OASIS CRESCENT
INSURANCE LIMITED

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 7940
LOCAL RATE: 0860 100 786
Email: oci@za.oasiscrescent.com
Website: www.oasiscrescent.com

OASIS ENDOWMENT & PENSION ANNUITY

Company Reg. No. 2010/005698/06

REQUEST FOR QUOTATION

1. Kindly complete all fields in the form, using BLOCK CAPITALS.
2. This completed form, and any supporting documentation, should be submitted to Oasis as per the contact details above.
3. We will process this application once all duly completed documentation and funds are received.

INVESTOR DETAILS

Title: Initials: Date: D D M M Y Y Y Y

Full name:

Surname:

Company Name: (If Applicable)

Address:

Postal Code:

Telephone Number: Mobile/Cell phone:

Identity No/ Passport:

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

FINANCIAL ADVISORS DETAILS AND DECLARATIONS

FSP Name Oasis Broker code

Representative Name: FSP No:

PRODUCT TYPE

Range: Oasis ☐ Crescent ☐ **Product:** Endowment Policy ☐ Pension Annuity ☐

APPLICABLE TO ENDOWMENT QUOTATIONS ONLY

Term of Investment: 5 Years ☐ 10 Years ☐ 15 Years ☐ Perpetual ☐

Lumpsum Amount: Monthly Contribution Amount:

APPLICABLE TO PENSION ANNUITY QUOTATIONS ONLY

Annuity Frequency: Monthly ☐ Quarterley ☐ Half Yearly ☐ Annually ☐

Capital to be Transfered:

INVESTMENT SELECTION

High Equity Portfolio - New Moon: ☐ Progressive Portfolio - Half Moon: ☐ Stable Portfolio - Full Moon: ☐ Cash Portfolio: ☐
Hajj Portfolio: ☐ Umrah Portfolio: ☐

Initial Financial Advisor Fee: % all amounts to incl VAT if applicable.

Ongoing Financial Advisor Fee: % all amounts to incl VAT if applicable.

Send Quotation to email address:

Send Quotation to Fax address:

Signature of Financial Advisor | Signature of Investor | D D M M Y Y Y Y

FOR OFFICIAL USE

Captured Name | Signature | D D M M Y Y Y Y

Authorised Name | Signature | D D M M Y Y Y Y