

**INVESTMENT FUNDS ACT 2006
PROFESSIONAL CLOSED FUND
CERTIFICATION FORM**

Notes:

Pursuant to Section 8C(2) & 8C(3)(b) of the Investment Funds Act (the “Act”), the operator of a Professional Closed Fund must file the completed Annual Certification form via ERICA (the Bermuda Monetary Authority’s electronic filing platform). This filing must be submitted annually within six months of the Fund’s financial year-end.

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| A) FULL NAME OF FUND: | |
| | |
| B) ADDRESS OF REGISTERED OFFICE: | C) BOOKS & RECORDS ACCESS: |
| | Please give particulars of the officer, trustee or representative resident in Bermuda having access to the books and records of the fund: |
| D) SERVICE PROVIDERS – THE AUTHORITY MUST BE NOTIFIED OF ANY CHANGES: | |
| Administrator: | |
| Auditor: | |
| Designate: | |
| Investment Manager: | |
| Registrar: | |
| Requirements Waiver Granted:* | |
| <p>* Pursuant to section 10D of the Act, the Authority may, on application by the fund, grant a modification of or an exemption from section 8B(2) if the Authority has been satisfied that (i) appropriate arrangements are in place to safeguard the fund’s property, (ii) compliance with the requirements would be unduly burdensome or would not achieve the purpose for which the requirements were made or (iii) the exemption would not result in undue risk to persons whose interests the requirements are intended to protect. If the fund has not met the requirements of 8B(2) then application must be made for the waiver or the fund will be in breach of the Professional Closed Fund qualification requirements.</p> | |
| E) CHANGES TO THE FUND OPERATOR DURING THE YEAR (Directors/Trustees/General Partners/Managing Members): | |
| Name: | Country of Residence: |
| | |
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| | |
| F) NET ASSET VALUE OF FUND (information provided for the period prior to date of this notification): | |
| Total net asset value as at the Fund’s year-end: | |
| Net asset value per share/unit as at the Fund’s year-end: | |
| Total dollar value of subscription activity during the Fund’s fiscal year: | |
| Total dollar value of redemption activity during the Fund’s fiscal year: | |
| The financial statements are prepared in accordance with the following standard: | |
| G) COPIES OF THE FUND’S AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THIS ANNUAL FILING (i.e. GAAP, IFRS or Other Approved Standard): | |
| Audited GAAP/IFRS financial statements are attached. <input type="checkbox"/>Yes <input type="checkbox"/>No | |
| If No, please explain: | |

H) PLEASE SELECT THE MATERIAL CHANGE CATEGORIES FROM THE LIST BELOW AND PROVIDE ANY DETAILS OR INDICATE PAGE REFERENCES IN THE SPACE PROVIDED (IF APPLICABLE):

| | |
|--------------------------|--|
| <input type="checkbox"/> | 01. Basic information |
| <input type="checkbox"/> | 02. Service providers, their principals and other details |
| <input type="checkbox"/> | 03. Directors |
| <input type="checkbox"/> | 04. Details of investment objectives and policies |
| <input type="checkbox"/> | 05. Subscription/ redemption processes and price determination |
| <input type="checkbox"/> | 06. Share classes or other fund capital details |
| <input type="checkbox"/> | 07. New Segregated Account Companies (SACs) |
| <input type="checkbox"/> | 08. Risk factors and conflicts of interest |
| <input type="checkbox"/> | 09. Dividend policies |
| <input type="checkbox"/> | 10. Stock exchange listing |
| <input type="checkbox"/> | 11. Reports to shareholders |
| <input type="checkbox"/> | 12. Where documents are made available for inspection |
| <input type="checkbox"/> | 13. New material contract or amendments to existing contracts |
| <input type="checkbox"/> | 14. Other |

I) PERSON AUTHORISED BY THE FUND TO FILE NOTICE OF CONTINUING QUALIFICATION AS A PROFESSIONAL CLOSED FUND

I, the undersigned, hereby file notice that the fund continues to meet the criteria of a Professional Closed Fund as set out in section 8B of the Act. I confirm that the fund is only open to qualified investors meeting the definition specified in section 9 of the Act. The particulars set out in this certification form are true to the best of my information, knowledge and belief.

Authorised Signature: _____
(Operator)

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|-----------|--|----------------|--|
| Name | | Date: | |
| Capacity: | | | |
| Address: | | | |
| Tel. No.: | | Email address: | |