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COLLECTIVE INVESTMENT SCHEMES

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

CORPORATE ADDITIONAL INVESTMENT

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 The Terms and Conditions that apply to this product, must be read in conjunction on www.oasiscrescent.com. Kindly complete all fields in the form, using BLOCK CAPITALS. This completed form, and any supporting documentation, should be submitted to 4. We will process this application once all duly completed documentation and functions. All portfolios are subject to availability. Refer to the Performance Fee FAQ's for more information. 	o Oasis as per the contact details above.
vestment Number O C M C	Date: D D M M Y Y Y Y
NTITY DETAILS	
Ill name of Account Holder:	
ontact Number:	
AMOUNT TO BE INVESTED	R
Income: Inheritance: Savings: Other:	

INVESTMENT OPTIONS

PROOF OF LUMPSUM PAYMENTS WITH APPLICATION MUST PLEASE BE FAXED TO: $\pm 27.21.413.7920$ OR EMAILED TO: $\pm 27.21.413.7920$ OR EMAILED TO: $\pm 27.21.413.7920$ OR

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,	R,	R , ,	Standard Bank-Cape Town Branch: 020909 Account number: 070 126 550
Oasis Crescent Int Feeder Fund	R	R	R	Standard Bank-Cape Town Branch: 020909 Account number: 070 157 553
Oasis Cres Int. Property Equity Feeder Fund	R	R	R	Standard Bank-Cape Town Branch: 020909 Account number: 070 049 874
Oasis Crescent Int Balanced Low Equity Feeder Fund	R	R	R	Standard Bank-Cape Town Branch: 020909 Account number: 070 368 821
Oasis Crescent (Class A) Income Fund	R	R	R	Standard Bank-Cape Town Branch: 020909 Account number: 070 473 900
Oasis Cres Balanced High Equity Fund of Funds	R,	R	R	Standard Bank-Cape Town Branch: 020909 Account number: 070 473 919
Oasis Cres Balanced Progressive Fund of Funds	R	R	R	Standard Bank-Cape Town Branch: 020909 Account number: 070 220 190
Oasis Cres Balanced Stable Fund of Funds	R	R	R	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.oasiscrescent.com).

Authorised Signature 1	Authorised Signature 2
D D M M Y Y Y Y	D D M M Y Y

OASIS RANGE (CLASS D)	LUMP SUM INV	ESTMENT	MONTHLY INVESTMEN	Т	CASH FLOW PLAN	BANKING DETAILS Bank Account Name = Fund Name
Oasis General Equity Fund	R		R	, R _		Standard Bank-Cape Town Branch: 020909 Account number: 070 157 545
Oasis Property Equity Unit Trust Fund	R		R	, R	,	Standard Bank-Cape Town Branch: 020909 Account number: 070 095 906
Oasis Balanced Unit Trust Fund	R		R	, R _		Standard Bank-Cape Town Branch: 020909 Account number: 070 059 195
Oasis Balanced Stable Fund of Funds	R		R	, 🔲 R 🗌		Standard Bank-Cape Town Branch: 020909 Account number: 070 043 817
Oasis Bond Fund	R		R	, R [Standard Bank-Cape Town Branch: 020909 Account number: 070 063 222
Oasis Money (Class B) Market Fund	R		R	, 🔲 R 🗌	,	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 payn Identity number as th	•		ounts reflected in the	Investment o	ptions section, please Al	LWAYS quote the Investor
SINGLE PREMIUM CO	OLLECTION					
Whereby the Investor	r authorises the Ac num of R 500 000 p		•			estment. Such debits are or to make multiple debits
I hereby authorise th	e Administrator to	debit the ba	ink account (as per the	e Bank Detail	s section) with the amou	ınt specified above.
Name of Bank Acc	ount Holder	Sig	gnature of Bank Accou	nt Holder 1	Signature of B	ank Account Holder 2
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.						
(Collection will only b			7.0000111.17 20	·		hird party bank accounts)
Name of bank:	e made nom me i	Sank account	T Specified Hereorides.		THOUSE MEASURE HOLL AND T	
Branch name:			Account number	:		
Branch code:			Name of account hol	der:		
CASH FLOW PLAN (Cash flow plans are only offered on a monthly frequency)						
Total Cash Flow Plan		s are orny one				
Date of Payment: 1		15 th	25 th Mor	_ Ith to comme	ence:	
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						
	e made to the bo	ank account s	specified hereunder. P	ayments will	not be made into third p	party bank accounts)
Name of bank:						
Branch name:			Account number			
Branch code:			Name of account hol	der:		

