Oasis House • 96 Upper Roodebloem Road • University Estate • 7925 P.O. Box 1217 • Cape Town • 8000 • South Africa

Tel: +27-21-413 7860 • Fax: +27-21-413 7920

LOCAL RATE: 0860 100 786

INDIVIDUAL INVESTMENT

Email: t-a@za.oasiscrescent.com Website: www.oasiscrescent.com

COLLECTIVE INVESTMENT SCHEMES

MANAGEMENT COMPANY LTD.

- 1. The Terms and Conditions that apply to this product, must be read in conjunction with this form and is available on www.oasiscrescent.com.
- 2. Kindly complete all fields in the form, using BLOCK CAPITALS.
- 3. This completed form, and any supporting documentation, should be submitted to Oasis as per the contact details above.
- 4. We will process this application once all duly completed documentation and funds are received.
- 5. All portfolios are subject to availability.
- 6. Refer to the Performance Fee FAQ's for more information.
- 7. If you are unaware of your tax status or how to complete the tax related sections, please consult your tax adviser.

INVESTOR DETAILS									
Title: Initials:	Date: D D M M Y Y Y Y								
First Name(s):									
Surname:									
Gender: Date of Birth: DD MM	YYYY								
Minor: Y N Guardian Name:									
Guardian Relationship:									
Marital Status: In community of property Ante	uptual contract Married according to customary law								
Single	Divorced Widow/Widower								
INVESTOR CONTACT DETAILS									
Postal Address:									
	Postal Code:								
Mobile/Cell phone:	Work Telephone:								
Work Email:	Work Fax:								
Residential Address:									
	Postal Code:								
Home Telephone Number:	Home Fax:								
Home Email:									
Preferred address for communication: Postal Email									
Nationality:	SA Resident: SA Non Resident:								
Identification Type: ID									
Income Tax No:	Country of residence for Tax purposes :								
SARS Tax Office:									
Please indicate the place of tax residence (if a resident in a country other than South Africa please detail all countries of tax residence and associated tax identification numbers).									
COUNTRY OF TAX RESIDENCY	TAX ID NUMBER								

JOINT HOLDER DETAILS Title:										
First Name(s):										
Surname:										
Gender: M F Date of Birth: D D M M Y Y Y Y										
Minor: Y N Guardian Name:										
Guardian Relationship:										
Marital Status: In community of property Antenuptual contract Married according to customary law										
Single Divorced Widowed										
Employer: Occupation:										
Politically Exposed: Investor Y N										
JOINT HOLDER CONTACT DETAILS Postal contact details same as Investor Residential contact details same as Investor										
Postal Address:										
Postal Code:										
Mobile/Cell phone: Work Telephone:										
Work Email: Work Fax:										
Residential Address:										
Postal Code:										
Home Telephone Number: Home Fax:										
Home Email:										
Preferred address for communication: Postal Email										
Nationality: SA Resident: SA Non Resident:										
Identification Type: ID Passport No:										
Income Tax No: Country of residence for Tax purposes :										
SARS Tax Office: Either party can sign instructions: Both parties must sign ALL instructions:										
PERSON ASSISTING OR NOMINATED BY SIGNATORIES TO OPERATE THE ACCOUNT (If applicable)										
Legal Capacity:										
Id. No/ Passport No: Date of Birth: D M M Y Y Y Y										
Title: First Name(s):										
Surname:										
Residential Address:										
Postal code:										
Telephone Number: Mobile/Cell phone:										
Fax: Email:										
Employer: Occupation:										
Politically Exposed: Investor Y N Either party can sign instructions: All parties must sign ALL instructions:										

