

TRANSACTION SLIP FOR SCHEMES OF DEUTSCHE MUTUAL FUND (for existing investors only)

Please use separate transaction slip for each scheme. To be filled in CAPITAL LETTERS.

Deutsche Asset & Wealth Management



DISTRIBUTOR / BROKER INFORMATION			
Broker Name & ARN	Sub Broker ARN	Employee Unique Identification Number	Sub Broker Code
ARN-3086			

Folio/Account No:

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.
 I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

 First / Sole Applicant / Guardian Second Applicant Third Applicant Power of Attorney Holder

Name of First/Sole Unitholder:

Scheme Plan

Option Dividend/Bonus Frequency

I/We would like to apply for ADDITIONAL PURCHASE (fill section - A & B) REDEMPTION (fill section - C) SWITCH (fill section - D)

A. ADDITIONAL PURCHASE

Payment Options Cheque/DD RTGS/NEFT Transfer Instrument No. UTR No. (in case of RTGS/NEFT)

Bank Name: Branch:

₹ (in figures) ₹ (in words)

B. DEMAT ACCOUNT DETAILS NSDL CDSL (Tick appropriate box)

Depository Participant Name:

Depository Participant (DP) ID: Beneficiary Account Number

C. REDEMPTION

Scheme Plan

Option Dividend/Bonus Frequency

All units OR No. of units OR ₹ (in figures) ₹ (in words)

Please Note: If the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed.

D. SWITCH

Scheme Plan

Option Dividend/Bonus Frequency

All units OR No. of units OR ₹ (in figures) ₹ (in words)

To Scheme Name Plan

Option Dividend/Bonus Frequency

E. DECLARATION

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. 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 I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

SIGN HERE

 Sole/1st applicant/Guardian/ Authorised Signatory 2nd applicant 3rd applicant Power of Attorney Holder

For details of terms and conditions visit www.dws-india.com. Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Name: Folio No:

Received Request for ADDITIONAL PURCHASE

Scheme Plan Option

₹ (in figures) ₹ (in words)

REDEMPTION All units No. of units ₹ (in figures)

₹ (in words)

Scheme Plan

Option Dividend/Bonus Frequency

SWITCH From (Scheme Name)

Plan Option

All units No. of units ₹ (in figures)

₹ (in words)

From (Scheme Name)

Plan Option

Stamp & Signature