

UNIT TRUSTS - CANCELLATION FORM

Name of Fund: _____

Please read the "TERMS AND CONDITIONS FOR CANCELLATION OF UNITS" attached to the Application Form before completing this form.

To: Deutsche Asset Management (Asia) Limited (the "Managers")
20 Raffles Place #27-01 Ocean Towers Singapore 048620
Tel: 6538 5550 Fax: 6538 1187
Company Reg. No.: 198701485N

PARTICULARS OF INVESTOR

Name of Applicant (Dr / Mr / Mrs / Mdm / Miss)* Underline Surname		
Address		Occupation
Tel (Home)	Tel (Office)	Fax
NRIC/ Passport No./ Registration No.*		Date of Birth
Nationality	Tax Status <input type="checkbox"/> Singapore Tax Resident <input type="checkbox"/> Non-Singapore Tax Resident	

PARTICULARS OF JOINT INVESTOR

Name of Joint Applicant (Dr / Mr / Mrs / Mdm / Miss)* Underline Surname		
<i>(Please tick one only)</i>		
<input type="checkbox"/> Joint-All Account		<input type="checkbox"/> Joint-Alternate Account
NRIC/ Passport No./ Registration No.		Date of Birth
Nationality	Tax Status <input type="checkbox"/> Singapore Tax Resident <input type="checkbox"/> Non-Singapore Tax Resident	

SUBSCRIPTION(S) FOR CANCELLATION

Initial Amount (S\$ / US\$)	_____	Discount:	_____	Date	_____
Subsequent Amount (S\$ / US\$)	_____	Discount:	_____	Date	_____
Regular Savings Plan	Yes / No *				

MODE OF PAYMENT & SETTLEMENT OF SUBSCRIPTION

<input type="checkbox"/> Cash	
<input type="checkbox"/> CPF-Ordinary Account	CPF Agent Bank / CPF Investment A/C no.: _____
<input type="checkbox"/> CPF-Special Account	CPF Account Number: _____
<input type="checkbox"/> SRS	SRS Operator / SRS Account Number: _____

DECLARATIONS

I/We hereby declare that I/we have received, read and understood the "TERMS AND CONDITIONS FOR CANCELLATION OF UNITS" attached to the Application Form and agree to be bound by the terms and the conditions set out therein. I/We hereby declare that I/we wish to cancel all my/our units indicated above. I/We hereby agree to indemnify the Managers against reasonable losses, expenses and/or liabilities whatsoever arising out of or in connection with the cancellation of my/our Units in the Fund.

 Main Applicant's Signature /
 Authorised Signatory and Company Stamp

 Joint Applicant's Signature (if any)

 Date

FOR OFFICIAL USE

Special Instruction:

Remarks: