



**COLLECTIVE INVESTMENT SCHEMES**

**CORPORATE INVESTMENT**

Company Reg. No. 1997/004764/06  
 Management Company No 24

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. 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.

**ENTITY TYPE**

Date:

- Trust (Natural Persons as beneficiaries)  Trust (Juristic Person as beneficiaries)  Company   
 Untaxed Entity (Tax Exempt Institution)  Partnership  Close Corporation

**ENTITY DETAILS**

Entity Name:

Entity Reg. No.:

Principal Business Activities:

**ENTITY CONTACT DETAILS**

Postal Address:

Postal Code:

Telephone Number (1):   Telephone Number (2):

Fax:   Mobile:

Email:

Physical Address:

Postal Code:

Preferred address for communication: Postal  Email  (Correspondence is sent via email, unless indicated otherwise)

Country of residence for Tax purposes:

Tax No:  SARS Tax Office:

**AUTHORISED REPRESENTATIVES**

**REPRESENTATIVE 1:**

Title:  Authorised Signatory:  Shareholder (>than 25%):   %

Initials:   First Name(s):

Surname:

Residential Address:

Postal code:

Telephone Number:   Mobile:

Identity No/ Passport:  Politically Exposed:



**ENTITY BANK DETAILS**

Account type: Current/Cheque

Savings

Transmission

(Payments will only be made 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:

**ADDITIONAL ENTITY INFORMATION**

Where have you heard about Oasis:

Source of Funds: Income:  Inheritance:  Savings:  Other:

Politically Exposed:  Y  N

**INVESTMENT OPTIONS**

PROOF OF LUMP SUM PAYMENTS WITH APPLICATION AND FICA DOCUMENTS MUST PLEASE BE FAXED TO: + 27 - 21- 413 7920 OR EMAILED TO: t-a@za.oasiscrest.com

OASIS CRESCENT RANGE (CLASS D)	LUMP SUM INVESTMENT	MONTHLY INVESTMENT	CASH FLOW PLAN	BANKING DETAILS Bank Account Name = Fund Name
Oasis Crescent Equity Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 126 550
Oasis Crescent Int Feeder Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 157 553
Oasis Cres Int. Property Equity Feeder Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 049 874
Oasis Crescent Int Balanced Low Equity Feeder Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 368 821
Oasis Crescent (Class A) Income Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 473 900
Oasis Cres Balanced High Equity Fund of Funds	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 473 919
Oasis Cres Balanced Progressive Fund of Funds	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 220 190
Oasis Cres Balanced Stable Fund of Funds	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 473 927

**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.oasiscrest.com).

**Authorised Signature 1**

**Authorised Signature 2**

OASIS RANGE (CLASS D)	LUMP SUM INVESTMENT	MONTHLY INVESTMENT	CASH FLOW PLAN	BANKING DETAILS Bank Account Name = Fund Name
Oasis General Equity Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 157 545
Oasis Property Equity Unit Trust Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 095 906
Oasis Balanced Unit Trust Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 059 195
Oasis Balanced Stable Fund of Funds	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 043 817
Oasis Bond Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 063 222
Oasis Money (Class B) Market Fund	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	R <input type="text"/> , <input type="text"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 157 561

**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 Entity 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 on page 3.

<b>Name of Bank Account Holder</b>	<b>Signature of Bank Account Holder 1</b>	<b>Signature of Bank Account Holder 2</b>
	D D M M Y Y Y Y	D D M M Y Y Y Y

Is the Bank details for the single premium collection different to the Investor Bank details  Y  N If yes, please provide the relevant details below.

**ENTITY BANK DETAILS FOR SINGLE PREMIUM COLLECTION**

Account type: Current/Cheque  Savings  Transmission

Name of bank:

Branch name:  Account number:

Branch code:  Name of account holder:

**DEBIT ORDER AMOUNT**

The minimum debit order is R500. 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

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

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

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.

<b>Name of Bank Account Holder</b>	<b>Signature of Bank Account Holder 1</b>	<b>Signature of Bank Account Holder 2</b>
	D D M M Y Y Y Y	D D M M Y Y Y Y

Is the Bank details for the debit order different to the Investor Bank details  Y  N If yes, please provide the relevant details below.

**ENTITY BANK DETAILS FOR DEBIT ORDER**

Account type: Current/Cheque  Savings  Transmission

Name of bank:

Branch name:  Account number:

Branch code:  Name of account holder:

**CASH FLOW PLAN** (Cash flow plans are only offered on a monthly frequency)

Total Cash Flow Plan Amount: R

Date of Payment: 1st  7th  15th  25th  Month to commence:

Is the Bank details for the cash flow plan different to the Investor Bank details  If yes, please provide the relevant details below.

**ENTITY BANK DETAILS FOR CASH FLOW PLAN**

Account type: Current/Cheque  Savings  Transmission

Name of bank:

Branch name:  Account number:

Branch code:  Name of account holder:

**INCOME OPTIONS**

Please confirm how Income Distributions are to be paid.

Reinvestment in Units:  Pay directly to the Bank account detailed:

**ENTITY DECLARATIONS** (Entity to specify the agreed to PERCENTAGE fee, excluding VAT).

The initial advice fees are payable to the IFA by the Management Company on behalf of the Entity. The Management Company will ensure that the initial advice fee is paid when the initial investment or transfer amount in respect of the Entity is received by the Management Company, and thereafter the annual advice fee will be paid by the way of realizing units from the investment portfolio of the Entity. 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% deducted prior to each investment being made. Where ongoing fee is greater than 0.5% then initial fee is limited to 1.5%.	<b>Lump Sum</b>	<input type="text"/> %
		<b>Debit Order</b>	<input type="text"/> %
Ongoing	Maximum 1% per annum of the investment account. Where the initial fee is more than 1.5% then the maximum ongoing fee is 0.5%.		<input type="text"/> %

**FINANCIAL ADVISORS DETAILS AND DECLARATIONS**

FSP Name:  Oasis Broker code:

Representative Name:  FSP No:

The IFA undertakes to ensure that when dealing with the Management Company all requirements of the Management Company shall be adhered to and the IFA accepts that he/she 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 Entity 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 Management Company to the Entity; and that all fees that relate to this investment have been disclosed and explained to the Entity; and accepts and understands that the Entity may instruct the Management Company 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 Entity informed of the process and status of this transaction.

