## **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 41)

## **FORM A**

## **Application for an Investment Fund Licence**

1)	Details of the Investment Fund				
a)	Name:				
	Address:				
	Phone:				
	Registered Office:				
)	Fund Vehicle (Company/Partnership/Trust)				
;)	Provide evidence of approval of SMART fund structure, (if applicable)				
,					
١	Applicable law date and country of incorporation:				
)	Applicable law, date and country of incorporation:				
)	Confirm whether fund is quoted on any stock exchange and whether authorization is granted by other regulatory bodies, if so, provide details:				
	Provide details of registration with any other regulatory authority:				
)	Launch date and place:				
)	Dealing - Daily/Weekly/Other (Specify):				
	Minimum initial subscription:				
	Valuation of Assets - Daily/Weekly/Other (Specify):				
)	Pricing – Forward/Historic/Other (Specify):				

)	Fund <sup>-</sup>	Гуре:		
	•	Equity		
	•	Bond		
	•	Hedge		
	•	Fund of Funds		
	•	Master/Feeder		
	•	Umbrella		
	•	Other (Specify)		
(o)	Fee Structure:			
	(i)	level of all charges payable by investor:		
	(ii)	level of all charges payable by the investment fund:		
)	Invest	ment Objective:		
)	Detail	s of Parties Related to the Investment Fund		
) )	<b>Detail</b> Invest			
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	ors and Officers of the Operator, Promoter, Custodian, Investment vestment Advisor:
(b) Operate	or
Business Addr	ress:
Phone:	
Registered Off	ice:
Details of regis	stration with other regulatory or self regulatory organizations, (if
	r a connected person of the Investment Fund Administrator, Promoter, estment Manager or Investment Advisor, if so, provide details:
Officers of the	mes of Directors and Officers of the Operator who are also Directors and Investment Fund Administrator, Promoter, Custodian, Investment vestment Advisor.
(c) Promot	er
Business Addr	ress:
Duomicoo / taai	
Phone:	
Registered Off	ïce:

Provide the names of Directors and Officers of the Investment Fund Administrator who

Details of registration with other regulatory or self regulatory organizations, (if applicable):
Is the Promoter a connected person of the Investment Fund Administrator, Operator, Custodian, Investment Manager or Investment Advisor, if so, provide details:
Provide the names of Directors and Officers of the Promoter who are also Directors and Officers of the Investment Fund Administrator, Operator, Custodian, Investment Manager or Investment Advisor.
(d) Custodian
Name:
Business Address:
Phone:
Registered Office:
Details of registration with other regulatory or self regulatory organizations, (if applicable):
Is the Custodian a connected person of the Investment Fund Administrator, Operator, Promoter, Investment Manager or Investment Advisor, if so, provide details:
Provide the names of Directors and Officers of the Custodian who are also Directors and Officers of the Investment Fund Administrator, Operator, Promoter, Investment Manager or Investment Advisor.

(e)	Investment Manager
Name:	
Busine	ss Address:
_ 0.00	
Phone:	
Registe	ered Office:
Details applica	of registration with other regulatory or self regulatory organizations, (if able):
	nvestment Manager a connected person of the Investment Fund Administrator, or, Promoter, Custodian or Investment Advisor, if so, provide details:
Directo	e the names of Directors and Officers of the Investment Manager who are also ors and Officers of the Investment Fund Administrator, Operator, Promoter, lian or Investment Advisor.
(f)	Investment Advisor
Name:	
Busine	ss Address:
Phone:	
Registe	ered Office:
Details applica	of registration with other regulatory or self regulatory organizations, (if able):

Operator, Promoter, Custodian or Investment Manager, if so, prov	•	
Provide the names of Directors and Officers of the Investment Adv Directors and Officers of the Investment Fund Administrator, Oper Custodian or Investment Manager.		
(3) The Distribution Company		
Name:		
Business Address:		
Registered Office:		
(4) The Auditor  Name:		
Business Address:		
Registered Office:		
Licence/Registration Number from The Bahamas Institute of Char	tered Accountants:	
Name and address of any prescribed international accounting bod registration exists. Provide details of registration:	y with whom	
(5) The Attorney		
Name:		
Address:		

Details of registration with Bar <u>or</u> other Association:						
	SHOULD BE ACCOMPANIED BY THE FOLLOWING DOCUMENTS					
<ul> <li>Association, including</li> <li>Copies of certificates ar submitted resumes.</li> <li>Financial statements</li> </ul>	(Certified copies of Memorandum & Articles of g copies of all material agreements) and other documents of proof for information contained in					
<ul> <li>Prescribed Application Fee (non-refundable)</li> <li>Other relevant documentation as requested by the Commission.</li> </ul>						
	by affirm that to the best of our information, knowledge this application are correct and true.					
	Name of Investment Fund					
Name of Investment Fund Administrator						
Signed on behalf of the Investment Fund	Signed on behalf of the Investment Fund Administrator (if applicable)					
	 Date					

Completed applications should be submitted to:

The Authorizations Department Securities Commission of the Bahamas