



FINANCIAL SERVICES  
COMMISSION

Mutual Funds Act

(Act 2002 – 22)

(Regulation 3)

**Application for a Mutual Fund Licence**

The Applicant:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Phone: \_\_\_\_\_

4. Registered Office: \_\_\_\_\_  
\_\_\_\_\_

5. Names and addresses of the directors of a company, the managers of a society, and the general or limited partners in a partnership, as the case may be.

\*6. (1) Application is for:

- (a)  Mutual Fund Licence
- (b)  Limited Investors mutual fund licence
- (c)  Exempt mutual fund licence

(2) In the case of an application for a Limited Investors mutual fund licence, state

- (a) the names and addresses of the investors and place of incorporation where relevant;
- (b) the reasons for setting up fund in Barbados.

\*Tick the appropriate box

7. Description of Fund

\*The fund is

- (a)  a company incorporated or registered under the *Companies Act*;
- (b)  a registered unit trust;
- (c)  a partnership;
- (d)  a society with restricted liability within the meaning of the *Societies With Restricted Liability Act*.

The proposed date for the commencement of the fund \_\_\_\_\_

8. Date and country of incorporation or registration:

\_\_\_\_\_  
\_\_\_\_\_

9. Structure of Fund \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Names of sub-funds (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. State

- (a) whether the fund had been licensed or permitted to operate in another jurisdiction, or had been refused a licence or permission to operate;
- (b) whether the licence or permission to operate in the former jurisdiction had been revoked or suspended;

12. Investment Objective:

(a) Type of fund: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) Investor Target Group: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Tick the appropriate box

13. Quotation or listing on any stock exchange(s) (Specify)

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14. Regulatory bodies currently reported to and information required by these Regulators

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15. Launch:

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\*16. Dealing and Valuation

(a) Dealing:                      Daily       Weekly       Other

(b) Valuation of Assets:      Daily       Weekly       Other

(c) Pricing:                      Forward       Historic       Other

\*17. State whether shares to be offered for sale in Barbados

Yes       No

18. Minimum initial subscription, minimum subsequent subscription and minimum subsequent holding and currency of domination:

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19. Parties connected to the Fund:

(a) Administrator:

(i) Name: \_\_\_\_\_

(ii) Registered Office and Business Address: \_\_\_\_\_

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(iii) Phone Number: \_\_\_\_\_

\*Tick the appropriate box

(iv) Indicate with a tick whether the administrator is a licensed financial institution

Yes  No

(v) Date administrator licence issued: \_\_\_\_\_

(vi) Last renewal date of licence to financial institution:  
\_\_\_\_\_

(vii) Date of appointment of administrator: \_\_\_\_\_

(viii) Contact person for the Exchange or Commission:  
\_\_\_\_\_

(ix) Enclose

(A) the administrator's letter of consent indicating acceptance of the appointment as administrator

(B) a summary of services to be provided

(x) Provide details of corporate or other structure and ownership including indirect and beneficial ownership of administrator

(b) Trustee (if applicable)

(i) Name: \_\_\_\_\_

(ii) Registered Office and Business Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide details of structure and ownership of the trust including names and address of ultimate beneficial owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of establishment of trust: \_\_\_\_\_

Date appointment licence issued: \_\_\_\_\_

Place of Registration: \_\_\_\_\_

(c) Agent:

(i) Name of agent: \_\_\_\_\_

(ii) Registered Office and Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(iii) Date appointment of agent: \_\_\_\_\_

Provide details of ownership or the corporate structure, including names and address of ultimate beneficial owner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(iv) State the jurisdictions in which the agent has engaged in business within the last 5 years and describe the business activity engaged in

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(v) State the name of contact person for Exchange or Commission:

\_\_\_\_\_

\_\_\_\_\_

(d) Promoter:

(i) Name: \_\_\_\_\_

(ii) Registered Office and Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(iii) In the case of a corporation, submit letters of accreditation and in the case of an individual, submit a police certificate of character or similar document.

(iv) The reasons for promoting the establishment of the mutual fund in Barbados.

- (v) The jurisdictions in which the promoter has engaged in the promotion of a mutual fund or mutual fund business.

(e) The Auditor:

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

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

\_\_\_\_\_

Contact person for the Exchange or Commission: \_\_\_\_\_

\_\_\_\_\_

Submit

- (a) The auditor's letter indicating acceptance of the appointment as auditor,
- (b) The name of the fund in respect of which the auditor has been appointed,
- (c) Statement indicating the period comprising the financial year of the fund and the dates for submission of the financial statements and the accounting principles to be used.

20. Please enclose

- (a) Copy of the most recent audited accounts (unless the fund is licensed in a jurisdiction in which accounts are not required to be audited in which case the most recent accounts)
- (b) Copy of the current offering document
  - (i) including for each fund or sub-fund,
    - (A) the level of all charges payable by investor
    - (B) the level of all charges payable by fund
  - (ii) including for equity and bond funds,
    - (A) the investment objectives and borrowing powers
    - (B) the currency of denomination
  - (iii) including for specialised funds,
    - (A) the type of fund and applicable regulations
    - (B) the currency of denomination

\*21 (a) State whether any one of the following is an affiliate of the fund

(A)  administrator

(B)  trustee of the administrator

(C)  director of the administrator

(b) Name per persons holding appointments as Directors or Officers with more than one of the affiliated companied

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For and on behalf of:

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Name of Mutual Fund

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Date

\*Tick the appropriate box