



BROKER INFORMATION

BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIIN)	SUB-BROKER CODE
ARN-0906		E031087	

Application No.

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 EUIIN 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

1 TRANSACTION CHARGES (Please refer instructions and tick any one)
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.
 I am a First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.) I am an Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)

2 EXISTING FOLIO NUMBER Existing Investors - Please fill in Sections 1, 14, 15,16 and 19 only KYC ** Yes No.

3 UNIT HOLDER INFORMATION
Name of the First Applicant / Corporate Investor Date of Birth/Incorporation* Age (No. of years)
Mr/ Ms/ M/s/ Dr/ Minor Enclosed (Please ✓) PAN Proof^{SS} KYC Letter** Nationality Indian Other
Annual Income* (Please ✓) Rs. 0 - 5 lacs Rs. 5 - 25 lacs Rs. 25 lacs - 1 crore Rs. 1 - 5 crore Rs. 5 crore & above Source of Income :
Name of the Second Applicant Mr/ Ms/ M/s/ Dr Enclosed (Please ✓) PAN Proof^{SS} KYC Letter** Nationality Indian Other
Name of the Third Applicant Mr/ Ms/ M/s/ Dr Enclosed (Please ✓) PAN Proof^{SS} KYC Letter** Nationality Indian Other
Name of the Guardian (in case of a minor)/Name of the Power of Attorney Holder.
Mr/ Ms/ M/s/ Dr Enclosed (Please ✓) PAN Proof^{SS} KYC Letter** Nationality Indian Other

4 STATUS OF FIRST APPLICANT* Resident Individual Bank HUF Proprietor Minor Society FII Partnership Firm
 NRI PIO Trust Company Other

5 MODE OF OPERATION* Single Joint Anyone or Survivor **6 If NRI* (Please ✓)** Repatriation basis Non-repatriation basis

7 If COMPANY IS LISTED* Yes No **8 ARE YOU POLITICALLY EXPOSED PERSON?*** First Holder Yes No Second Holder Yes No Third Holder Yes No

9 LIST OF DOCUMENTS SUBMITTED* (in case of company) Memorandum of Association / Article of Association Board Resolution List of Authorised Signatory

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

11 ADDRESS - FIRST APPLICANT/ GUARDIAN/CORPORATE*
Contact Person (In case of Non Individual Investor)
Address City State Country
Pin Code Mobile Email

12 OVERSEAS ADDRESS* (Mandatory in case of NRIs/ FIIs) (PO Box address is not sufficient. Investors residing overseas & with PO Box address must provide their Indian address)
Address City State Country
Pin Code Mobile Landline No. Email

13 CONTACT & ADDRESS OF POWER OF ATTORNEY HOLDER (PO Box address is not sufficient)
Address City State Country
Pin Code Mobile Landline No. Email

14 *In case the INVESTOR is NOT an INDIVIDUAL, please provide Ultimate Beneficial Owner (UBO) details (Refer to point 11 under General Information on page 28). If there is NO UBO, please declare that the entity does not have anyone holding beneficial interest.

List of UBOS				Directors/Partners/Trustees/Karta of HUF			
Name	Date of Birth	PAN No.	Nationality	Name	Date of Birth	PAN No.	Nationality

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

15 MODE OF CORRESPONDENCE (Where the investor has provided his e-mail id, the AMC shall send all communication to the investor via e-mail. Investors who wish to receive hard copy communication are requested to leave the e-mail id blank)
 I/ We wish to receive all communication through physical mode in lieu of email.

16 BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (Refer "Bank Details" under Instructions. Please enclose a copy of a cancelled cheque)
Name of Bank Branch City State Account No.
Account Type Current Savings NRO NRE FCNR Others
MICR code* IFSC code**

*Mandatory for dividend payout via ECS (The 9 digit code appears on your cheque next to the cheque number) **Mandatory for credit via RTGS/ NEFT (11 digit code also found on your cheque leaf.)

** w.e.f. 01 January, 2011, KYC shall be mandatory for all investors irrespective of the amount of investments in Mutual Fund. * 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 alongwith Cheque / Demand Draft No. Dated Amount (Rs.) Drawn on Date ISC Stamp & Signature
Please Note: All Purchases are subject to realisation of Cheques / Demand Drafts.

