OASIS CRESCENT

MANAGEMENT COMPANY LTD.

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COLLECTIVE INVESTMENT SCHEMES

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

CORPORATE CHANGE IN DETAILS

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.
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 are received.
5. Refer to the Performance Fee FAQ's and Fund Summary for more information.
6. Changes to Bank details and Address to be accompanied by proof not older than 3 months.
7. Changes to Entity name to be accompanied by the updated CM documents.
8. Changes to the Signatories to be accopmanied by updated resolutions and relevant FICA documents.

Investment Number O C M C

Date: D D M M Y Y Y Y

EXISTING DETAILS

Full name of Account Holder:

Contact Number:

NEW DETAILS

Only complete the sections and supply the supporting documentation applicable to your change.
Kindly strike out any sections that do not apply to you.

Check list of changes to your details (kindly tick the applicable blocks) :

Entity Name	☐	Address	☐	Contact Details	☐	Bank Details	☐
Debit Order Details	☐	Cash Flow Plan	☐	Financial Advisor	☐	Representative	☐
Change in Signatory	☐	Other					

NEW ENTITY DETAILS

Entity Name:

Entity Reg. No.:

Principal Business Activities:

ENTITY CONTACT DETAILS

Postal Address:

Postal Code:

Telephone Number: Mobile:

Fax: 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:

Initials: Authorised Signatory: Y N Shareholder (>than 25%.) Y N %

Title: First Name(s):

Surname:

Residential Address:

Postal code:

Telephone Number: Mobile:

Identity No/ Passport: Politically Exposed Y N

REPRESENTATIVE 2

Initials: Authorised Signatory: Y N Shareholder (>than 25%.) Y N %

Title: First Name(s):

Surname:

Residential Address:

Postal code:

Telephone Number: Mobile:

Identity No/ Passport: Politically Exposed Y N

REPRESENTATIVE 3:

Initials: Authorised Signatory: Y N Shareholder (>than 25%.) Y N %

Title: First Name(s):

Surname:

Residential Address:

Postal code:

Telephone Number: Mobile:

Identity No/ Passport: Politically Exposed Y N

REPRESENTATIVE 4:

Initials: Authorised Signatory: Y N Shareholder (>than 25%.) Y N %

Title: First Name(s):

Surname:

Residential Address:

Postal code:

Telephone Number: Mobile:

Identity No/ Passport: Politically Exposed Y N

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:

ENTITY DEBIT ORDER AMOUNT

Amend ☐ Cancel ☐

The minimum debit order amount 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 Fund Amount

Fund Amount

Fund 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 deduct the amounts specified above from the bank account as per the Bank Details provided 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.

Name of Bank Account Holder	Signature of Bank Account Holder 1	Signature of Bank Account Holder 2
	D D M M Y Y Y Y	D D M M Y Y Y Y

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

ENTITY BANK DETAILS ON 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)

Amend ☐ Cancel ☐

Confirm Cash Payment per month: R

Date of Payment: 1st ☐ 7th ☐ 15th ☐ 25th ☐ Fund Amount

Fund Amount

Fund Amount

Is the Bank details for the Cash Flow Plan different to the Investor Bank details Y N If yes, please provide the relevant details below.

BANK DETAILS ON 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

(Investor 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 Investor. The Management Company will ensure that the initial advice fee is paid when the initial investment or transfer amount in respect of the Investor 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 Investor. 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%.	**Lump Sum**	%
		Debit Order	%
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%.		%

Kindly confirm if your fee will remain the same. ☐

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 Investor 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 Investor; and that all fees that relate to this investment have been disclosed and explained to the Investor; and accepts and understands that the Investor 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 investor informed of the process and status of this transaction.

Signature of Financial Advisor

D D M M Y Y Y Y

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, 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. I understand 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. Y N
18. 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.)
19. 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.
20. I have read understood and agree to the Terms and Conditions, Performance Fee FAQ's and Fund Summary;
21. 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.

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.		

Where relevant, the outgoing signatory must confirm this application:

Outgoing Signature 1

D D M M Y Y Y Y

Outgoing Signature 2

D D M M Y Y Y Y

Authorised Signature 1

D D M M Y Y Y Y

Authorised Signature 2

D D M M Y Y Y Y

Authorised Signature 3

D D M M Y Y Y Y

Authorised Signature 4

D D M M Y Y Y Y

FOR OFFICIAL USE

Capturer Name

Signature

D D M M Y Y Y Y

Authorised Name

Signature

D D M M Y Y Y Y