



BROKER INFORMATION		
<b>BROKER NAME &amp; ARN</b>	<b>SUB-BROKER ARN</b>	<b>EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)</b>
83671		E100500

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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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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.  **Enrollment Period** From M M Y Y Y Y To M M Y Y Y Y

**SIP Frequency** (Please ✓)  Monthly  Quarterly  Weekly **SIP Dates** (Please ✓)  7th  15th  21st  28th

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

**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**

<b>Account No</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span>	<b>Account Type</b> (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>Bank Name</b>	<span style="border: 1px solid black; padding: 2px 50px;"></span>	<b>Bank City</b> <span style="border: 1px solid black; padding: 2px 10px;"></span> <b>PIN Code</b> <span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>Branch Address</b>	<span style="border: 1px solid black; padding: 2px 50px;"></span>	
<b>MICR Code</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span> <small>This is a 9 digit number next to your Cheque No.</small>	<b>IFSC Code</b> <span style="border: 1px solid black; padding: 2px 10px;"></span>

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	

<b>ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)</b>	<b>SIP Application No.</b>	
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 <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly		<b>Collection Centre Stamp &amp; Signature</b>