INVESTOR BANK DETAILS Account type: Current/Cheque Savings Transmission																			
(Payments will only be paid to the bank account specified hereunder. Payments will not be made into third party bank accounts)																			
Name of bank:																			
Branch name:			Ad	ccount	num	ber:													
Branch code: Name of account holder:																			
ADDITIONAL INVESTOR INFORMATION																			
Where have you heard about Oasis:																			
Religion: Islam Christianity Hinduism Judaism Other																			
Source of Funds: Income: Inheritance: Savings: Other																			
Politically Exposed:	Y N Emplo	yer:																	
Occupation:																			
INVESTMENT OPTION	PROOF OF LUN											IUST F	LEASE	E BE					
	n investment amount fo inimum monthly investm	r the Oa	sis Mone	ey Mark	:							ds, th	ne mir	าimบ	m lu	mp-sı	ıi mu	nvestn	nent
OASIS CRESCENT RANGE	LUMP SUM INVESTME			MONTHLY	/ INVES	STMENT				CASH F	LOW P	LAN				NG DET			
(CLASS D) Oasis Crescent			<u> </u>											¬ Sto	andar	rd Bank	k-Cap	Fund Na	
Equity Fund Oasis Crescent Int	R	<u>, </u>	R			<u> </u>		R				<u> , </u>		J Ac	ccour		ber: 0	70 126 be Town	_
Feeder Fund	R	,	R			<u> </u>		R				ا, ك		Bro	anch: ccour	020909 nt numb	9 ber: 0	70 157	553
Oasis Cres Int. Property Equity Feeder Fund	R	,	R],[R				<u> </u>		Bro	anch:	020909	9 .	ne Towr 70 049	
Oasis Cres Int. Balanced Low Equity Feeder Fund	R	, .	R],[R] ,[Bro Ac	anch: ccoun	: 020909 of numb	9 ber: 07	e Towr '0 368 8:	21
Oasis Crescent Income Fund (Class A)	R	,	R],[R],[Bro	anch:	020909	9	e Towr 0 473 90	
Oasis Cres Balanced High Equity Fund of Funds	R	, .	R],[R], [Bro	anch:	020909	9 .	e Towr 70 473	
Oasis Cres Balanced Progressive Fund of Funds	R	, .	R],[R] , [Bro	anch:	020909	9	e Towr 70 220	
Oasis Cres Balanced Stable Fund of Funds	R	, .	R],[R] , [Bro	anch:	020909	9	oe Towr 70 473 9	
NON-PERMISSIBLE INCOME I confirm and understand that the product being offered is a Shari'ah compliant product. It has been explained to me that any non-permissible income is removed from the fund on a daily basis and does not form part of the portfolio. (Further information on Shari'ah compliance can be found on the website www.oasiscrescent.com). Signature of Investor																			
OASIS RANGE (CLASS D)	LUMP SUM INVESTMEN	NT .	,	MONTHLY	INVEST	TMENT			C	CASH FL	OW PI	AN		Во	ank Ac		ame =	Fund No	_
Oasis General Equity Fund	R	, 🔲	R],[R],[Br A	ranch .ccoui	: 02090 nt num)9 1ber: (oe Tow 070 157	545
Oasis Property Equity Unit Trust Fund	R		R],[R],[Br	ranch	: 02090)9 .	oe Tow 070 095	
Oasis Balanced Unit Trust Fund	R	, 🔲	R],[R						Br	ranch	: 02090)9 .	oe Tow 070 059	
Oasis Balanced Stable Fund of Funds	R		R _],[R], [Br	ranch	: 02090)9 .	oe Tow 070 043	
Oasis Bond Fund	R		R],[R] _[Br	ranch	: 02090)9 .	oe Tow 070 063	
Oasis Money Market Fund (Class B)	R	,	R _],[R],[St Br	tanda ranch	rd Ban : 02090	ık-Cap	oe Tow 070 157	n

MODE OF PAYMENT										
Electronic Transfer* Direct Deposit* Cheque Payment Single Premium Collection Debit Order										
*When making payment to the specified bank accounts reflected in the Investment options section, please ALWAYS quote the Investor Identity number as the transaction reference.										
SINGLE PREMIUM COLLECTION										
Whereby the Investor authorises the Administrator to debit a specified bank account for the amount of the investment. Such debits are restricted to a maximum of R 500 000 per debit. An amount greater than R 500 000 will require the Administrator to make multiple debits which may result in additional costs.										
I hereby authorise the Administrator to debit the bank account (as per the Bank Details section) with the amount specified above.										
Name of Bank Account Holder Signature of Bank Account Holder DDDMMM YYYYY										
Is Bank details for the single premium collection \boxed{Y} \boxed{N} If yes, please provide the relevant details below.										
INVESTOR BANK DETAILS FOR SINGLE PREMIUM COLLECTION Account type: Current/Cheque Savings Transmission										
(Collection will only be made from the bank account specified hereunder)										
Name of bank:										
Branch name: Account number:										
Branch code: Name of account holder:										
DEBIT ORDER AMOUNT										
This application form must be received 2 weeks prior to the first working day of the month on which the debit order will commence.										
Total Debit Order Amount: R R										
Optional annual increase: 10% 15% 20% No optional increase										
Debit order date: 1st 7th 15th 25th Month to commence:										
Is Bank details for the debit order different to Y N If yes, please provide the relevant details below. Investor Bank details										
I hereby authorise the Management Company to deduct the amounts specified above from the bank account as per the Investor Bank Details provided below and any further amounts as may be agreed by me in this application form. I acknowledge and understand that the Management Company requires at least 30 days written notice of the termination of a debit order instruction. Provided that the Management Company acts within the scope of its authority to any applicable debit order instruction, I hereby hold harmless and indemnify the Management Company against any/all charges/expenses actually incurred by the Management Company relating to any payment transaction which is returned by my bank, and not given effect to. The Management Company will add any amount for which I am liable, under this indemnity, to any amount due to the Management Company or may cause the Management Company to deduct and pay over such amount to the Management Company 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 DDDMMMYYYYY										
INVESTOR BANK DETAILS FOR DEBIT ORDER COLLECTION Account type: Current/Cheque Savings Transmission										
(Collection will only be made from the bank account specified hereunder)										
Name of bank:										
Branch name: Account number:										
Branch code: Name of account holder:										

