

BROKER INFORMATION

Broker Name & ARN	Sub-Broker ARN
ARN-29333	

Application No.

Application Date & Time

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# 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

Name of Guardian (in case of Minor)

Contact Person (in case of Institutional Investors)

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

Name of Second Applicant

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

Name of Third Applicant

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

* Address of Sole / First Applicant (PO Box Address is not sufficient)

<input type="text"/>		<input type="text"/>	
City	Pin Code	State	
Office Tel.	Residence Tel.		
Fax	Mobile		

* Overseas Address (in case of NRIs / FIIs applicants) Address for Correspondence (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

* If NRI (Please ✓) ☐ Repatriation basis ☐ Non-repatriation basis

* If company is listed ☐ Yes ☐ No

* List of documents submitted (in case of company)

* Are you Politically Exposed Person?
First Holder Second Holder Third Holder
Y/N Y/N Y/N
☐ Memorandum of Association / Article of Association
☐ Board Resolution
☐ List of Authorised Signatory

* Status (Please ✓) ☐ Individual ☐ HUF ☐ Company ☐ FIIs ☐ NRI ☐ Trust
☐ Society ☐ Partnership ☐ Proprietary ☐ AOP ☐ Insurance Company ☐ Bank
☐ BOI ☐ On behalf of Minor ☐ Others

* 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	<input type="text"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	<input type="text"/>		
City	Pin Code	State	
Office Tel.	Residence Tel.		
Fax	Mobile		
PAN*	<input type="text"/>		

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

* 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 ✓) <input type="checkbox"/> Regular Plan <input type="checkbox"/> Wealth Plan** <input type="checkbox"/> Institutional Plan <input type="checkbox"/> Super Institutional Plan <input type="checkbox"/> Auto Sweep Plan*				Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus													
Dividend Frequency (Please ✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual				Dividend Mode (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout													
<small>* 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).</small>																	
Investment Amount (Rs.)				DD Charges if any (Rs.)													
Net Amount (Rs.)				Mode of Payment	Cheque / Demand Draft / Fund Transfer <i>Strikeout whichever is not applicable.</i>												
Cheque / DD No.				Dated			Account No.										
Drawn on	Bank				Branch												
	City				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												
<small>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.</small>																	
SIP/ENROLLMENT DETAILS / AUTO SWEEP FACILITY (Please refer Auto Sweep Instructions on page 16)																	
Amount per SIP Installment*	Rs.			Enrollment Period From	m m y y y y y y		To	m m y y y y y y									
Auto Sweep from (Please ✓) <input type="checkbox"/> DWS Premier Bond Fund <input type="checkbox"/> DWS Short Maturity Fund <input type="checkbox"/> DWS Ultra Short Term Fund	(*Not applicable for Auto Sweep Plan)																
Auto Sweep into (Please ✓) <input type="checkbox"/> DWS Alpha Equity Fund <input type="checkbox"/> DWS Investment Opportunity Fund <input type="checkbox"/> DWS Tax Saving Fund <input type="checkbox"/> DWS Global Thematic Offshore Fund																	
Auto Sweep Installments (Please ✓) <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 10	Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		Dividend Mode (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout		SIP/Auto Sweep Dates (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th												
<input type="checkbox"/> 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) <small>(Required only in case of PAN not provided.)</small>																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Photo Identification Document Type (Mandatory)</th> <th style="width: 40%;">ID Card No. / Reference No.</th> </tr> <tr> <td>1st Applicant</td> <td></td> </tr> <tr> <td>2nd Applicant</td> <td></td> </tr> <tr> <td>3rd Applicant</td> <td></td> </tr> </table>										Photo Identification Document Type (Mandatory)	ID Card No. / Reference No.	1st Applicant		2nd Applicant		3rd Applicant	
Photo Identification Document Type (Mandatory)	ID Card No. / Reference No.																
1st Applicant																	
2nd Applicant																	
3rd Applicant																	
PAYMENT MECHANISM <input type="checkbox"/> Option I : Through Cheques Total Cheques <input type="text"/> Cheques Nos. From <input type="text"/> To <input type="text"/>																	
<small>Drawn on Bank <input type="text"/> Branch <input type="text"/></small>																	
<input type="checkbox"/> 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																	
<small>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) <input type="checkbox"/> Cheques/Demand drafts <input type="checkbox"/> Fund Transfer/Direct Credit <input type="checkbox"/> RTGS/NEFT The Fund Transfer/Direct credit option is available only in cases wherein the investor has a 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.</small>																	
NOMINATION (Please refer to instruction 6 on page 17)																	
I/We _____ and _____ <small>(Unitholder 1) (Unitholder 2)</small> *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			PAN No.	Proportion(%) by which the units will be shared by each Nominee (should aggregate to 100%)											
		(to be furnished in case the Nominee is a minor)															
Nominee 1																	
Nominee 2																	
Nominee 3																	
DECLARATIONS & SIGNATURE/S																	
<small>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.</small>																	
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								Date									
First/Sole Account Holder		Second Account Holder		Third Account Holder		*Applicable to NRI.											
CHECKLIST FOR INVESTMENT IN DWS TAX SAVING FUND: <input type="checkbox"/> Declaration of Good Health <input type="checkbox"/> Date of Birth of the Investor																	
LIST OF ATTACHMENTS (To be filled in by Applicant) Total number of attachments (Documents) alongwith the Application Form <input type="text"/>																	
<small>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.</small>																	