**Signature of Financial Advisor**

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

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 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 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 acknowledge that I have fully acquainted myself with the Conflict of Interest Disclosures set out in the terms and conditions and that I have read, understood the disclosures.
9. OCMC invites any investor who is dissatisfied with the services provided to address their concerns directly with OCMC (Contact details and the process is set out in the Terms and Conditions document)
10. 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;
11. I understand that the Management Company will only accept instructions, from a Financial Advisor or Third Party, if authorised by myself in writing;
12. 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;
13. I have not received advice from the Management Company;
14. I warrant that in respect of this investment I have not contravened any anti-money laundering legislation and regulations applicable to me;
15. 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.  Y  N
16. 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.oasiscrest.com.)
17. I 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 company's employees, agents of representatives.
18. I have read understood and agree to the Terms and Conditions, Performance Fee FAQ's and Fund Summary;
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.oasiscrest.com.

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## TAX DECLARATIONS

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### 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.  Y  N/A

### 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 the Republic of South Africa and the country of residence of the beneficial owner specified above, as well as sections 64FA, 64G or 64H of the Act (whichever is applicable), have been met and that dividends paid on the shares specified above are therefore subject to a reduced rate of \_\_\_\_\_%.  Y  N/A

### 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.

**A) ENTITY**

**(Section 1) Specified U.S. Person:**

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

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

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

(a)  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: \_\_\_\_\_

OR

(b)  I confirm that I am **not** a U.S. citizen or resident in the U.S. for tax purposes.

**(Section 2) Entity's FATCA Classification**

**2.1 Financial Institutions:**

If the Entity is a Financial Institution, please tick one of the below categories, and provide the Entity's GIIN at 4.2.

i.	SA Financial Institution or a Partner Jurisdiction Financial Institution	
ii.	Registered Deemed Compliant Foreign Financial Institution	
iii.	Participating Foreign Financial Institution	

2.2 Please provide the Entity's Global Intermediary Identification number (GIIN) \_\_\_\_\_

2.3 If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons:

i.	Partner Jurisdiction Financial Institution and has not yet obtained a GIIN	
ii.	The Entity has not yet obtained a GIIN but is sponsored by another entity which does not have a GIIN Please provide the sponsor's name and sponsor's GIIN:  Sponsor's name: _____ Sponsor's GIIN: _____	
iii.	Exempt Beneficial Owner	
iv.	Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)	
v.	Non-Participating Foreign Financial Institution	
vi.	Excepted Foreign Financial Institution	
vii.	U.S. person but not a Specified U.S. person	

**2.4 Non-Financial Institutions:**

If the Entity is not a Financial Institution, please confirm the Entity's FATCA status below:

i.	The Entity is an Active Non-Financial Foreign Entity	
ii.	The Entity is a Passive Non-Financial Foreign Entity (If the Entity is a Passive Non-Financial Foreign Entity, please provide details of any Controlling Persons (whose percentage of ownership is 25% or greater) which are U.S. citizens or resident in the U.S. for tax purposes. The term Controlling Persons is to be interpreted in a manner consistent with the recommendations of the Financial Action Task Force.	
iii.	The Entity is an Excepted Non-Financial Foreign Equity	
iv.	The Entity is a U.S. person but not a Specified U.S. person	

Full Name	Date of Birth	Full Residence Address	Details of Controlling Person's Beneficial of Ownership	Tax Reference number

**(Section 3) 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 undertaking in terms of FATCA: I/We declare (as an authorised signatory of the Entity) 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.

REQUIRED FICA DOCUMENTATION	Trust	Company	CC
Certified Copies of CM1, CM9 and CM22 (COR 39, COR 14.1)		X	
List of authorised signatories	X	X	X
Certified Copy of Barcoded Identity document for each authorised signatory	X	X	X
Shareholders with more than 25% Certified Copy of Barcoded Identity document		X	
Trust Name and Number	X		
CM1, CM9 and CM22 (COR 39, COR 14.1)		X	
Proof of Income tax registration		X	X
Proof of VAT registration		X	X
Certified Copies of CK1, CK2, and CK2A			X
Certified copy of Trust Deed - stamped by Master of High Court	X		

REQUIRED FICA DOCUMENTATION	Trust
Address of Master of High Court where Trust registered	X
List of Trustees	X
Certified copy of Letter of Trusteeship (for all Trustees)	X
Proof of VAT registration	X
Trust Founder Certified Copy of Barcoded Identity document	X
Contact address	X
Telephone	X
email	X
Trust Beneficiaries Certified Copy of Barcoded Identity document	X
Contact address	X
Telephone	X
email	X

CHECK LIST	YES	NO
Fully completed application form.		
FICA of principle investor & representatives & person assisting		
Proof of deposit of any lump sum investments.		
Power of attorney - if applicable.		

Authorised Signature 1

DD MM YYYY

Authorised Signature 2

DD MM YYYY

Authorised Signature 3

DD MM YYYY

Authorised Signature 4

DD MM YYYY

**FOR OFFICIAL USE**

Capturer Name

Signature

DD MM YYYY

Authorised Name

Signature

DD MM YYYY

Investment Number: OC MC

DD MM YYYY