CASH FLO	W PLAN (Cash flow plans are only offer	ered on a monthly frequency)						
Total Cash	Flow Plan Amount: R							
Date of Pay	yment: 1st 7th	15th 25th	Year	to commence:				
INCOME C	OPTIONS .		Month	to commence:				
Please con	firm how Income Distributions are to be p	paid.				_		
Reinvestme	ent in Units: Pay directly to the Ba	nk account detailed:						
INVESTOR	DECLARATIONS (Investor to specify the	agreed to PERCENTAGE fee, excl	luding VAT)					
will ensure Manageme	idvice fees are payable to the IFA by the that the initial advice fee is paid when ent Company, and thereafter the annual r. I confirm that the Financial Advisor is m	the initial investment or transfer of advice fee will be paid by the v	amount in resp way of realizin	pect of the Inve gunits from the	stor is rec investme	eived b	by the	
Fee Туре	Financial Ad	visor		Agreed Fe	e			
Initial	Maximum 3% deducted prior to each inve		Lump Sum			%		
	ongoing fee is greater than 0.5% then initi	al fee is limited to 1.5%.	Debit Order		%			
Ongoing	Maximum 1% per annum of the investment more than 1.5% then the maximum ongoi		e is			%		
FINANCIA	L ADVISORS DETAILS AND DECLARATIONS	3						
FSP Name:			Oasis Broke	r code:				
Representa	itive Name:			FSP No:				
shall be ad the provision and document and the se such record the Manage Investor; are time. The II accountable shall mainted	dertakes to ensure that when dealing thered to and the IFA accepts that he/on of documentation relating to the result of the test of the product meets the financial objects are maintained by the IFA. The IFA agreement Company to the Investor; and the accepts and understands that the Inversion of the institution in terms of Financial Intelligation all records relating thereto which records of the process and status of this the inversion of the process and status of this the inversion of the process and status of this the inversion of the process and status of this the inversion of the process and status of this the inversion of the process and status of this the inversion of the process and status of the process and the process are process and the process and the process and the process and the process are process and the process are process and the process and the process are process are process and the process are process and the process are process are process and the process are process are process are process are process are process are process a	she has complied with such requisitration of the IFA, the authorist pective products. The IFA confirmentives of the Investor and that confirms that he/she has made that all fees that relate to this investor may instruct the Management of the client will supersede previous gence Centre Act it has accorditionals and the conditional products and the complete the conditional products and the complete conditional products and the complete conditional products and the complete conditional conditiona	uirements in reation of the IF method the necessary and the disclosures restment have nent Companies instructions of ingly identified	elation to this troe A to advise on cessary Needs A uch advice has required in term been disclosed y to cancel or ar f the client. The d all the parties	insaction. The selection in the selectio	This indicated products been dertake FAIS Acolained the fees must that insaction	cludes oducts oducts oducts on done on and ot with to the at any t as an	
Signature	e of Financial Advisor			D D M N	Л	YY	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 Management Company 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 The Management Company 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 investment;
- 7. I confirm that the information about the product, (including the Key Investor Information document) 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 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;
- 9. I have read understood and agree to the Terms and Conditions, Performance Fee FAQ's and Fund Summary;
- 10. I acknowledge that I have fully acquainted myself with the Conflict of Interest and Complaints Disclosures set out in the Terms and Conditions and that I have read, understood the disclosures.
- 11. I hereby confirm that the details of the financial advisor 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 Management Company will only accept instructions, from a Financial Advisor or Third Party, if authorised by myself in writing;
- 13. I confirm that 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 my appointed Financial Advisor;
- 15. I have not received advice from The Management Company;
- 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 Management Company to pass on my information and documentation to any of its associated/partner companies for research purposes as well as any compliance in respect of the provisions of Financial Intelligence Centre Act, 2001, and to use such information in respect of any communication that the associated/partner companies may wish to bring to my attention.
- 17. 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 in 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.oasiscrescent.com.)
- 18.1 hereby waive any claim, of whatsoever nature, I may have against The Management Company, 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 Management Company's employees, agents of representatives.
- 19. 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.oasiscrescent.com.