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.

Deutsche Mutual Fund

SYSTEMATIC INVESTMENT PLAN (SIP) FORM

Please use separate SIP Form for investing in each Scheme / Plan

Deutsche Asset Management
A Member of Deutsche Bank Group



BROKER INFORMATION	
Broker Name & ARN ARN-29333	Sub-Broker ARN

SIP Application No.

Application Date & Time

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.

Folio No. (for existing Unit holder) _____ KYC ☐ Yes ☐ No Common Application Form No. (for New Investor) _____

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)

Please read the Terms & conditions for ECS on page 19

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 _____

Account No.	_____	Account Type <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Bank Name	_____	(Please ✓) <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____
Bank City	_____	Pin Code _____
Branch Address	_____	
MICR Code	_____ This is a 9 digit number next to your Cheque No.	IFSC Code _____

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	_____	_____	_____
		First/Sole Account Holder	Second Account Holder	Third Account Holder As in Bank Records

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP Application No.

Collection Centre Stamp & Signature

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 _____ on ☐ Monthly ☐ Quarterly basis

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	Sub-Broker ARN

Application Date & Time

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.

Folio No. (for existing Unit holder) _____ KYC ☐ Yes ☐ No

SYSTEMATIC TRANSFER PLAN (STP) DETAILS

Transfer From		Transfer To	
Scheme _____	Plan _____	Scheme _____	Plan _____
Option _____	Option _____	Option _____	Option _____
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly		Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	
Transfer Options (Please ✓) (Refer instruction No. 6 on page 19) Fixed Amount (Rs.) per instalment _____		OR Capital Appreciation <input type="checkbox"/> OR Dividend* <input type="checkbox"/>	
Period of Enrollment From _____ To _____		* Subject to minimum of Rs. 1000/-	

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme _____	Plan _____
Option _____	Sub-option _____
Withdrawal Options (Please ✓) (Refer instruction No. 5 on page 19) <input type="checkbox"/> Fixed Amount (Rs.) _____ <input type="checkbox"/> Capital Appreciation	
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	
Period of Enrollment From _____ To _____	

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 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 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 enrolment. I/We do confirm that in the event I/We have mentioned "Not Applicable" / 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 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

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s. _____ an application for following enrolment (Please ✓ and filled in)

<input type="checkbox"/> STP	From the Scheme _____ Plan _____ Option _____	Collection Centre Stamp & Signature
	To the Scheme _____ Plan _____ Option _____	
	Total Amount (Rs.) _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis <input type="checkbox"/> Weekly	
<input type="checkbox"/> SWP	From the Scheme _____ Plan _____ Option _____	
	Total Amount (Rs.) _____ OR _____ Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis	

Deutsche Mutual Fund DWS Tax Saving Fund

Deutsche Asset Management
A Member of Deutsche Bank Group



Please read the instructions before completing this Form

DECLARATION OF GOOD HEALTH FOR INSURANCE COVER (To be submitted with every investment application) Mandatory for being entitled to an Insurance Cover under the insurance scheme