17 INVESTMENT DETAILS

Scheme Name

Plan (Please ✓) Regular Plan Institutional Plan Super Institutional Plan Direct Plan Option (Please ✓) Growth Dividend Bonus

Dividend/Bonus Frequency (Please ✓) Daily Weekly Fortnightly Monthly Quarterly Half Yearly Annual Dividend Mode (Please ✓) Reinvestment Payout

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). In case the investor subscribes to units of a plan other than the single plan, then by default the units of the single plan will be allotted.

18 PAYMENT OPTIONS

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.

19 DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (REQUIRED)

NSDL OR CDSL

Depository Participant (DP) ID Depository Participant (DP) ID

Beneficiary Account Number & Beneficiary Account Number

(If the name of the applicant in this application is not identical with the Beneficiary Account details with the above mentioned DP, the application will be treated as incomplete and is liable to be rejected.)

20 NOMINATION DETAILS

I / We do hereby _____ nominate the under mentioned person to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee, and signature of the Nominee acknowledgment receipt thereof shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Nominee's Name _____

Relationship _____

Address _____

In case Nominee is a Minor
Name of Guardian _____
Address of Guardian _____
Date of Birth Signature of Guardian _____

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.

21 OTHER DETAILS*

Individuals
Gross Annual Income Details (please specify): Income Range per annum:
 Below Rs 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac >25 Lacs
OR Net-worth as on (date) _____ (Net worth should not be older than 1 year)

Occupation (please ✓ any one and give brief details): Private Sector Public Sector
 Government Service Business Professional Agriculturist Retired
 Housewife Student Others _____

Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
Any other information: _____

Non Individuals
Gross Annual Income Details (please specify): Income Range per annum:
 Below Rs 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac 25 Lacs-1 crore > 1 crore
Net-worth as on (date) _____ (dd/mm/yyyy): _____ (*Net worth should not be older than 1 year)

Please tick, if applicable, for any of your authorized signatories/Promoters/Partners/Karta/Trustees/whole time directors: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)
Any other information: _____

22 US / NON-US PERSON DECLARATION FOR INDIVIDUALS (FATCA)*

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Deutsche Asset Management (India) Pvt Ltd, believing this statement to be true, will rely on it and act on it. In the event this statement is false, Deutsche Asset Management (India) Pvt Ltd reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Deutsche Asset Management (India) Pvt Ltd within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Deutsche Asset Management (India) Pvt Ltd in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

Foreign Account Tax Compliance Act related information of the Sole/Primary Applicant (Please refer instructions):-
 If you are a US person or tax-payer, please tick (✓) this box and provide your TIN (Tax-payer Identification Number) below or attach a W9 form
US TIN - - (OR) W9 Form attached (Please ✓) Country Residence Country of Birth

First Holder Signature* _____ Second Holder Signature* _____ Third Holder Signature* _____

23 DECLARATION AND SIGNATURES

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. 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. 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 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.

Date:

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

CHECKLIST Documents as listed below are to be submitted along with the Application Form (as applicable to your specific case)

Document submitted Kindly (✓)	Sr No	Documents	Individuals	Companies	Trusts	Societies	Partnership Firms	FlIs	NRIs	Investments through POA
	1	Resolution / Authorisation to invest		✓	✓	✓	✓	✓		✓
	2	List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓	✓	✓		✓
	3	Memorandum & Articles of Association		✓						
	4	Trust Deed			✓					
	5	Bye-Laws				✓				
	6	Partnership Deed					✓			
	7	Notarised Power of Attorney								✓
	8	Account Debit Certificate in case payment is made by DD from NRE/FCNR A/c where applicable						✓	✓	
	9	PAN Proof (not required for existing investors)	✓	✓	✓	✓	✓	✓	✓	✓
	10	KYC acknowledgment letter (required if not already submitted)	✓	✓	✓	✓	✓	✓	✓	✓
	11	Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 6 above should be originals or true copies certified by the Director/Trustee/Company Secretary/Authorised Signatory/Notary Public/Partner as applicable. Originals will be handed over after verification.