TAX DECLARATIONS

1. EXEMPT FROM TAX

DIVIDENDS TAX

Notes on completion of this section:

- This section is to be completed by the beneficial owner (of dividends, including dividends in specie) in order for the exemptions from dividends tax referred to in section 64F read with sections 64FA(2), 64G(2) or 64H(2)(a) of the Income Tax Act, 1962 (Act No 58 of 1962) (the Act) to apply.
- In order to qualify for an exemption this declaration and written undertaking should be submitted to the withholding agent (declaring company or regulated intermediary) within the period required by the latter (provided it is before payment of an affected dividend) failure to do so will result in the full 15% dividends tax being withheld/payable.
- Non South African residents seeking to qualify for a reduced rate should not complete this form. Please use Form DTD (RR).

I declare that dividends paid to the me is exempt, or would have been exempt had it not been a distribution of an asset in specie, from the dividends tax in terms of the paragraph of section 64F of the Act indicated above.

2. REDUCED TAX

DIVIDENDS TAX

Notes on completion of this section:

- This section is to be completed by the beneficial owner (of dividends, including dividends in specie) in order for the reduced rate of dividends tax, referred to in sections 64FA, 64G or 64H of the Income Tax Act, 1962 (Act No 58 of 1962) (the Act) as well as the provisions of the Agreement for the Avoidance of Double Taxation and Prevention of Fiscal Evasion (DTA) between the Republic of South Africa and the country of residence of the beneficial owner, to apply.
- In order to qualify for the reduced rate referred to above this declaration and written undertaking should be submitted to the withholding agent (declaring company or regulated intermediary) within the period required by the latter (provided it is before payment of the dividend) failure to do so will result in the full 15% dividends tax being withheld/payable.
- Where the beneficial owner is a foreign resident but does not qualify for a reduced rate this form should NOT be completed.

I declare that all the relevant requirements in terms of Article	_of the Agreement for the Avoidance of Double Taxation and
Prevention of Fiscal Evasion (DTA) in force on the relevant date between	en the Republic of South Africa and the country of residence of
the beneficial owner specified above, as well as sections 64FA, 64G or 64	4H of the Act (whichever is applicable), have been met and that
dividends paid on the shares specified above are therefore subject to a	a reduced rate of%%.

3. FATCA

We are obliged under the US Foreign Account Tax Compliance Act (FATCA) to collect certain information about each investor's tax arrangements. Please complete the sections below as directed. If any of the information below about your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor. Please note that where there are joint account holders each investor is required to complete a separate Self-Certification form.

Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

Please tick either (a) or (b) and complete as appropriate.

a) OR	I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
b)	I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.

(Section 2) Declarations and Undertakings (Note that this section is mandatory)

- 1. UNDERTAKING in terms of sections 64FA(1)(a)(i), 64G(2)(a)(aa) or 64H(2)(a)(aa) of the Act; 2. UNDERTAKING in terms of section 64FA(2)(b), 64G(3)(ii) or 64H(3)(ii) of the Act; and
- 3. UNDERTAKING in terms of FATCA:

I/We declare that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

FICA documents for all persons/signatories in this application form. Clear copy of bar coded identity document certifed by a Commission Proof of residential address (utility bill, bank statement) not more than Copy of bank statement/cancelled cheques (for proof of bank acco	3 months old y N unt)		
Check List	УИ	7	
Fully completed application form	V N]	
FICA of principle investor FICA of Joint investor	1 14 V N]	
FICA of Person assisting	YN		
Proof of deposit of any lump sum investments	ΥΝ]	
Power of attorney - if applicable	YN]	
Signature of Investor Signature Jointholde		Signature of Person A	ssisting Y Y Y Y
FOR OFFICIAL USE	1		
Capturer Name Signature		YYYY	
Authoriser Name Signature		YYYY	
Investment Number: O C M C			Y Y Y Y