



**OASIS TAX FREE INVESTMENT ACCOUNT**

**TRANSFER REQUEST FORM**

Company Reg. No. 2009/022024/07

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](http://www.oasiscrescent.com).
2. Please complete all relevant sections of this form.
3. Use block letters and tick the relevant blocks.
4. Please sign all alterations.
5. For transfers out, you or your financial adviser would need to email [t-a@za.oasiscrescent.com](mailto:t-a@za.oasiscrescent.com) or fax to 27(0)21 413 7920 the following required documents: This form, completed and signed by you and, if applicable, your financial adviser. A copy of the receiving fund's new business application form, signed by you.
6. For transfers into Oasis Tax-Free Investment Account, your existing product provider will need your Tax-Free investment account details with us. Please submit a completed Oasis Tax-Free Investment Account application form stating "source of funds for this transaction" as a transfer from your current provider. We will send you the reference details required to include in your submission to your current tax-free product provider. This form, completed and signed by you and, if applicable, your financial adviser. A copy of the receiving fund's new business application form, signed by you.
7. Multiple transfers are allowed, within the same contract, per financial year. Transfers out are not allowed in the last 10 business days of the financial year.
8. To start processing on the same day, the administrator must receive all completed instructions on any business day before 10am (South African time). Any instructions received after 10am will be processed on the next business day.
9. The administrator will only start processing when all requirements are met.
10. If another instruction or pending transaction is in progress, this instruction may be delayed until the first one is completed.

Date: 

D	D	M	M	Y	Y	Y	Y

**INVESTOR DETAILS**

First Name(s):

Surname:

Title: 



      Initials:

Identification Type:  
 ID     Passport     Birth Certificate     No:

Tax Reference Number: 



  
 (if applicable)

Country of Tax Registration:

**PRODUCTS TO BE TRANSFERRED FROM**

Product Provider name:

Tax Free Savings Account Product Name:

Tax Free Savings Account number to be transferred from:

Estimated Value of Transfer: R

Contact Person at Transferring Product Provider:

Email Address:

Contact Number:

Transfer Amount:     100% Full Transfer or     Partial Transfer\*\*

If partial transfer is selected, please specify the amount to be transferred below:

FUND NAME	RAND AMOUNT**	Or % ALLOCATION	NUMBER OF UNITS
		%	
		%	
		%	
		%	
		%	
		%	

\*\* For rand amounts exceeding 95% of your Oasis Tax Free Savings investment value, the full amount will need to be transferred.

NOTE:  
 Please ensure that all of the transferring provider's requirements are met when submitting the Tax Free Savings Account Transfer Request Form to them. If these requirements are not met the transfer process cannot be commenced.



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**TRANSFER TO (TO BE COMPLETED BY THE RECEIVING PRODUCT PROVIDER)**

Product Provider Name:

Company Registration number:

Tax Reference number:

Tax Free Savings Account Product Names:

Tax Free Savings Account Client number to be transferred into:  
 (if applicable)

**BANK DETAILS**

Account type: CURRENT  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:  Account number:

Branch code:  Name of account holder:

Payment Reference:

**ON BEHALF OF RECEIVING PRODUCT PROVIDER**

We will accept the above Tax Free Savings Account transfer and confirm that:

- The above transfer request will be processed in terms of the Regulations published in terms of Section 12T(8) of the Income Tax Act; and
- The account to be transferred into is a Tax Free Savings Account as defined in Section 12T of the Income Tax Act.

**Signature of Representative**

**Name of Representative**

**Capacity of Representative**

**OFFICIAL STAMP**

Date:



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**INVESTOR DECLARATION**

I UNDERSTAND AND ACCEPT THAT:

- All statements and details supplied on this form are true and correct and are as per my instructions.
- I have read, understood and accepted the terms, conditions and declarations in this form.

For transfers out:

- The price payable for the units to be disinvested in terms of the request will be the unit trust fund's ruling price on the business day provided that all required documentation is received by the administrator and all conditions for the transfer have been fulfilled.
- Disinvestment transactions may be subject to restrictions imposed by the management company(ies).

**ACTING ON BEHALF OF THE CLIENT**

Guardian/person with Power of Attorney acting on behalf of the client. Proof to be provided. (Additional information can be requested based on business requirements)

First Name(s):

Surname:

Title:  Initials:

South African ID:

Relationship to client:

**CLIENT/GUARDIAN/PERSON WITH POWER OF ATTORNEY DECLARATION**

- I hereby request that the above mentioned Tax Free Savings Account be transferred to the Product Provider and Product detailed above.
- I confirm that all the information provided above is true and correct.

**Signature of Investor**

Date:

**Product Provider:**

**Oasis Crescent Management Company Ltd.**  
 Oasis House, 96 Upper Roodebloem Road  
 University Estate, Cape Town 7925  
 South Africa, DOCEX: 99 CPT  
 Tel: +27 21 413 7860 Fax: +27 21 413 7900  
 Oasis Share Call Helpline: 0860 100 786  
 Email : info@oasiscrescent.com  
 www.oasiscrescent.com

**Custodian:**

The Standard Bank of South Africa Limited  
 Standard Bank Trustee Services  
 Corporate and Investment Banking  
 20th Floor, Main Tower  
 Standard Bank Centre  
 Heerengracht  
 Cape Town  
 8000

**Complaints:**

**Oasis Ombudsman**  
 Postal Address : PO Box 1217  
 Cape Town  
 8000  
 Telephone: 021 413 7860  
 Email : ombudsman@za.oasiscrescent.com

**The Financial Services Providers Ombudsman**

Postal Address : PO Box 74571  
 Lynnwood Ridge  
 0040  
 Toll Free : 0860 324 766  
 Email : info@faisombud.co.za