

# Registered Fund AML Information

Registered Funds: Private and Professional Funds



This form should be forwarded to the Bermuda Monetary Authority's Licensing & Authorisations department with the company's board approved AML/ATF Policies & Procedures.

Date Form Completed: \_\_\_\_\_

Business Information:	
<b>Fund Name</b>	
<b>Type of Business</b>	<input type="checkbox"/> Private Fund - Investment Funds Act 2006 Section 6
	<input type="checkbox"/> Professional Class A Fund - Investment Funds Act 2006 Section 6A
	<input type="checkbox"/> Professional Class B Fund - Investment Funds Act 2006 Section 7
<b>Fund Operator Name</b>	
<b>Fund Administrator Name</b>	
<b>AML/ATF Policies &amp; Procedures attached</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (tick one)	Please state AML/ATF policies and procedures document name and/or reason the policies are not attached
<b>Does the Fund invest in Digital Assets</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (tick one)	Fund's whose investment strategy consists of investments in Digital Assets should be aware of the enhanced disclosures required in the Offering Memorandum relating to Custodial arrangements of assets/tokens/keys.

RESPONSIBILITIES			
<b>Compliance Officer Information:</b> <i>Person responsible for oversight of the AML/ATF regulated financial institution's compliance with AML/ATF regulations</i>		<b>Reporting Officer Information:</b> <i>Person nominated to receive internal suspicious activity reports</i>	
Name: (please print)		Name: (please print)	
Email:		Email:	
Telephone:		Telephone:	
Fax:		Fax:	
<b>Compliance Officer Address Details:</b>		<b>Reporting Officer Address Details</b>	
Company (if applicable)		Company (if applicable)	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City/Parish:		City/Parish:	
State, Zip Code:		State, Zip Code:	
Country:		Country:	

COMPANY			
<b>Physical Address</b>		<b>Mailing Address:</b> <i>(If different from physical address)</i>	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	
City/Parish:		City/Parish:	
State, Zip Code:		State, Zip Code:	
Country:		Country:	

PRIMARY CONTACT			
<b>Billing Contact</b>		<b>Person Completing Registration Form</b> <i>(If different from billing contact)</i>	
Name: (please print)		Name: (please print)	
Email:		Email:	
Telephone:		Telephone:	
		Signature/Date:	

PLEASE SEND THE COMPLETED FORM TO THE AUTHORITY VIA [FUNDS@BMA.BM](mailto:FUNDS@BMA.BM)

REFERENCE "REGISTERED FUND AML INFORMATION" IN THE HEADING OF THE EMAIL.