

INVESTMENT FUNDS ACT 2006

NEW PRIVATE FUND APPLICATION FORM

Notes:

This form must be completed in full by an applicant pursuant to Section 6(3A) of the Act for registration as a Private Fund.

The fund prospectus or offering document and the appropriate fee, as prescribed under the Bermuda Monetary Authority Act 1969 must accompany this form. For fee details, refer to the 'Fees & Penalties' section of the Authority's website: www.bma.bm. Please make cheques payable to the **Bermuda Monetary Authority**.

1. Enter details for the main entity associated with this submission:

Entity name:*

Note: Funds confirming the requirements below can be registered as private funds under the Investment Funds Act 2006 if notice is served as soon as practicable after the establishment of the private fund.

Is the entity a private fund whose number of participants does not exceed 20 persons?*

- Private and participants do not exceed 20 persons
 Not private or participants exceed 20 persons

Please confirm that the fund does not promote itself by communication and invitation or inducement to the public generally:*

- Does not promote itself to the public
 Does promote itself to the public

2. Confirm that the fund is seeking to become registered as a private fund:

 Private Fund

3. Confirm Service Providers appointed by Operator of the fund.

The operator of the fund has appointed the following person(s) ('service providers') to provide services to the fund.

Auditor (if applicable):

Registrar (if applicable):

*Custodian: **

*Select at least one of these three options : **

- (i) an investment manager; or*
(ii) a fund administrator; or
(iii) a corporate service provider.

** All Private Funds are **required** to appoint a local service provider authorised and regulated by the Authority, as well as a custodian unless a waiver has been sought under Section 9 of this form.*

Provide the following details in relation to each of the appointed service providers:

Services Provided:*

Full Name

Primary Website

Is the provider regulated by an oversight body in a jurisdiction outside of Bermuda?

Yes

No

If yes, indicate the overseas body:

Has the provider ever been convicted of a regulatory or a criminal offence?

Yes

No

If so, please give particulars:

Services Provided:*

If other, please indicate service provider type below:

Type Other

BMA Number

Full Name

Primary Website

Is the provider regulated by an oversight body in a jurisdiction outside of Bermuda?

Yes

No

If yes, indicate the overseas body:

Has the provider ever been convicted of a regulatory or a criminal offence?

Yes

No

If so, please give particulars:

Services Provided:*

If other, please indicate service provider type below:

Type Other

BMA Number

Full Name

Primary Website

Is the provider regulated by an oversight body in a jurisdiction outside of Bermuda?

Yes

No

If yes, indicate the overseas body:

Has the provider ever been convicted of a regulatory or a criminal offence?

Yes

No

If so, please give particulars:

Services Provided:*

If other, please indicate service provider type below:

Type Other

BMA Number

Full Name

Primary Website

Is the provider regulated by an oversight body in a jurisdiction outside of Bermuda?

Yes

No

If yes, indicate the overseas body:

Has the provider ever been convicted of a regulatory or a criminal offence?

Yes

No

If so, please give particulars:

4. List all of the fund Directors:

Surname:*	<input type="text"/>
Forename:*	<input type="text"/>
Middle Name:*	<input type="text"/>
Country of residence:*	<input type="text"/>

5. Provide details of any general partners:

6. Provide details of any Trustees:

7. Identify the person authorised by the fund to apply for registration:

I, the undersigned, hereby certify to the Bermuda Monetary Authority on behalf of the fund.

The particulars set out in this application form are true to the best of my information, knowledge and belief.

I confirm that the fund meets the criteria to be registered as a Private Fund, as set out in Section 6 of the Investment Funds Act, 2006.

Surname:*	<input type="text"/>
Forename:*	<input type="text"/>
Middle Name:	<input type="text"/>

Please indicate the capacity in which you are signing on behalf of the fund:

Signing capacity:*	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
City:	<input type="text"/>
Parish/State/Province	<input type="text"/>
Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Phone #:*	<input type="text"/>
Email:*	<input type="text"/>

8. Complete a Personal Declaration for each Director or Operator not already known to the Authority

Note: a completed Personal Declaration Form must be completed for each new director not already known to the Authority (see section 19).

9. If the fund is not intending to appoint a custodian please complete the custodian exemption request:

Attachments:

The following documents should be attached to this submission:

- A copy of the fund's offering document(s)
- Signed copy(ies) of any Personal Declaration Form
- AML Registration Information
- AML/ATF Policies and Procedures Documentation (if applicable)
- Any other relevant information

Additional comments:

Filing

I/We, the applicant(s) and/or submitting agent confirm that the particulars set out in this submission form are true to the best of our knowledge and belief. The original signed documents relating to the electronic submission shall be maintained at the office of the submitting agent and/or registered office(s) of the Entity and will be provided to the Authority upon request. **Note:** Signed documents may be kept in electronic form with the proper e-signature as permitted under the Electronic Transactions Act 1999.

In addition, I/We agree to pay the BMA submission filing fee for this application which will be invoiced to us by the BMA.

Check this box to confirm that you've understood and complied with the previous statements.