(This Declaration is common for lump sum investment and SIP Investments)

I hereby declare that I am in sound health and as on date I do not suffer from any disability nor have I been diagnosed at any time in the past with, tested, treated or given medical advice on any illness inclusive of cancer, condition requiring open heart surgery, history of typical chest pain indicative of Angina or other Heart Related Ailments, Renal Failure, Brain stroke, Paralysis, Acquired Immuno Deficiency Syndrome (AIDS) or diagnosed to be HIV Positive, lung diseases, bronchitis, asthma, tuberculosis, persistent cough, shortness of breath, pneumonia or any other respiratory disorder, colitis, crohn's or any kidney, liver or urinary disorder, neurological disorder or mental illness or undergone a major organ transplant inclusive of heart, lung, liver or kidney.

I also declare that currently I am not suffering from any infectious and contagious sickness and/or any sickness of viral nature.

For female lives only : I also declare that I am not pregnant as on the date of this application. I further declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information related, inter-alia, to my health. I hereby declare that I understand the full importance of this form, and the declaration herein, and do agree that this form and the declaration herein may be forwarded or divulged by Deutsche Asset Management (India) Private Limited (DeAM) for any purpose thought fit by DeAM, including, inter-alia, for the purpose of procuring any insurance cover on my life. I further hereby agree and give my consent to the reliance on and use of the contents of this declaration by such an Insurance company for examining and processing any claim that may be preferred against the insurer, in respect of any insurance cover, that may be provided to me. I authorize DeAM to arrange life insurance on my behalf and hereby confirm that my participation in any such life insurance policy shall be purely on a discretionary basis of DeAM and have further understood the terms and condition of the policy. I confirm and agree that the insurance cover, if provided, will be governed by the provision of The Insurance Act 1938 and the policy contract under which the cover will be offered to me.

I understand and agree that if any untrue information be contained herein I, my heirs, executors and administrators or assignee shall not be entitled to receive any benefit which may be provided to me on the faith of this declaration, including, inter-alia and aforesaid insurance cover.

Name of Sole / First Applicant

Folio No. (For existing Unit holder)

Application Form No. (For new Applicant)

Signature

Date of Birth

D	D	M	M	Y	Y	Y	Y		

Date

Note: This Certificate of Insurance contains some illustrative elements from the Terms and Conditions of the Group Life Policy bearing Policy Number 3200600000289 issued by MetLife India Insurance Company Pvt. Ltd., hereinafter referred to as "Company" or "MetLife" to Deutsche Asset Management (India) Private Ltd. ("DeAM").

In the event of any conflict between the Terms mentioned herein and those mentioned under the Policy document issued Terms and Conditions as appearing in the Group Policy document shall prevail.

