

# SECURITIES COMMISSION OF THE BAHAMAS

3rd Floor, Charlotte House  
Shirley & Charlotte Streets  
P.O. Box N-8347  
Nassau, Bahamas

Tel: (242) 356-6291/2  
Fax: (242) 356-7530  
E-mail: info@scb.gov.bs  
Website: www.scb.gov.bs

## THE INVESTMENT FUNDS ACT & REGULATIONS, 2003

### SCHEDULE 3

(Regulation 43(1))

### FORM B

#### Application for Registration as a Recognized Foreign Fund

#### (1) Details of the Investment Fund

Name: \_\_\_\_\_

Registered Office/Address: \_\_\_\_\_

\_\_\_\_\_

#### (2) Details of Registration / Licensing / Listing

Name and address of registration or licensing authority of the applicant or securities exchange on which the applicant is listed (as applicable):

\_\_\_\_\_

Is the fund  Licensed  Registered  Listed  Exempt

#### (3) Contact Person

Person for contact with the Commission

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

#### THE APPLICATION SHOULD BE ACCOMPANIED BY THE FOLLOWING DOCUMENTS

- Copy of licence of the investment fund (if applicable)
- Documents confirming listing on a prescribed securities exchange (if applicable)
- The Offering Document
- Documentation confirming registration/licensing of the Investment Manager/Advisor
- Prescribed Application Fee (non-refundable)
- Other relevant documentation as may be requested by the Commission.

#### ATTESTATION:

We, the undersigned, hereby affirm that the content of this declaration is true to the best of my knowledge and belief. We are aware that should we knowingly or intentionally supply false or misleading information herein, we may be liable to prosecution pursuant to Section 61(1)(a) of the Investment Funds Act, 2003.

We undertake to notify the Authorizations Department of the Securities Commission of the Bahamas of any material changes to or affecting the completeness or accuracy of the information supplied by us as soon as possible, but in no event later than 14 days from the day that the changes come to our attention.

We know and understand the content of this declaration.

On behalf of the Investment Fund

Name: \_\_\_\_\_  
(PLEASE PRINT)

Signature: \_\_\_\_\_

\_\_\_\_\_  
Date

Completed applications should be submitted to the Authorizations Department