

PERSON ASSISTING OR NOMINATED BY SIGNATORIES TO OPERATE THE ACCOUNT

(If applicable)

Legal Capacity:

Id. No/ Passport No: Date of Birth:

Title: First Name(s):

Surname:

Residential Address:

Postal code:

Telephone Number: Mobile/Cell phone:

Fax: Email:

Employer: Occupation:

Politically Exposed: Investor Either party can sign instructions: All parties must sign ALL instructions:

BANK DETAILS

Account type: CURRENT SAVINGS TRANSMISSION

(Payments will only be paid 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:

OASIS INVESTMENT OPTIONS

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

OASIS RANGE (CLASS F)	LUMP SUM INVESTMENT	CHOICE	MONTHLY INVESTMENT	CHOICE	BANKING DETAILS <small>Bank Account Name = Fund Name</small>
Oasis Balanced Stable Fund of Funds	R <input type="text"/> 36,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	R <input type="text"/> 3,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 010 323
Oasis Money Market Fund	R <input type="text"/> 36,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	R <input type="text"/> 3,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 010 323

OASIS CRESCENT INVESTMENT OPTIONS

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

OASIS CRESCENT RANGE (CLASS F)	LUMP SUM INVESTMENT	CHOICE	MONTHLY INVESTMENT	CHOICE	BANKING DETAILS <small>Bank Account Name = Fund Name</small>
Oasis Cres Balanced High Equity Fund of Funds	R <input type="text"/> 36,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	R <input type="text"/> 3,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 009 988
Oasis Cres Balanced Progressive Fund of Funds	R <input type="text"/> 36,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	R <input type="text"/> 3,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 009 988
Oasis Cres Balanced Stable Fund of Funds	R <input type="text"/> 36,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	R <input type="text"/> 3,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 009 988
Oasis Crescent Income Fund	R <input type="text"/> 36,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	R <input type="text"/> 3,000 <input type="text"/> , <input type="text"/> 00 <input type="checkbox"/>	<input type="checkbox"/>	Standard Bank-Cape Town Branch: 020909 Account number: 070 009 988

NON-PERMISSIBLE INCOME

I confirm and 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.oasiscrest.com.

Signature of Investor

MODE OF PAYMENT

Electronic Transfer* Direct Deposit* Cheque Payment Debit Order Single premium Collection

*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.

AUTOMATIC DEBIT INSTRUCTION

On 1 April annually, I authorise the Administrator to debit my specified bank account for R36,000 annually or R3,000 per month until the lifetime R500,000 limit is reached.

Any option not chosen will imply that I will need to complete an Additional Contribution form annually until the R500,000 limit is reached.

Name of Bank Account Holder

Signature of Bank Account Holder

DD MM YYYY

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

DEBIT ORDER

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

I hereby authorise the administrator 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 administrator against any/all charges/expenses actually incurred by the administrator relating to any payment transaction which is returned by my bank, and not given effect to. The administrator will add any amount for which I am liable, under this indemnity, to any amount due to the administrator or may cause the Management Company to deduct and pay over such amount to the administrator 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.

Signature of Investor

Date: DD MM YYYY

INVESTOR BANK DETAILS FOR DEBIT ORDER COLLECTION

Account type: Current/Cheque Savings Transmission

(Collection will only be made from the bank account specified hereunder)

Name of bank: [grid]
Branch name: [text] Account number: [grid]
Branch code: [grid] Name of account holder: [text]

SINGLE PREMIUM COLLECTION

Whereby the Investor authorises the Administrator to debit my specified bank account for the amount of the investment and approves that the specified bank account will be debited automatically on an annual basis.

I hereby authorise the Administrator to debit the bank account (as per the Bank Details section) with the amount specified above.

Name of Bank Account Holder

Signature of Bank Account Holder

DD MM YYYY

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

INVESTOR BANK DETAILS FOR SINGLE PREMIUM COLLECTION

Account type: Current/Cheque Savings Transmission

(Collection will only be made from the bank account specified hereunder)

Name of bank: [grid]
Branch name: [text] Account number: [grid]
Branch code: [grid] Name of account holder: [text]

INCOME OPTIONS

Please note that all Income Distribution will be reinvested in units.

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/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 confirms 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 administrator 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 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 investor informed of the process and status of this transaction.

Signature of Financial Advisor

Date:

INVESTOR DECLARATIONS

(Investor to specify the agreed 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 that I have agreed that the following fee is payable.

Fee Type	Financial Advisor	Agreed Fee	
Initial	Maximum 2% 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%.		%

Initial

- I hereby apply to subscribe for a Tax Free Investment Account for the first tax year to which this declaration relates and each subsequent tax year in which I choose to make a subscription.
- I declare that all subscriptions made, or to be made, belong to me.
- I have not subscribed, and will not subscribe more than the overall subscription limit in total to a Tax Free Investment in the same tax year.
- The declaration and the information I give is correct to the best of my knowledge and belief and shall be the basis of the contract between me and the Administrator. I will notify the Administrator without delay of changes to these particulars.
- I confirm that the Financial Advisor has been appointed by me.
- I authorise the Oasis Crescent Wealth (Pty) Ltd. ("the Administrator"):
 - To hold my subscriptions, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
 - To make on my behalf any claims to relief from tax in respect of Tax Free Investments.
- 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, (including the 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.
- 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 confirm that the Administrator reserves the right to accept an alternative value as my investment amount within the annual limitations set by the Revenue Authorities.
- I have read understood and agree to the Terms and Conditions.
- I acknowledge that I have fully acquainted myself with the Conflict of Interest and Complaints Disclosures set out in the Terms and Conditions and that I have read, understood the disclosures.
- I hereby confirm that the details of the financial advisor 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 my appointed Financial Advisor.

- 19. I have not received advice from the Administrator.
- 20. I warrant that in respect of this investment I have not contravened any anti-money laundering legislation and regulations applicable to me.
- 21. I permit the Administrator 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
- 22. Protection of Personal Information Act, 2013 ("POPI") – I confirm that I am aware that the Administrator and/or its 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.).
- 23. I hereby waive any claim, of whatsoever nature, I may have against the Administrator, 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 Administrator's employees, agents or representatives.
- 24. 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.

FICA documents for all persons/signatories in this application form.

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

Check List

- Fully completed application form. Y N
- FICA of principle investor/person assisting. Y N
- Proof of deposit of any lump sum investments. Y N
- Power of attorney - if applicable. Y N

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

Signature of Investor

Date:

Signature of Person Assisting

Date:

(A) 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.

INDIVIDUAL

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.

Declaration and Undertakings: (Note that this section is mandatory)

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature: _____ Date:

Captured Name

Signature

Date:

Authorised Name

Signature

Date:

Investment Number:

FOR OFFICIAL USE