In compliance with SEBI circular no. Cir/IMD/DF/13/2011 dated August 22, 2011, CIR/IMD/DF/21/2012 dated September 13, 2012 and amendments if any, the AMC may deduct Transaction Charge for subscriptions made through distributors of mutual funds. Such Transaction Charge collected by the AMC will be paid to the distributor/ARN Holder (who have 'opted in' to receive the transaction charges) through whom the investment has been made. The distributors shall also have the option to opt in or opt out of levying transactions charges based on the type of product. However, no Transaction Charges will be imposed for investments made directly with the Fund. Transaction Charge shall be subject to the following as well as amendments that may be made from time to time: i. For existing mutual fund investors, an amount of Rs.100/- per subscription of Rs.10,000/- and above. ii. For a new investor investing for the first time in mutual funds, an amount of Rs.150/- per subscription of Rs.10,000/- and above. iii. There shall be no Transaction Charge on subscription below Rs.10,000/- iv. There shall be no Transaction Charge on transactions other than purchases/ subscriptions relating to new inflows. v. Such amount shall be deducted by the AMC from the subscription amount and paid to the distributor; and the balance amount shall be invested under the Scheme and units allotted accordingly. vi. The Statement of Account sent to the Unit holder shall state gross subscription less transaction charge and also show the number of units allotted against the net investment.



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ARN-0906		E031087	

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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 EUIIN 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

1 EXISTING FOLIO NUMBER KYC Yes No. Common Application Form No. (for New Investor)

2 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)

3 SIP/ENROLLMENT DETAILS

Scheme Name Plan (Please ✓) Regular Plan Institutional Plan Super Institutional Plan Direct Plan

Option (Please ✓) Growth Dividend Bonus Dividend / Bonus Frequency (Please ✓) Daily Weekly Fortnightly Monthly Quarterly Half Yearly Annual

Dividend Mode (Please ✓) Reinvestment Payout Amount per SIP Installment Rs. SIP Frequency (Please ✓) Monthly Quarterly Weekly Daily*

SIP Dates (for option other than daily SIP) (Please ✓) 7th 15th 21st 28th Enrollment Period From To

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). In case the investor subscribes to units of a plan other than the single plan, then by default the units of the single plan will be allotted.

*For Daily SIP please refer to key scheme features

Micro SIPs (Please ✓) (Investment of equal to or less than Rs. 50,000/- per annum under SIP registration) (Required only in case of PAN not provided.)

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

4 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 (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	
Branch Address			
MICR Code		This is a 9 digit number next to your Cheque No.	IFSC Code

5 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.

6 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 AS PER DEUTSCHE MUTUAL FUND		SIGNATURE/S AS PER BANK RECORDS	
First/Sole Account Holder		First/Sole Account Holder	
Second Account Holder		Second Account Holder	
Third Account Holder		Third Account Holder	

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)	SIP Application No.	
Received from Mr./Ms./M/s. _____		Collection Centre Stamp & Signature
an application for SIP enrolment in the Scheme _____		
Plan _____ Option _____		
Total Amount (Rs.) _____ Cheque Nos. From _____ To _____		
drawn on _____ on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly		



Please use separate SWP/STP Form for investing in each Scheme/Plan

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ARN-0906		E031087		

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 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
1 EXISTING FOLIO NUMBER <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"/>			
KYC <input type="checkbox"/> Yes <input type="checkbox"/> No			
Common Application Form No. (for New Investor) <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"/>			

2 SYSTEMATIC TRANSFER PLAN (STP) DETAILS

Transfer From	Transfer To
Scheme <input type="text"/>	Scheme <input type="text"/>
Plan <input type="text"/> Option <input type="text"/>	Plan <input type="text"/> Option <input type="text"/>
Transfer Frequency (Please <input checked="" type="checkbox"/>): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly Date (Please <input checked="" type="checkbox"/>): <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	
Transfer Options (Please <input checked="" type="checkbox"/>): Fixed Amount (Rs.) per installment <input type="text"/> OR <input type="checkbox"/> Capital Appreciation	OR <input type="checkbox"/> Dividend*
Period of Enrollment From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*Subject to minimum of Rs. 1000/-

3 SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>
Sub-option <input type="text"/>	Withdrawal Options (Please <input checked="" type="checkbox"/>): <input type="checkbox"/> Fixed Amount (Rs.) <input type="text"/> <input type="checkbox"/> Capital Appreciation	
Transfer Frequency (Please <input checked="" type="checkbox"/>): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly Date (Please <input checked="" type="checkbox"/>): <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th		
Period of Enrollment From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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 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 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.

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