Official Points for Accepting Transactions

Deutsche Investor Services Pvt. Ltd.: **Agra:** Unit No.13/A, 1st Floor, Kailash Tower, Block No. E 16/8, Sanjay Place, Agra-282002. Tel.: 0562-6452474/75. **Ahmedabad:** M-Square Building, First Floor, Swastik Char Rasta, B/H City Centre, Opp Om Complex, Off CG Road, Ahmedabad-380009 Gujarat. Tel.: 079-65122591/92. **Ajmer:** Shop No.25, K.C.Complex, Opp. Subhash Udyan, Ajmer-305001. Tel.: 0145-6451203/04. **Allahabad:** UGF-10, Vashist Vinayak Tower, Tashkend Marg, Civil Lines, Allahabad, Uttar Pradesh-211001. Tel.: 0532-6453192/6452444. **Amaravati:** Shop No.5, 1st Floor, Gulshan Towers, Jaistamb Chowk, Near Panchsheel Theatre, Amravati-444601. Tel.: 0721-6454001/02. **Amritsar:** Deutsche Investor Service, Fort Portion, 2nd Floor, 77, Railway Link Road, Amritsar-143001. Tel.: 0183-6545801/02. **Aurangabad:** Alaknanda Complex, Shop no-4, Adalat Rd, Near Baba petrol pump, Aurangabad- 431005. Tel.: 0240-6452028/29. **Bangalore:** 104, 1st Floor, Prestige Meridian 1 M G Road, Bangalore-560001, Karnataka. Tel.: 080-64522079/80. **Bareilly:** 320, Akash Floors, City Station Road, Civil Line, Bareilly-243001. Tel.: 0581-6453028/29. **Belgaum:** Deutsche Investor Service, Sri Sukh Sagar Shopping Complex, Ground Floor, CTS# 10618/1/2/3, Nehru Nagar, Belgaum-590010. Tel.: 0831-6452153/54. **Bhavnagar:** Sterling Point, 2nd floor (220-221), Waghawadi Road, Bhavnagar-364002. Tel.: 0278-6452348/49. **Bhilai:** Shyam Shakuntala Complex, 209, Ground Floor, 2/4 Nehru Parisar, Nr Nehru Nagar Rail Crossing, Bhilai-490022. Tel.: 0788-6450183/87. **Bhopal:** SG-17, Vijay Stambh, M.P. Nagar, Zone I, Opp. Axis Bank, Bhopal-462011. Tel.: 0755-6459426/27. **Bhubaneswar:** Metro House, Shop No.5, A.410, Vanivihar, Bhubaneswar-751004 Orissa. Tel.: 0674-6510351/52. **Calicut:** C 14-15, 2nd Floor, Sky Tower Shopping Mall, Municipal Corporation, Door No 5.3283, Situated at Bank Road Junction, Kozhikode, Calicut-673001. Tel.: 0495-6452208/09. **Chandigarh:** SCO 154-155, Sector 17 C, 2nd Floor, Deepak Towers, Chandigarh, (UT)-160017. Tel.: 0172-6530120/21. **Chennai:** Pasla Foreign Exchange Bldg, Next to Tata Motors, 1st Floor, Door No.141, Anna Salai, Chennai-600002, Tamil Nadu. Tel.: 044-64507987/9823. **Cochin:** 3rd Floor, Block B, BAB Towers, Atlantis, M G Road, Ernakulam, Kochi-682015, Kerala. Tel.: 0484-6452185/86. **Coimbatore:** No. 424-E, 2nd Floor, Red Rose Towers, D B Road, R S Puram, Coimbatore-641002, Tamil Nadu. Tel.: 0422-6474354/55. **Cuttack:** 1st Floor, Brajraj Bhavan, Badambari Link Road, Opp New LIC Colony, Cuttack-753012, Orissa. Tel.: 0671-6510175/76. **Dehradun:** Shop No.25, Ground Floor, Radha Palace Shopping Complex, 78 Rajput Road, Dehradun-248001, Uttarakhand. Tel.: 0135-6452753/54. **Durgapur:** 3rd Floor, City Residency, Near City Centre, Burdwan, Durgapur-713216. Tel.: 0343-6456635/36. **Erode:** No.849, N.S.T.V. Building, 1st Floor, Opp Shivrangji Hotel, Brough Road, Erode-638001. Tel.: 0424-6451834/35. **Goa:** Afran Plaza, 1st Floor, Shop No. F1&F2, Near Don Bosco High school, M.G Road, Panjim, Goa-403001. Tel.: 0832-6511217/18. **Gorakhpur:** Room No 12, First Floor, Mangalam Tower, 13-A, Civil