

BROKER INFORMATION		Application No.				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left; padding: 2px;">Broker Name & ARN</th> <th style="width: 50%; text-align: left; padding: 2px;">Sub-Broker ARN</th> </tr> <tr> <td style="padding: 5px;">ARN-56003</td> <td style="padding: 5px;"></td> </tr> </table>	Broker Name & ARN	Sub-Broker ARN	ARN-56003		<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Application Date & Time</p>	
Broker Name & ARN	Sub-Broker ARN					
ARN-56003						

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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 APPLICANT'S 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 PAN^s Place of Birth

* Annual Income (Please ✓) Rs. 0-5 lacs Rs. 5-25 lacs Rs. 25 lacs - 1 crore Rs. 1-5 crore Rs. 5 crore & above Enclosed (Please ✓) PAN Card copy ^{ss} KYC Compliance proof
Source of Income

Name of Guardian (in case of Minor)

Contact Person (in case of Institutional Investors)

PAN ^s Enclosed (Please ✓) PAN Card copy ^{ss} KYC Compliance proof

Name of Second Applicant

PAN ^s Enclosed (Please ✓) PAN Card copy ^{ss} KYC Compliance proof

Name of Third Applicant

PAN ^s Enclosed (Please ✓) PAN Card copy ^{ss} KYC Compliance proof

* 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 Correspondance (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

Please leave the E-mail ID blank if you wish to receive hard copy communication

* Mode of Holding (Please ✓) Single Joint Anyone or Survivor * Status (Please ✓) Individual HUF Company FIs NRI Trust
 Society Partnership Proprietary AOP Insurance Company Bank

* If NRI (Please ✓) Repatriation basis Non-repatriation basis BOI On behalf of Minor Others

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

* Occupation (Please ✓) Private Sector Service Public Sector / Government Service Retired
 Business Professional Housewife Student Agriculturist
 Current / Former Head of State Forex Dealer Other

* If occupation is business/profession, please mention precisely the nature of business/profession/industry

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 ^{ss} KYC Compliance proof

* IN CASE THE INVESTOR IS NOT AN INDIVIDUAL, PLEASE PROVIDE LIST OF ULTIMATE BENEFICIARY OWNERS (shareholders in excess of 25%)

List of Shareholders		List of Directors	
Name	% holding	Name	Date of Birth

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

^s 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
^{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

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 type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others
Bank Name	Bank City		Pin Code	
Branch Address				
MICR Code	This is a 9 digit number next to your Cheque No.		IFSC Code	

INVESTMENT & PAYMENT DETAILS (Please refer to the Snapshot on Page 15)

Scheme Name

Plan (Please ✓) Regular Plan Wealth Plan** Institutional Plan Super Institutional Plan Auto Sweep Plan* Option (Please ✓) Growth Dividend Bonus

Dividend Frequency (Please ✓) Daily Weekly Fortnightly Monthly Quarterly Annual Dividend Mode (Please ✓) Reinvestment Payout

* Auto Sweep Facility available only for DWS Premier Bond Fund, DWS Short Maturity Fund and DWS Ultra Short Term Fund into DWS Equity Funds. ** Wealth Plan is available only for DWS Alpha Equity Fund and DWS Investment Opportunity 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).

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.

SIP/ENROLLMENT DETAILS / AUTO SWEEP FACILITY (Please refer Auto Sweep Instructions on page 16)

Amount per SIP Installment* Rs. Enrollment Period From To SIP Frequency (Please ✓) Monthly Quarterly Weekly

Auto Sweep from (Please ✓) DWS Premier Bond Fund DWS Short Maturity Fund DWS Ultra Short Term Fund *(*Not applicable for Auto Sweep Plan)* Monthly Quarterly Weekly

Auto Sweep into (Please ✓) DWS Alpha Equity Fund DWS Investment Opportunity Fund DWS Tax Saving Fund DWS Global Thematic Offshore Fund SIP/Auto Sweep Dates (Please ✓) 7th 15th 21st 28th

Auto Sweep Installments (Please ✓) 4 6 10 Option (Please ✓) Growth Dividend Dividend Mode (Please ✓) Reinvestment Payout

Micro SIPs (Please ✓) (Investment of equal to or less than Rs. 50,000/- per annum under SIP registration) (Please refer instruction on page no. 19) (Required only in case of PAN not provided.)

	Photo Identification Document Type (Mandatory)	ID Card No. / Reference No.
1st Applicant		
2nd Applicant		
3rd Applicant		

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.

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 (Please refer to instruction 6 on page 17)

I/We _____ and _____

(Unitholder 1) (Unitholder 2)

do hereby nominate the person(s) more particularly described hereunder/and cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. _____

(*strikeout which is not applicable)

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	PAN No.	Proportion(%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

DECLARATIONS & SIGNATURE/S

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.

SIGNATURE/S

First/Sole Account Holder Second Account Holder Third Account Holder Date

*Applicable to NRI.

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.

Deutsche Asset Management (India) Private Limited

Ahmedabad: Tel: +91 (079) 65124445/26463005. **Bangalore:** Tel: +91 (080) 25590110. **Chandigarh:** Tel: +91 (0172) 4628570. **Chennai:** Tel: +91 (044) 64504425/26/27. **Cochin:** Tel: +91 (0484) 2366686/698. **Coimbatore:** Tel: +91 (422) 4393270. **Hyderabad:** Tel: +91 (040) 64555700/27846970. **Indore:** Tel: +91 (0731) 6452033/34. **Jaipur:** Tel: +91 (141) 6505302/303. **Kolkata:** Tel: +91 (033) 65367818/65480465/464. **Lucknow:** Tel: +91 (522) 6569687/688. **Mumbai:** Tel: +91 (022) 66584350/4342/4305. **New Delhi:** Tel: +91 (011) 41522647/2646. **Pune:** Tel: +91 (020) 40068171. **Vadodara:** Tel: +91 (265) 3095446/6643918.