat • Tirupati • Tirupur • Trichur • Trichy • Trivandrum • Udaipur • Varanasi • Vijaywada • Vizag

The cities in the list may be modified / updated / changed / removed at any time in future entirely at the discretion of Deutsche Mutual Fund without assigning any reasons or prior notice. If any city is removed from the list, SIP instructions for investors in such cities via ECS (Debit) route will be discontinued without prior notice.



Please use separate SWP / STP Form for investing in each Scheme / Plan

BROKERAGE INFORMATION		Application Date & Time
Broker Name & ARN	Sub-Broker ARN	
IFCI Financial Services ARN - 2649		

APPLICANTS' INFORMATION (Please fill in Block Letters)	
Folio No. (for existing Unit holder) <input type="text"/>	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Sole / First Applicant <input type="text"/>	
PAN** <input type="text"/>	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Second Applicant <input type="text"/>	
PAN** <input type="text"/>	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Third Applicant <input type="text"/>	
PAN** <input type="text"/>	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) <input type="text"/>	
PAN** <input type="text"/>	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 TRANSFER PLAN (STP) DETAILS			
Transfer From		Transfer To	
Scheme <input type="text"/>	Plan <input type="text"/>	Scheme <input type="text"/>	Plan <input type="text"/>
Option <input type="text"/>	Option <input type="text"/>	Option <input type="text"/>	Option <input type="text"/>
Transfer Frequency (Please <input checkbox"="" checked="" type="checkbox/>)
 <input type="/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly Date (Please <input checkbox"="" checked="" type="checkbox/>) <input type="/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	Transfer Options (Please <input checked="" text"="" type="checkbox/>) (Refer instruction No. 6 overleaf)
 Fixed Amount (Rs.) per installment <input type="/> OR Capital Appreciation <input type="text"/> OR Dividend* <input type="text"/>	Period of Enrolment FROM <input type="text"/> TO <input type="text"/> * Subject to minimum of Rs.1000/-	

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS			
Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>	Sub-Option <input type="text"/>
Withdrawal Options (Please <input checkbox"="" checked="" type="checkbox/>) (Refer instruction No. 5 overleaf) <input type="/> Fixed Amount (Rs.) <input type="text"/> <input type="checkbox"/> Capital Appreciation			
Withdrawal Frequency (Please <input checkbox"="" checked="" type="checkbox/>) <input type="/> Monthly <input type="checkbox"/> Quarterly Date (Please <input checkbox"="" checked="" type="checkbox/>) <input type="/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st			
Period of Enrolment FROM <input type="text"/> TO <input type="text"/>			

DECLARATIONS & SIGNATURE/S	
<p>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 STP/SWP 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.</p> <p>** Applicable to persons mandated by SEBI to obtain Unique Identification Number.</p>	SIGNATURE/S First / Sole Applicant / Guardian <input type="text"/> Second Applicant <input type="text"/> Third Applicant <input type="text"/>

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s.
 an application for following enrolment (Please and filled in)

STP From the Scheme Plan Option
 To the Scheme Plan Option
 Total Amount Rs. OR Units on Monthly Quarterly basis Weekly

SWP From the Scheme Plan Option
 Total Amount Rs. OR Units on Monthly Quarterly basis.

ISC Stamp & Signature

TEAR HERE

Deutsche Mutual Fund

Name of First Unit Holder

Folio No. Date

Scheme

Plan / Option

PURCHASE REQUEST

As per details overleaf

REDEMPTION REQUEST

All Units Rs. (in figure) Units

Rs. (in words)

SWITCH REQUEST (Subject to Lock-in period, if any)

All Units Rs. (in figure)

Units from the above mentioned Scheme to

Scheme

Option

TRANSACTION SLIP

(for existing Unitholders only)

Name of First Unit Holder Folio No.

Scheme Plan / Option Date

PURCHASE REQUEST

I / We would like to purchase Units of the above mentioned Scheme for Rs. (in figure) Cheque / DD No.

dated Drawn on (Bank)

(Branch) Account Type (Please) Current A/c Savings A/c Others (Please Specify)

PAN / GIR No.* Circle / Ward / District

REDEMPTION REQUEST (Subject to Lock-in period, if any)

I / We would like to redeem from the above mentioned Scheme

All Units Rs. (in figure) Units

Rs. (in words)

SWITCH REQUEST (Subject to Lock-in period, if any)

I / We would like to switch All Units Rs. (in figure)

Units from the above mentioned Scheme to

Scheme Plan

Option

SIGNATURE

First Unit Holder

Second Unit Holder

Third Unit Holder

Deutsche Asset Management
A Member of the Deutsche Bank Group

* Please mention PAN / GIR No. of all the Joint Holders for transaction above Rs. 50,000

CHANGE OF MAILING ADDRESS AND BANK MANDATE

New Address (P.O. Box address may not be sufficient)

										City																					
										State											Pin Code										
Office Tel.										Residence Tel.																					
Fax										Mobile																					
E-Mail																															

Bank Account details

Bank Name																			
Branch Address																			
Account No.										Account Type (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Current A/c <input type="checkbox"/> Savings A/c <input type="checkbox"/> Others <input type="text"/> (Please Specify)									

SIGNATURE

First Unit Holder

Second Unit Holder

Third Unit Holder

Deutsche Mutual Fund

Additional Purchase Payment Details

Amount (Rs. in figure)

(Rs. in words)

Cheque / DD No. dated

Drawn on (Bank)

(Branch)

Account Type (Please) Current A/c Savings A/c Others (Please Specify)