Lines, Golghar, Gorakhpur-273001. Tel.: 0551-6453019/24. **Guntur:** 2nd Floor, Aditya Complex, 6-19-35, 13th Main Road, Arundalpet, Guntur-522002, Andhra Pradesh. Tel.: 0863-6452073/74. **Gurgaon:** Upper Ground Floor, Shop No 114, AKD Tower, Sector-14, Gurgaon, Haryana-122001. Tel.: 0124-6466545/46. **Guwahati:** Ganapati Enclave, Opposite Bora Service Station, G S Road, Ulubari, Guwahati-781007. Tel.: 0361-2460688. **Gwalior:** Ganapati Plaza, 1st Floor, City Centre, Gwalior-474011. Tel.: 0751-6451901/02. **Hubli:** Shop No. G-2, Ground Floor, Revankar Comfort Door No 450/1A, Deshpande Nagar, Hubli-580030. Tel.: 0836-6452062/63. **Hyderabad:** 6-3-103/UG-3(A&B), Vintage Boulevard, Rajbhavan Road, Somajiguda, Hyderabad-500082. Tel.: 040-64551097/98. **Indore:** B3, Aru Plaza, 582 M.G Road, Opp Hukumchand Ghatnagar, Indore, M.P-452001. Tel.: 0731-6563909/10. **Jabalpur:** 55, Chandrika Towers, Madgal Road, Near Shastri Bridge, Napier Town, Jabalpur-482002. Tel.: 0761-6541753/81. **Jaipur:** No.605, Plot No. 0-15, Ashok Marg, C-Scheme, Green House, Jaipur-302001. Tel.: 0141-6451089/90. **Jalandhar:** Municipal No. B IX/2-2785-A/2, Rachana Chambers, Near BMC Chowk, Civil Lines, Jalandhar. (Punjab)-144001. Tel.: 0181-6535814/1043. **Jammagar:** 106, Madhav Complex, P. N. Marg, Opp. D.K.V. College, Jammagar-361004. Tel.: 0288-6452063/64. **Jamshedpur:** Bharat Business Center, Ground Floor, Ram Mandir Area, Beside Mithila Motors, Bistupur, Jamshedpur-831001, Bihar. Tel.: 0657-6450221/6510106. **Jodhpur:** Office No 209, 2nd Floor, Aadeshwar Tower, Chopansi Road, Jodhpur-342001. Tel.: 0291-6450296/302. **Kanpur:** Office No.216 & 217, 2nd Floor, Kan Chambers, 14/113, Civil Lines, Kanpur-208001, Uttar Pradesh. Tel.: 0512-6451452/78. **Kolhapur:** Shop No.84, Gemstone Rao Bahadur Vichare Complex, 517/2, New Shahupuri Near S T Stand, Kolhapur-416001, Maharashtra. Tel.: 0231-6454001/02. **Kolkata:** Lords Building, 7/1, Lord Sinha Road, Block NO. GF/D, Ground Floor, Kolkata-700071. Tel.: 033-64600279/110. **Kota:** 2nd Floor, Mewara Plaza, 344, Shopping Center, Rawat Bhata, Guman Pura Road, Kota-324007. Tel.: 0744-2366857. **Lucknow:** SkyHi Chambers, F-1, 1st Floor, Park Road, Lucknow-226001, Uttar Pradesh. Tel.: 0522-6560854/928. **Ludhiana:** Fortum Chambers, S.C.O. 16-17, 4th Floor, Feroze Gandhi Market, Opp Stock Exchange, Ludhiana-141001. Tel.: 0161-6454801/02. **Madurai:** Plot No 10, Vishnu Plaza, Near P T R Bridge, Shop No 16, 2nd Floor, Vaigai Colony, 80ft Road, Annanna Nagar, Madurai-625020. Tel.: 0452-6464103/04. **Mangalore:** "Manasa", 2nd Floor, Kodialbali, M.G Road, Mangalore, Karnataka-575003. Tel.: 0824-6452067/68. **Moradabad:** Shop No 7, Sai Sadan Complex, Ground Floor, Jail Road, Moradabad-244001. Tel.: 0591-6452186/87. **Mumbai:** Prospect Chambers, G 02 B, D N Road, Fort, Mumbai-400001, Maharashtra. Tel.: 022-65990220/23. **Borivali:** Deutsche Investor Service, Patel Shopping Centre, Shop No.25, Ground Floor, Chandawarkar Lane, Borivali (W), Mumbai-400092. Tel.: 022-28917161. **Ghatkopar:** Deutsche Investor Service, 2-B Ground Floor, Kailash Plaza Building, Behind Raymond Showroom, Vallabh Baug Lane, Ghatkopar (East), Mumbai-400077. Tel.: 