



OASIS CRESCENT HAJJ POLICY

Company Reg. No. 2010/005698/06

SURRENDER

1. The Terms and Conditions (Policy Document) 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, have been received.

Policy Number

Date:

POLICYHOLDER DETAILS

Title: Initials:

Full name of Policyholder:

Residential Address:

Postal Code:

Telephone Number: Mobile/Cell phone:

Fax: Email:

Policyholder Account Number:

Country of residence for Tax purposes:

WITHDRAWAL DURING THE TERM OF THE POLICY

Only one withdrawal may be made during the term of the policy.

Withdrawal Limitations

If the policy is in a restriction period the maximum amount that may be withdrawn is the lesser of the following:

The maximum amount that can be withdrawn is the lesser of:

- the contributions during the restriction period, including any market value in the policy the day before the restriction period started, plus 5% interest, compounded annually or
- the market value of the Investment Portfolio less fees and charges.

Any remaining balance must stay invested until the restriction period ends, unless the market value after the withdrawal is less than R2500, in which case the entire amount may be withdrawn.

Restriction Period

The restriction period applies to:

- the first 5 years of the policy; or
- 5 years from the first day of any month during which the 20% rule takes effect, as defined in section 10.8 of the terms and conditions of the policy documents

If the policy is NOT in a restriction period the Policyholder may:

- Withdraw the full amount of the investment value; or
- take a partial withdrawal

WITHDRAWAL AT THE END OF THE TERM OF THE POLICY

TYPE OF WITHDRAWAL Partial withdrawal at end of term

Full withdrawal at end of term

Amount of Partial withdrawal R

SUPPORTING DOCUMENTATION

Attach proof of Hajj accreditation



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BANK DETAILS

Account type: CURRENT SAVINGS TRANSMISSION

If the bank details are different to those currently on record of the Administrator, please support this change in bank details with a cancelled cheque or a bank statement not older than 3 months

Name of bank [grid], Branch name [text], Account number [grid], Branch code [grid], Name of account holder [text]

POLICYHOLDER DECLARATION

- 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 or curator;
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 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 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; [Y N]
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.oasiscrescent.com.

Signature of Policyholder [text box]

Signature of Joint Policyholder [text box]

[D][D][M][M][Y][Y][Y][Y]

Captured Name [text box]

Signature [text box]

[D][D][M][M][Y][Y][Y][Y]

FOR OFFICIAL USE

Authorised Name [text box]

Signature [text box]

[D][D][M][M][Y][Y][Y][Y]