## **Deutsche Mutual Fund**

**BROKER INFORMATION** 

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





Application No.

BROKER NAME & ARN			SUB-BROKER A	ARN	] [	Annlio	nation Data & Time						
SPRISM/ARN - 0	238					Applic	cation Date & Time						
Upfront commission shall be paid direct	tly by the inve	estor to the A	AMFI registered distrib	outor based on the inv	estors' assess	ment of various fact	tors including the service	rendered by the di	istributor.				
1 EXISTING FOLIO NUMBER			Existing	g Investors - Please fill in	Sections 1, 14, 1	15,16 and 19 only	KYC **	Yes No.					
2 UNIT HOLDER INFORMATION													
Name of the First Applicant / Corpora	te Investor					Date of Birth*	D D M M Y	Age (No.	. of years				
Mr/ Ms/ M/s/ Dr/ Minor													
PAN (mandatory) <sup>SS</sup>													
Annual Income* (Please ✓)	Rs. 0 - 5 lacs	Rs. 5					& above Source of Inc	come :					
Name of the Second Applicant													
Mr/ Ms/ M/s/ Dr													
PAN (mandatory) <sup>\$\$</sup>				Enclosed (Please ✓	) PAN Pro	oof <sup>\$\$</sup> KYC Letter	** (Refer instruc	tion related to PAN &	KYCI				
Name of the Third Applicant					,		, , , , , , , , , , , , , , , , , , ,						
Mr/ Ms/ M/s/ Dr													
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PAN (mandatory) <sup>SS</sup> Enclosed (Please ✓) PAN Proof <sup>SS</sup> KYC Letter** (Refer instruction related to PAN & KYC)  Name of the Guardian (in case of a minor)													
Mr/ Ms/ M/s/ Dr				5 1 1/81 4		m	** (2.6.1.1						
PAN (mandatory) <sup>SS</sup>				Enclosed (Please 🗸	) L PAN Pro	oof <sup>ss</sup> KYC Letter	(Kefer instruct	tion related to PAN &	KYC)				
Name of the Power of Attorney Holder													
Mr/ Ms/ M/s				F 1 1/D1 4		ф Пиот и	** (0.0.1.1		1000				
PAN (mandatory) <sup>SS</sup>	Resident Inc	ا المناط	Bank	Enclosed (Please ✓  HUF	roprietor	oof <sup>ss</sup> KYC Letter  Minor	Society FI	tion related to PAN &	ership Firm				
	NRI	_	_		Company	Other	SocietyFII	∟ rarui	ersnip rimi				
r	Single	Joint	Anyone or Survivo		If NRI* (Please		Repatriation basis N	on-repatriation basis					
6 If COMPANY IS LISTED* Yes	No 7		POLITICALLY EXPOSED F			No Second		Third Holder	Yes No				
8 LIST OF DOCUMENTS SUBMITTED*				of Association / Article of		Board Reso		of Authorised Signato					
	rivate Sector		Public Sector / Gov		Retired [			wife Student	Agriculturist				
`	urrent / Former		Forex Dealer		nether	Dusiliess i	Totessional nousev	viie 🗀 Student	L Agriculturist				
10 CONTACT DETAILS - FIRST APPL	LICANT/ GUAI	RDIAN/ COR	PORATE*										
Contact Person (In case of Non Individual Inv	estor)												
Address													
City			State					Pincode					
Landline No.			Email										
11 OVERSEAS ADDRESS* (Mandato	ry in case of l	VRIs/ FIIs) (P	O Box address is not s	sufficient. Investors re	siding oversea	as & with PO Box ad	dress must provide their	Indian address)					
Address													
City			State					Pincode					
Mobile			Landline No.										
Email													
12. IN CASE THE INVESTOR IS NOT	AN INDIVIDU	AL /like Corr	acrata Bartnarahina I	UIIE eta) places provi	do dotailo of I	Directors/Portners*							
Ultimate Beneficial Owner (UBO) is a natural	l person, who ul	timately owns				ou have any UBOs, plea			rite Not Applicable.				
Name		te of Birth	PAN No.	Nationality		Name	rs/Partners/Trustees/Kart	ta of HUF PAN No.	Nationality				
Name		ate of birtii TAN No.		ivationality		Ivallie	Date of Birtii	TAIVINO.	Ivationality				
If the above appear is insufficient, play	ana provida th	a information	hy way of an annayu	uro, duly attented									
If the above space is insufficient, please note that w.e.f. 01 January, 2011, KYC shall be	mandatory fo	r all investor	s irrespective of the ar	mount of investments	in Mutual Fur	nd.		DATORY FIELDS	continued overleaf				
SPlease note that w.e.f. 01 January, 20 ACKNOWLEDGEMENT SLIP (To be fill			nanuatory for all fffVes	Till Bridging Soult	ioiueis, duard	nan in case di iviinor	i anu ivinisj.	(	continued overlear				
Deutsche Mutual Fund: Registered Of			K House, Dr. D. N. Roa	d, Fort, Mumbai-4000	01.	Application	on No.						
Received from Mr./Ms./M/s								100.0	0. C:				
an application for Purchase of Units of		annial O	in / Dominid D. (c.N.		an	D		ISC Star	mp & Signature				
Option		gwith Chequ awn on	ie / Demand Draft No.			Dated Date		=					
Please Note: All Purchases are subject			es / Demand Drafts.			Date							