022-25127835. **Mulund:** Deutsche Investor Service, Office No. 111, Sai Arcade, N.S.B Road, Mulund West, Mumbai-400080. Tel.: 022-25922322. **Mysore:** Shop No7, Cellar, Mythri Arcade, Saraswathipuram, Mysore, Karnataka-570009. Tel.: 0821-6452013/14. **Nagpur:** Shop No.10, Prathiba Sankul, North Ambazari Road, Nagpur, Maharashtra-440010. Tel.: 071-2645566/61. **Nasik:** Suvojit Chambers, Ground Floor, G-2, Trumbak Naka, Near CBS, Nasik-422002. Tel.: 0253-6579008/09. **Nellore:** Shop No.1, Ravula Arcade Shopping Complex, GNT Road, Nellore-524001. Tel.: 0861-6456091. **New Delhi:** 910/ 911 A, 9th Floor, Narain Manzil, Barakamba Road, New Delhi-110001. Tel.: 011-64733117/18. **Panipat:** N K Towers, 2nd Floor, Near IB College, G.T Road, Panipat-132103. Tel.: 0180-4022408/3252707. **Patiala:** 2nd floor, 29, New Leela Bhawan, Patiala-147001. Tel.: 0175-6534809/10. **Patna:** Hari Niwas, Shop No.209, 2nd floor Dak Bungalow Road, Patna-800001. Tel.: 0612-6500161/62. **Pune:** Shop No.7, Ground Floor, Jalan Corner CTS No.538 & 539, Narayan Peth, N C Kelkar Marg, Pune-411030, Maharashtra. Tel.: 020-65009115/16. **Rajmahendry:** Deutsche Investor Service, 36-7-8, 1st Floor, SBI Complex, Stadium Road, Innespet, Rajmahendry-533101. Tel.: 0883-6452089/89. **Rajkot:** L-1, Puja Commercial Complex, Harihar Chowk, Near GPO, Panchnath Plot, Rajkot-360001. Tel.: 0281-6451993/94. **Ranchi:** Shop No22, A.C Market, G.E.L. Church Complex, Main Road, Ranchi-834001. Tel.: 0651-6457341. **Rourkela:** Triveni Complex, 2nd Floor, Madhusudan Marg, Opp Hotel Sukh Sagar, Rourkela-769001. Tel.: 0661-6510142/43. **Salem:** VII A, 2nd Floor, Divya Towers, Fort, Main Road, Shevapet, Salem-636001. Tel.: 0427-6455891/3347. **Sambalpur:** Quality Mansion, Ground Floor, Main Road, Nayapara, Gole Bazar, Sambalpur-768001, Orissa. Tel.: 0663-6510007/08. **Siliguri:** Gitanjali Complex, 209 Gr Floor, Sevoke Road, Siliguri-734001. Tel.: 0353-6502763. **Surat:** Shop No.G12, Ground Floor, Jolly Plaza, Opp Atwagate Police Station, Atwagate, Surat-395001, Gujarat. Tel.: 0261-6452308/09. **Trichy:** Aravindh Plaza, 1st Floor, NO-2, Fort Station Road, Trichy-620002. Tel.: 0431-6450428. **Trivandrum:** 2nd Floor, Annas Arcade, TC 26/15/80, Opp AG's Office, Spencer Junction, M G Road, Trivandrum-695001. Tel.: 0471-6450203/6451674. **Udaipur:** Deutsche Investor Service, 406, 3rd Floor, 4-D, Daulat Chambers, Sardarpura, Udaipur, Rajasthan-313001. Tel.: 0294-6452611. **Vadodara:** No.301, Gokulesh 2, R C Dutt Road, Alkapuri, Vadodara-390005 Gujarat. Tel.: 0265-6451103. **Valsad:** 303 K.B.Mall, Hallar Road, Valsad-396001. Tel.: 02632-650561/62. **Varanasi:** Kuber Chambers, 3rd Floor, Unit 16, Rath Yatra Crossing, Varanasi-221010. Tel.: 0542-6456312. **Vijayawada:** Door No. 39-1-80, Saptagiri Complex, 1st Floor, M G Road, Labbipet, Vijayawada-520010. Tel.: 0866-6461523. **Vizag:** Shop No.1, Ground Floor, Redname Regency, Dwarka Nagar, Vizag-530001, Andhra Pradesh. Tel.: 0891-6463818. **Warangal:** Shop No. C-40, 1st Floor, Green Square, Opposite Public Garden, Hanamkonda, Warangal, Andhra Pradesh-506001. Tel.: 0870-6451753.

Deutsche Asset Management
A Member of Deutsche Bank Group