DEBIT ORDER AMOUNT

Signature of Financial Advisor

DEBIT ORDER AMOUNT		
The minimum debit order is R500. This application for debit order will commence.	orm must be received 2 weeks prior to	the first working day of the month on which the
Total Debit Order Amount:		
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 a provided and any further amounts as may be agreement Company requires at least 30 days written not Company acts within the scope of its authority to Management Company against any/all charges/etransaction which is returned by my bank, and not able, under this indemnity, to any amount due to the pay over such amount to the Management Company the amount in respect of any payment value and reffect to.	eed by me in this application form. I ac otice of the termination of a debit or o any applicable debit order instruct expenses actually incurred by the Mo t given effect to. The Management C be Management Company or may ca be any from any payment due to me. M	cknowledge and understand that the Manageder instruction. Provided that the Management tion, I hereby hold harmless and indemnify the anagement Company relating to any payment company will add any amount for which I am lituse the Management Company to deduct and by liability under this indemnity shall be limited to
Name of Bank Account Holder Sig	gnature of Bank Account Holder 1	Signature of Bank Account Holder 2
D	D M M Y Y Y	
Is the Bank details for the Debit Order different to th	ne Investor Bank details	If yes, please provide the relevant details below.
ENTITY BANK DETAILS FOR DEBIT ORDER	Account type: Current/Ch	eque Savings Transmission
Name of bank:		
Branch name:	Account number:	
Branch code:	Name of account holder:	
ENTITY DECLARATIONS (Investor to specify the ag	greed to PERCENTAGE fee, excluding VA	AT)
The initial advice fees are payable to the IFA by t will ensure that the initial advice fee is paid when Management Company, and thereafter the annual the Investor. I confirm that the Financial Advisor is m	the Management Company on beha the initial investment or transfer amou al advice fee will be paid by the way	alf of the Investor. The Management Company unt in respect of the Investor is received by the of realizing units from the investment portfolio of
Fee Type Financial A	Advisor	Agreed Fee
Initial Maximum 3% deducted prior to each inve		Lump Sum %
Ongoing Maximum 1% per annum of the investm	ent account. Where the initial fee is	Debit Order
more than 1.5% then the maximum ongo	_	
FINANCIAL ADVISORS DETAILS AND DECLARATIONS	S	
FSP Name:	00	asis Broker code:
Representative Name:		FSP No:
The IFA undertakes to ensure that when dealing shall be adhered to and the IFA accepts that he/s the provision of documentation relating to the resum and documentation required pertaining to the resum the selected product meets the financial objector records are maintained by the IFA. The IFA at the Management Company to the Investor; and to Investor; and accepts and understands that the Investor; and accepts that the latest instruction of accountable institution, in terms of Financial Intelligiball maintain all records relating thereto which reconverted investor informed of the process and status of this to	she has complied with such requirem gistration of the IFA, the authorisation pective products. The IFA confirm the ectives of the Investor and that a reconfirms that he/she has made the dishat all fees that relate to this investor may instruct the Management the client will supersede previous instruct cords shall be updated upon any cha	nents in relation to this transaction. This includes in of the IFA to advise on the selected products at the necessary Needs Analysis has been done cord of such advice has been undertaken and disclosures required in terms of the FAIS Act with ment have been disclosed and explained to the Company to cancel or amend such fees at any fuctions of the client. The IFA confirms that as any identified all the parties to this transaction and

- 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 confirm that this application, in conjunction with the Terms and Conditions constitutes the entire, and binding, agreement with the Management Company and myself; and can be amended from time to time on receipt and acceptance by the Management Company, of further instructions duly completed by the Investor and / or the authorized representative;
- 11. 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;
- 12. 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;
- 13. Lunderstand that the Management Company will only accept instructions, from a Financial Advisor or Third Party, if authorised by myself in writing;
- 14. 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;
- 15. I have not received advice from the Management Company;
- 16. I warrant that in respect of this investment I have not contravened any anti-money laundering legislation and regulations applicable to me;
- 17. 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.
- 18. I have read understood and agree to the Terms and Conditions, Performance Fee FAQ's and Fund Summary;
- 19.1 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.
- 20. 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.oasiscrescent.com.)
- 21. 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

company's employees, agents o	of representatives.	
Authorised Signature 1		Authorised Signature 2
D D M M Y Y	YY	
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Authorised Signature 3		Authorised Signature 4
D D M M Y Y	YY	
FOR OFFICIAL USE		
Capturer Name	Signature	
- Supremental Human	signature	
Authorised Name	Signature	