

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 7918

LOCAL RATE: 0860 100 786 Email: ors@za.oasiscrescent.com Website: www.oasiscrescent.com

ADDITIONAL INVESTMENT

An authorised Pensions Fund Administrator

OASIS CRESCENT RETIREMENT ANNUITY FUND

Company Reg. No. 1997/002777/07
Oasis Crescent Retirement Annuity Fund Reg. No. 12/8/ 36992/1

Member Number Member DetAils Marital Status: Married Single Divarced Widowed Title: Initials: Initials:	The Terms and Condition Kindly complete all This completed form We will process this	fields 1, and	in th d any	ne fo / sup	rm, ı porti	using ng d	BLO	CK C ment	CAPI atio	ΓALS. n, sh	ould	be su	Jbmi	tted	to	Oasis	as pe	er the o							esce	ent.co	om.				
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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.

Signature of Member		

I hereby authorise the Administrator to debit the bank account (as per the Bank Details section) with the amount specified above.



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An authorised Pensions Fund Administrator

OASIS CRESCENT RETIREMENT ANNUITY FUND

Company Reg. No. 1997/002777/07 Oasis Crescent Retirement Annuity Fund Reg. No. 12/8/ 36992/1	ADDITIONAL INVESTMENT
BANK DETAILS Account type: CURRENT	SAVINGS TRANSMISSION
Name of bank	
Branch name Account number	
Branch code Name of account holder	
INVESTMENT SELECTION High Equity Portfolio - New Moon: Progressive Portfolio -	Half Moon: Stable Portfolio - Full Moon:
DEBIT ORDER AMOUNT	
The minimum debit order amount is R350 Debit orders under R500 will incur on automatic of be received 2 weeks prior to the first working day of the month on which the debit order w	• •
Debit Order Total Amount R	Month to commence M M
Optional annual increase 10% 15% 20%	No optional increase
Debit order date 1st 7th 15th 25th	
I hereby hold harmless and indemnify the Administrator against any/all charges/expenses actually transaction which is returned by my bank, and not given effect to. The Administrator will add any any amount due to the Administrator or may cause the Administrator to deduct and pay over such me. My liability under this indemnity shall be limited to the amount in respect of any payment valured by my bank and not given effect to. Signature of Member	amount for which I am liable, under this indemnity, to amount to the Administrator from any payment due to
FINANCIAL ADVISORS DETAILS AND DECLARATIONS	
FSP Name:	Oasis Broker code:
Representative Name:	FSP No:
The IFA undertakes to ensure that when dealing with the Administrator all requirements of the Administrator s with such requirements in relation to this transaction. This includes the provision of documentation relating to on the selected products and documentation required pertaining to the respective products. The IFA confir selected product meets the financial objectives of the Member and that a record of such advice has been IFA confirms that he/she has made the disclosures required in terms of the FAIS Act with the Administrator to the been disclosed and explained to the Member; and accepts and understands that the Member may instruct The IFA accepts that the latest instruction of the client will supersede previous instructions of the client. Financial Intelligence Centre Act it has accordingly identified all the parties to this transaction and shall maint upon any changes occurring. The IFA undertakes to keep the Member informed of the process and status of Signature of Financial Advisor	the registration of the IFA, the authorisation of the IFA to advise m that the necessary Needs Analysis has been done and the undertaken and such records are maintained by the IFA. The ne Member; and that all fees that relate to this investment have the Administrator to cancel or amend such fees at any time. The IFA confirms that as an accountable institution in terms of ain all records relating thereto which records shall be updated

The initial advice fees are payable to the IFA by the Administrator on behalf of the Member. The Administrator will ensure that the initial advice fee is paid when the initial investment or transfer amount in respect of the Product 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 Member. 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%.	Lump Sum	
	(exci var), men ininidi lee is infined to 1.5%.	Debit Order	
Ongoing	Maximum 1% per annum (excl VAT) of the investment account. Where the initial fee is more than 1.5% (excl VAT).	Lump Sum	
	The maximum ongoing fee is 0.5%.	Debit Order	

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

- I confirm that the Financial Advisor has been appointed by me.

 I warrant that the information contained herein is true, correct and complete;

 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;

 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;

 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; I understand that it is my obligation to familiarise myself with, and accept the risks associated with this investment;



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Oasis Crescent Retirement Annuity Fund Reg. No. 12/8/ 36992/1

ADDITIONAL INVESTMENT

- 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 agree to the Terms and Conditions and Fund Rules;
- 9. I confirm that this application, in conjunction with the Terms and Conditions 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 Member;
- 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 Fund;
- 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 Fund, 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.

FICA documents for all persons/signatories in	this application form.	Check List	
Clear copy of bar coded identity document certified Proof of residential address (utility bill, bank statement Copy of bank statement/cancelled cheques (for properties) from the proof of tax registration (front page of tax return or compared to the coded identity document certified for Beneficiary.	tt) not more than 3 months old. Y N oof of bank account). Y N orrespondence with SARS) Y N	Fully completed application form. FICA of principle investor / joint investor/ person assisting/ beneficiaries. Proof of deposit of any lump sum investments. Power of attorney - if applicable.	Y N Y N Y N Y N
Signature of Member	Signature of Person Assisting	D D M M Y Y Y Y	
Captured Name	Signature	D D M M Y Y Y Y FOR OFFICIAL USE	
Authorised Name	Signature	D D M M Y Y Y Y	