

RECURRING PREMIUM AMOUNT

The minimum amount of the debit order is R1,000. This application form must be received 2 weeks prior to the first working day of the month on which the debit order will commence.

Debit Order Total Amount: R

Optional annual increase: 10% 15% 20% No optional increase

Debit order date: 1st 7th 15th 25th Month to commence:

I hereby authorise the Administrator to deduct the amounts specified above from the bank account as per the Bank Details provided and any further amounts as may be agreed by me in this application form. I acknowledge and understand that the Administrator requires at least 30 days written notice of the termination of a debit order instruction. Provided that the Administrator acts within the scope of its authority to any applicable debit order instruction, I hereby hold harmless and indemnify the Administrator against any/all charges/expenses actually incurred by the Administrator relating to any payment transaction which is returned by my bank, and not given effect to. The Administrator will add any amount for which I am liable, under this indemnity, to any amount due to the Administrator or may cause the Administrator to deduct and pay over such amount to the Administrator from any payment due to me. My liability under this indemnity shall be limited to the amount in respect of any payment value and/or charges/expenses incurred by a transaction returned by my bank and not given effect to.

Name of Bank Account Holder

Signature of Bank Account Holder

D D M M Y Y Y Y

Are Bank details for the recurring premium different to Investor Bank details Y N If yes, please provide the relevant details below.

BANK DETAILS FOR RECURRING PREMIUM AMOUNT Account type: Current/Cheque Savings Transmission

Name of bank:

Branch name: Account number:

Branch code: Name of account holder:

POLICYHOLDER DECLARATIONS (Investor to specify the agreed to PERCENTAGE fee, excluding VAT)

The initial advice fees are payable to the IFA by the Administrator on behalf of the Policyholder. The Administrator will ensure that the initial advice fee is paid when the initial investment or transfer amount in respect of the Policy is received by the Administrator, and thereafter the annual advice fee will be paid by the way of realizing units from the investment portfolio of the Policyholder. I confirm that the Financial Advisor is my nominated IFA and agree that the following fee is payable.

Fee Type	Financial Advisor	Agreed Fee
Initial	Maximum 3% (excl VAT) deducted prior to each investment being made. Where ongoing fee is greater than 0.5% (excl VAT), then initial fee is limited to 1.5%.	
Ongoing	Maximum 1% per annum (excl VAT) of the investment account. Where the initial fee is more than 1.5% (excl VAT). The maximum ongoing fee is 0.5%.	

FINANCIAL ADVISORS DETAILS AND DECLARATIONS

FSP Name Oasis Broker code

Representative Name: FSP No:

The IFA undertakes to ensure that when dealing with the Policyholder/ Administrator all requirements of the Administrator shall be adhered to and the IFA accepts that he has complied with such requirements in relation to this transaction. This includes the provision of documentation relating to the registration of the IFA, the authorisation of the IFA to advise on the selected products and documentation required pertaining to the respective products. The IFA confirm that the necessary Needs Analysis has been done and the selected product meets the financial objectives of the Policyholder and that a record of such advice has been undertaken and such records are maintained by the IFA. The IFA confirms that he/she has made the disclosures required in terms of the FAIS Act with the Administrator to the Policyholder; and that all fees that relate to this investment have been disclosed and explained to the Policyholder; and accepts and understands that the Policyholder may instruct the Administrator to cancel or amend such fees at any time. The IFA accepts that the latest instruction of the client will supersede previous instructions of the client. The IFA confirms that as an accountable institution in terms of Financial Intelligence Centre Act it has accordingly identified all the parties to this transaction and shall maintain all records relating thereto which records shall be updated upon any changes occurring. The IFA undertakes to keep the Policyholder informed of the process and status of this transaction.

Signature of Financial Advisor

D D M M Y Y Y Y

1. I confirm that the Financial Advisor has been appointed by me.
2. I warrant that the information contained herein is true, correct and complete;
3. I have attained the age of majority in terms of the law applicable to me and that there are no legal restrictions preventing me from entering into this agreement without the consent of my parent/legal guardian;
4. I have the necessary authority to sign this application in a principal capacity, or a representative capacity and do so within my power granted by my principal;
5. I hereby permit the Administrator to conduct any investigation to verify that the information and documentation included in/with this application is correct, and in the case where such investigation results in conflicting information, that the Administrator is obliged to report the transaction as a suspicious transaction to the relevant authorities;
6. I understand that it is my obligation to familiarise myself with, and accept the risks associated with this policy;
7. I confirm that the information about the product, investment objective and risk factors have been provided and disclosed to me by my Financial Advisor and that any other additional information that I have required, has been provided;
8. I have read, understood and agreed to the Terms and Conditions (Policy Document);
9. I confirm that this application, in conjunction with the Terms and Conditions (Policy Document) constitutes the entire, and binding, agreement with the Administrator and myself; and can be amended from time to time on receipt and acceptance by the Administrator, of further instruction duly completed by the Policyholder;
10. I hereby acknowledge that I have fully acquainted myself with and I have read, understood and accepted the fees, charges and expenses that are to be levied, in terms of this application;
11. I hereby confirm that the details contained in this application, are those of my appointed Financial Advisor, and agreement has been reached for payment of the fees as set out in this application;
12. I understand that the Administrator will only accept instructions, from a Financial Advisor or Third Party, if authorised by myself in writing;
13. I permit the information pertaining to my account (including duplicate statements, valuations and other information that may be required from time to time) may be released, electronically or in hard copy, to the Financial Advisor appointed to this investment;
14. I have not received advice from the Administrator or Insurer;
15. I warrant that in respect of this investment I have not contravened any anti-money laundering legislation and regulations applicable to me;
16. I permit the Administrator to pass on my information to a third party, for marketing and market research purposes;
17. I permit the Administrator to exercise a vote in a ballot of a collective investment scheme;
18. I permit the Administrator to exercise voting rights to gain control of a company;
19. I hereby waive any claim, of whatsoever nature, I may have against the Administrator and/or the Insurer, in future, relating to or arising out of the investment/s described in this application form, save insofar as it arises from dishonesty, theft or gross negligence of the company's employees, agents of representatives.
20. I confirm that I have received the Terms and Conditions and that I am bound to the latest version of the Terms and Conditions on the website www.oasisrescent.com.
21. "Protection of Personal Information Act, 2013 ("POPI") – I confirm that I am aware that the Management Company and /or it's associated /partner companies are 'responsible parties' as defined by the POPI, and I hereby consent to my personal information being processed in compliance with POPI. (Further information on POPI compliance can be found on the website www.oasisrescent.com)"

I hereby indemnify the Administrator for acting on instructions provided by phone, fax or email:

Signature of Policyholder / Representative 1							
D	D	M	M	Y	Y	Y	Y

Signature of Person Assisting / Representative 2							
D	D	M	M	Y	Y	Y	Y

Capacity of Person Assisting

FOR OFFICIAL USE

Captured Name

Signature

D	D	M	M	Y	Y	Y	Y
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Authorised Name

Signature

D	D	M	M	Y	Y	Y	Y
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