13. CON	TACT &	ADDRE	SS OF F	OWER	UF ATTU	INLI IIO	ט זן זובעב		<i>E33 13 11</i>	ut sumilie	1114												
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City								State											Pinco	de			
Mobile							Land	lline No.															
Email																							
						vestor has	s provided	his e-mai	il id, the	AMC sha	ll send	all comm	unication	to the i	investor	∕ia e-ma	il. Investo	ors who	wish to r	eceive ha	rd copy	сотти	ınication
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16. INVE	-			ia LUS	THE 3 uly	n coue a	ореать от	your crie	чие пех	i io ine ci	тецие	number	iviaiiuai	UIY IUI	creun vi	111103/	IVLII (II	uiyit co	iue aisu i	ouna on	your cire	чие те	ai./
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		Regul	ar Plan	Wea	Ith Plan##	Instit	utional Pla	n Sui	per Insti	itutional P	Plan	Auto Sw	een Plan	Pre	mium Pl	us Plan <sup>‡</sup>	## Option	(Please	<b>√</b> ) □	Growth	Divide	nd	Bonus
	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																						
		, .			•					,		,			nly for D	WS Sho			•				,
indicating	## 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. PAYI	MENT 0	PTIONS																					
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Net Amou	ınt (Rs.)						Mod	de of Pay	ment			Cheque / D	emand Dra	ft / Fund	Transfer		Si	rikeout v	vhichever	is not app	olicable.		
Cheque /	DD No.							Dated					Account	No.								Ш	
Drawn on	Bank														В	ranch							
City						Acco	unt Type (	Please 🗸	()	Savings		Current	☐ NRE		NR0	F(	CNR	Othe	ers				
Separate (	Cheque	/ DD / F	und Trai	nsfer ins	truction r	equired f	or investm	ent in ea	ch Sche	me / Plan	. Ched	que / DD t	o be drav	vn in fa	vour of t	he Sche	me appli	ed for.					
18. AUTO							_																
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Auto Swe												Dividend			Di	/idend N	/lode (Ple	ease √)	∟ Reir	ivestmen	t LIF	ayout	
				ly for D	WS Prem	er Bond	und Fund	and DVV	S Ultra	Short Tern	n Func	I into DWS	Equity F	unds.									
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Nominee's											_												
Relationsh Address	nip											Date of Birth D. D. W. W. Y. Signature of Guardian											
, .uuooo _					Address 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.															ın (mavin	num 3 na	minee	
20. DECL												In case of	more that			kindly	submit m	ultiple n	ominatio				
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