

APPENDIX III
INSTITUTIONAL QUESTIONNAIRE

**TO BE COMPLETED BY AN AUTHORISED OFFICER OF ANY ENTITY
INTENDING TO BECOME A SHAREHOLDER CONTROLLER OF A
COMPANY LICENSED UNDER THE INVESTMENT FUNDS ACT 2006**

Please return this form to:-

Banking, Trust & Investment Department
The Bermuda Monetary Authority
43 Victoria Street
Hamilton HM12
Bermuda

Institutional Questionnaire

Please read the questions carefully. If more space is needed the answers should be written in the space provided at the back of this questionnaire headed "Additional Information." Clearly state to which question the details relate. Answers should be written in ink in BLOCK CAPITALS or typed. When you return this form please ensure you enclose copies of the controller's Memorandum of Association and By-Laws, as well as the financial information requested in part C of this questionnaire.

The areas covered in this questionnaire are not exhaustive of the matters that the Authority will consider in assessing whether a shareholder controller is "Fit and Proper".

A.

1. Name of the entity to which this questionnaire relates:

2. Please state the name(s) and any former name(s) of the institutional controller or prospective controller ("the controller") including the corporate name and any business name(s) used for the purposes of or in connection with any business carried on by it:

3. Category of controller with respect to the entity (for example, a majority shareholder controller by virtue of control of 50 percent or more of the shares or voting power of the entity). [Within the meaning of Controller as defined under section 2(A) of the Investment Funds Amendment Act 2010]

4. Description of the controller's business:

5. Country and date of incorporation or formation of the controller:

6. Registered address of the controller and principal place of business (if different):

7. Names and positions of all directors of the controller:

8. Name(s) and address(es) of the controller's principal bankers within the last 5 years.

B.

1. Does the controller or any related company hold, or has it ever held, any authorisation from a supervisory or regulatory body to carry on any business in Bermuda or elsewhere? If so, give full particulars.

2. If any of the answers to the questions below are yes, please give full particulars in the space provided at the back of this questionnaire clearly stating to which question the details relate.

YES/NO

(a) Has the controller ever applied for and been refused a licence or an equivalent authorisation or registration to conduct fund administration, insurance, banking, trust, investment business, money services or any other financial activities in another jurisdiction?	
(b) Has the controller or any related company ever been censured, prosecuted, warned as to future conduct, disciplined or publicly criticised by, or made the subject of a court order at the instigation of any supervisory or regulatory authority?	
(c) Is the controller or any related company engaged or does it expect to be engaged in Bermuda or elsewhere in any litigation which may have a material effect on the resources of the controller or the institution?	

C.

Please provide financial statements for the controller for the last two financial years (audited where appropriate).

CERTIFICATION

I certify that the above information is complete and correct to the best of my knowledge and belief.

Name _____ **Position held** _____

Signature _____ **Date** _____

Additional Information

(Please state clearly to which questions the details relate)