

Application No. _____

BROKER INFORMATION	
BROKER NAME & ARN	SUB-BROKER ARN
SPRISM/ARN - 0238	

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.

1 EXISTING FOLIO NUMBER Existing Investors - Please fill in Sections 1, 14, 15, 16 and 19 only KYC ** Yes No.

2 UNIT HOLDER INFORMATION

Name of the First Applicant / Corporate Investor _____ Date of Birth* Age (No. of years)

Mr/ Ms/ M/s/ Dr/ Minor

PAN (mandatory)^{ss} Enclosed (Please) PAN Proof^{ss} KYC Letter** Nationality Indian Other _____ (Refer instruction related to PAN & KYC)

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 the Second Applicant

Mr/ Ms/ M/s/ Dr

PAN (mandatory)^{ss} Enclosed (Please) PAN Proof^{ss} KYC Letter** (Refer instruction related to PAN & KYC)

Name of the Third Applicant

Mr/ Ms/ M/s/ Dr

PAN (mandatory)^{ss} Enclosed (Please) PAN Proof^{ss} KYC Letter** (Refer instruction related to PAN & KYC)

Name of the Guardian (in case of a minor)

Mr/ Ms/ M/s/ Dr

PAN (mandatory)^{ss} Enclosed (Please) PAN Proof^{ss} KYC Letter** (Refer instruction related to PAN & KYC)

Name of the Power of Attorney Holder

Mr/ Ms/ M/s

PAN (mandatory)^{ss} Enclosed (Please) PAN Proof^{ss} KYC Letter** (Refer instruction related to PAN & KYC)

3 STATUS OF FIRST APPLICANT* Resident Individual Bank HUF Proprietor Minor Society FII Partnership Firm
 NRI PIO Trust Company Other _____

4 MODE OF OPERATION* Single Joint Anyone or Survivor 5 If NRI* (Please) Repatriation basis Non-repatriation basis

6 If COMPANY IS LISTED* Yes No 7 ARE YOU POLITICALLY EXPOSED PERSON?* First Holder Yes No Second Holder Yes No Third Holder Yes No

8 LIST OF DOCUMENTS SUBMITTED* (in case of company) Memorandum of Association / Article of Association Board Resolution List of Authorised Signatory

9 OCCUPATION (Please) Private Sector Service Public Sector / Government Service Retired Business Professional Housewife Student Agriculturist
 Current / Former Head of State Forex Dealer Other _____

10 CONTACT DETAILS - FIRST APPLICANT/ GUARDIAN/ CORPORATE*

Contact Person (In case of Non Individual Investor)

Address

City State Pincode

Landline No. Email

11 OVERSEAS ADDRESS* (Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)

Address

City State Pincode

Mobile Landline No.

Email

12. IN CASE THE INVESTOR IS NOT AN INDIVIDUAL (like Corporate, Partnerships, HUF etc) please provide details of Directors/Partners*

Ultimate Beneficial Owner (UBO) is a natural person, who ultimately owns or controls (directly or indirectly) 25% or more of your entity. If you have any UBOs, please provide the details below. If there is no UBO, write Not Applicable.

List of UBOs				Directors/Partners/Trustees/Karta of HUF			
Name	Date of Birth	PAN No.	Nationality	Name	Date of Birth	PAN No.	Nationality

If the above space is insufficient, please provide the information by way of an annexure, duly attested.

** w.e.f. 01 January, 2011, KYC shall be mandatory for all investors irrespective of the amount of investments in Mutual Fund.

* MANDATORY FIELDS

^{ss} 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 Investor)

Deutsche Mutual Fund: Registered Office: 2nd Floor, 222, Kodak House, Dr. D. N. Road, Fort, Mumbai-400001.

Application No. _____

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

13. CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER (PO Box address is not sufficient)

Address
 City State Pincode
 Mobile Landline No.
 Email

14. MODE OF CORRESPONDENCE (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive hard copy communication are requested to leave the e-mail id blank)

I / We wish to receive all communication through physical mode in lieu of email.

15. BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)

Name of Bank Branch
 City State Account No.
 Account Type Current Savings NRO NRE FCNR Others (specify) _____
 MICR code* IFSC code**

*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf.)

16. INVESTMENT DETAILS

Scheme Name
 Plan (Please Regular Plan Wealth Plan** Institutional Plan Super Institutional Plan Auto Sweep Plan* Premium Plus Plan*** Option (Please Growth Dividend Bonus
 Dividend Frequency (Please Daily Weekly Fortnightly Monthly Quarterly Annual Dividend Mode (Please Reinvestment Payout
 # Wealth Plan is available only for DWS Alpha Equity Fund and DWS Investment Opportunity Fund. ***Premium Plus Plan is available only for DWS Short Maturity 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).

17. PAYMENT OPTIONS

Investment Amount (Rs.) DD Charges if any (Rs.)
 Net Amount (Rs.) Mode of Payment Cheque / Demand Draft / Fund Transfer *Strikeout whichever is not applicable.*
 Cheque / DD No. Dated 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.

18. AUTO SWEEP FACILITY ENROLLMENT

Auto Sweep from (Please DWS Premier Bond Fund DWS Ultra Short Term Fund
 Auto Sweep into (Please DWS Alpha Equity Fund DWS Investment Opportunity Fund SIP/Auto Sweep Dates (Please 7th 15th 21st 28th
 Auto Sweep Installments (Please 4 6 10 Option (Please Growth Dividend Bonus Dividend Mode (Please Reinvestment Payout

Auto Sweep Facility available only for DWS Premier Bond Fund Fund and DWS Ultra Short Term Fund into DWS Equity Funds.

19. NOMINATION DETAILS

I / We do hereby _____ nominate the under mentioned person to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Nominee's Name _____
 Relationship _____
 Address _____

In case Nominee is a Minor

Name of Guardian _____
 Address of Guardian _____
 Date of Birth Signature of Guardian _____

In case of more than one nominee, kindly submit multiple nomination (maximum 3 nominees) forms. Extra nomination forms can be obtained from the nearest ISC or Registrar or from the AMC website.

20. DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information 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.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Date:

First / Sole Applicant / Guardian	Second Applicant
Third Applicant	Power of Attorney Holder

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted. Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FIs	NRIs	Investments through POA
<input checked="" type="checkbox"/>	1	Resolution / Authorisation to invest		✓	✓	✓	✓	✓		✓
<input checked="" type="checkbox"/>	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
<input checked="" type="checkbox"/>	3	Memorandum & Articles of Association		✓						
<input checked="" type="checkbox"/>	4	Trust Deed			✓					
<input checked="" type="checkbox"/>	5	Bye-Laws				✓				
<input checked="" type="checkbox"/>	6	Partnership Deed					✓			
<input checked="" type="checkbox"/>	7	Notarised Power of Attorney								✓
<input checked="" type="checkbox"/>	8	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c where applicable						✓	✓	
<input checked="" type="checkbox"/>	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
<input checked="" type="checkbox"/>	10	KYC acknowledgment letter (required if not already submitted)	✓	✓	✓	✓	✓	✓	✓	✓
<input checked="" type="checkbox"/>	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public / Partner as applicable. Originals will be handed over after verification.