## Official Points for Accepting Transactions

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Description Accepting

SYSTEMATIC TRANSFER PLAN (STP)/SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM Please use separate SWP/STP Form for investing in each Scheme/Plan

BROKER INFORMATION						
BROKER NAME & ARN	BROKER NAME & ARN SUB-BROKER ARN		EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)		Application No.	
51926	E054325		325	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 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			
1 EXISTING FOLIO NUMBER KYC Yes No Common Application Form No. (for New Investor)						
2. SYSTEMATIC TRANSFER PLAN (STP) DETAILS Transfer From			Transfer To			
Scheme		Scheme				
Plan	Option	Plan		Option		
Transfer Frequency (Please ✓)						
Transfer Options (Please ✓) Fixed Amount (Rs.) per installment OR Capital Appreciation OR Dividend*						
Period of Enrollment From M M Y Y Y Y To M M Y Y Y Y Y  *Subject to minimum of Rs. 1000/-						
3. SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS						
Scheme						
Option		Sub-option				
Withdrawal Options (Please ✓) ☐ Fixed Amount (Rs.) ☐ Capital Appreciation						
Transfer Frequency (Please ✓) ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Date (Please ✓) ☐ 7th ☐ 15th ☐ 21st ☐ 28th						
Period of Enrollment From m m y y y y To m m y y y y						
4. DECLARATIONS & SIGNATURE/S						
I/We have read and understood the contents of the Statement of Additional Information/Scheme Information 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 not received nor been induced by any rebate or gifts, directly or indirectly, in making this enrolment. I/We donfirm that in the event I/We have mentioned "Not Applicable" I/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 Customeer" 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 declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I / We hereby declare that the amount being invested by me/us in the Scheme of Deutsche Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction.						
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. I/We declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies.						
SIGNATURE/S	rst/Sole Account Holder	Cooond Accoun	t Holdor	Third	Account Holder	
П	191/ JOHE ACCOUNTE MOUNTE	Second Account Holder		Third Account Holder		
ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)						
Received from Mr./Ms./M/s.			an application for following enrolment (Please ✓ and fill in)			
STP From the Scheme	From the Scheme Plan Plan Plan		Option Collection Centre Stamp			
Total Amount (Rs.)	OR		Units on Monthly Quarterly Weekly			

Plan

0R

Option

Units on Monthly Quarterly

SWP From the Scheme

Total Amount (Rs.)