



RETIREMENT SOLUTIONS (PTY) LTD.

An authorised Pensions Fund Administrator

OASIS CRESCENT PRESERVATION PENSION FUND & PROVIDENT FUND

Company Reg. No. 1997/002777/07
Oasis Crescent Preservation Pension Fund Reg. No. 12/8/36993/1 & Oasis Crescent Preservation Provident Fund Reg. No. 12/8/36990/1

ADDITIONAL INVESTMENT

1. The Terms and Conditions and Fund Rules 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.

Oasis Crescent Preservation Pension Fund

Oasis Crescent Preservation Provident Fund

Member Number

Date:

MEMBER DETAILS

Title: Initials:

Full name of Account Holder:

Residential Address:

Postal Code:

Telephone Number: Mobile/Cell phone:

AMOUNT TO BE INVESTED

Minimum amount is R 5 000.00 R

SOURCE OF FUNDS

Income Savings Other

Pension Fund Provident Fund Preservation Pension Fund Preservation Provident Fund

Transferring Fund Name:

Account Number: Fund number:

Postal Address:

Postal Code:

Telephone Number: Mobile/Cell phone:

Fax: Email:

Contact Person:

Have you had any withdrawals **PRIOR** to leaving the Fund? Y N R

Do you intend making a withdrawal **BEFORE** leaving the Fund and Investing in this Product Y N R

NON-PERMISSIBLE INCOME

This has been explained to me, and I understand, that the product being offered is a Shari'ah compliant product. I confirm that I know and understand the consequences of this investment having read the Terms and Conditions. I hereby accept and agree that the Non Permissible Income which may be earned will not accrue to me and will be paid to the Oasis Crescent Fund Trust. (Further information on Shari'ah compliance can be found on the website, www.oasiscrescent.com.)

MODE OF PAYMENT

Electronic Transfer* Direct Deposit* Cheque Payment

PAYMENTS ARE TO BE MADE INTO THE BELOW DESIGNATED BANK ACCOUNT. PLEASE ALWAYS QUOTE THE MEMBER IDENTITY NUMBER AS THE TRANSACTION REFERENCE. PROOF OF LUMP SUM PAYMENTS WITH APPLICATION AND FICA DOCUMENTS MUST PLEASE BE FAXED TO: + 27 - 21 - 413 7918 OR EMAILED TO: ors@za.oasiscrescent.com

Account Name : OASIS CRESCENT PRESERVATION PENSION
Deposits to : Standard Bank
Branch : Cape Town
Branch Code : 020909
Account Number : 070 009 880

Account Name : OASIS CRESCENT PRESERVATION PROVIDENT
Deposits to : Standard Bank
Branch : Cape Town
Branch Code : 020909
Account Number : 070 009 910

BANK DETAILS

Account type: CURRENT SAVINGS TRANSMISSION

Name of bank

Branch name Account number

Branch code Name of account holder



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INVESTMENT SELECTION High Equity Portfolio - New Moon: Progressive Portfolio - Half Moon: Stable Portfolio - Full Moon:

Signature of Member

DDMMYYYY

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 shall be adhered to and the IFA accepts that he 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 Member 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 Administrator to the Member; and that all fees that relate to this investment have been disclosed and explained to the Member; and accepts and understands that the Member may instruct the Administrator 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 Member informed of the process and status of this transaction.

Signature of Financial Advisor

DDMMYYYY

MEMBER DECLARATIONS (Investor to specify the agreed to PERCENTAGE fee, excluding VAT)

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	
		Debit Order	
Ongoing	Maximum 1% per annum (excl VAT) of the investment account. Where the initial fee is more than 1.5% (excl VAT). The maximum ongoing fee is 0.5%.	Lump Sum	
		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;
- 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;
- I have read, understood and agree to the Terms and Conditions and Fund Rules;
- 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;
- 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;
- 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;
- I understand that the Administrator will only accept instructions, from a Financial Advisor or Third Party, if authorised by myself in writing;
- 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;
- I have not received advice from the Administrator or Fund;
- I warrant that in respect of this investment I have not contravened any anti-money laundering legislation and regulations applicable to me;
- I permit the Administrator to pass on my information to a third party, for marketing and market research purposes;
- I permit the Administrator to exercise a vote in a ballot of a collective investment scheme;
- I permit the Administrator to exercise voting rights to gain control of a company;
- 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 or representatives.
- 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.

Clear copy of bar coded identity document certified by a Commissioner of Oaths.	<input type="checkbox"/> Y <input type="checkbox"/> N
Proof of residential address (utility bill, bank statement) not more than 3 months old.	<input type="checkbox"/> Y <input type="checkbox"/> N
Copy of bank statement/cancelled cheques (for proof of bank account).	<input type="checkbox"/> Y <input type="checkbox"/> N
Proof of tax registration (front page of tax return or correspondence with SARS)	<input type="checkbox"/> Y <input type="checkbox"/> N
Clear copy of bar coded identity document certified by a Commissioner of Oaths for Beneficiary.	<input type="checkbox"/> Y <input type="checkbox"/> N

Check List

Fully completed application form.	<input type="checkbox"/> Y <input type="checkbox"/> N
FICA of principle investor / joint investor / person assisting / beneficiaries.	<input type="checkbox"/> Y <input type="checkbox"/> N
Proof of deposit of any lump sum investments.	<input type="checkbox"/> Y <input type="checkbox"/> N
Power of attorney - if applicable.	<input type="checkbox"/> Y <input type="checkbox"/> N



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ADDITIONAL INVESTMENT

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