



CHECKLIST

APPLICATION FOR INITIAL REGISTRATION: MUTUAL FUND ADMINISTRATOR/ MANAGERS (GENERAL/RESTRICTED)

Instructions for using this Checklist

1. This checklist must accompany completed registration/licensing applications.
2. All documents requiring certification must be clearly certified as true copies of the original by an appropriate person. For a list of persons who may certify documents, see the Fitness and Propriety FAQ document on the Commission website.
3. All documents that are not in English must be accompanied by a certified English translation.
4. "N/A" should be used where a document or item outlined below is not applicable.

1. State the full name of the Company:

2. For a Restricted Mutual Fund Administrator, state the name of the associated mutual fund:

3. Indicate which of the following have been submitted by the Applicant:

A. APPLICATION AND SUPPORTING DOCUMENTATION			
Item	Submitted	N/A	Notes/Reason for Non-submission
Completed Application Form	<input type="checkbox"/>	<input type="checkbox"/>	
Written undertaking that the mutual funds for which the administrator is responsible will be administered in a responsible manner pursuant to s19(1)(a)(iii) of the <i>Mutual Funds Act, Cap 320</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Business plan	<input type="checkbox"/>	<input type="checkbox"/>	
Certified copies of qualifications of directors and senior officers to be approved – s24(2) of the Mutual Funds Act	<input type="checkbox"/>	<input type="checkbox"/>	
Confirmation of the Applicant's bankers	<input type="checkbox"/>	<input type="checkbox"/>	
Certified copy of valid International Business Company (IBC) licence issued in accordance with the International Business Companies Act (if so duly licenced)	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation evidencing due diligence conducted on proposed custodian	<input type="checkbox"/>	<input type="checkbox"/>	
IF AN APPLICANT FOR A GENERAL ADMINISTRATION LICENCE			
Documentary evidence of stated equity capital [s19(1)(b)(ii)(A) – Mutual Funds Act]	<input type="checkbox"/>	<input type="checkbox"/>	
Documentary evidence of guarantees, insurance cover, other financial support required by the Commission	<input type="checkbox"/>	<input type="checkbox"/>	
Names and Addresses of the individuals resident in Barbados who will be the Applicant's agents in Barbados	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

B(1). CERTIFIED COPIES OF CORPORATE DOCUMENTS (IF APPLICANT IS A COMPANY)			
Item	Submitted	N/A	Notes/Reason for Non-submission
Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	
Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>	
Notice of Address / Change of Address	<input type="checkbox"/>	<input type="checkbox"/>	
Articles of Amendment (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of Amendment (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Notice of Directors / Change of Directors / Register of Directors	<input type="checkbox"/>	<input type="checkbox"/>	
External Company Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>	
External Company Annual Return	<input type="checkbox"/>	<input type="checkbox"/>	



By-laws / Memorandum of Association	<input type="checkbox"/>	<input type="checkbox"/>	
Any other corporate documents required in accordance with Section 448(g) of the Companies Act, Cap. 308	<input type="checkbox"/>	<input type="checkbox"/>	
Register of Beneficial Owners	<input type="checkbox"/>	<input type="checkbox"/>	

B(2). CERTIFIED COPIES OF CORPORATE DOCUMENTS (IF APPLICANT IS A PARTNERSHIP/SOCIETY/UNIT TRUST)			
Item	Submitted	N/A	Notes/Reason for Non-submission
Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>	
List of Partners	<input type="checkbox"/>	<input type="checkbox"/>	
Certified copy of the society's certificate of organisation	<input type="checkbox"/>	<input type="checkbox"/>	
List of the society's members	<input type="checkbox"/>	<input type="checkbox"/>	
Certified executed copy of Trust deed	<input type="checkbox"/>	<input type="checkbox"/>	
Names and addresses of trustees	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of registration of the trust in accordance with the Income Tax Act	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

B. DUE DILIGENCE DOCUMENTATION						
Name of Individual	Position (Choose from Dropdown)	Completed Fit & Proper Questionnaire	Police Certificate of Character (or Affidavit)	Certified or Notarised Copies of Passport Pages	Certified or Notarised Copies of Qualifications	Resume or CV
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. ANY ADDITIONAL INFORMATION/DOCUMENTATION PROVIDED IN SUPPORT OF APPLICATION	
1. Relationship Disclosure Information	<input type="checkbox"/>
2. Complaint Examination and Dispute Policy	<input type="checkbox"/>
3. Code of Ethics and Personal Trading	<input type="checkbox"/>
4. Corporate Governance Framework	<input type="checkbox"/>
5. Internal Controls and Risk Management Framework	<input type="checkbox"/>
6. Business Resilience and Operational Continuity Framework	<input type="checkbox"/>
7. AML-KYC Policy Manual	<input type="checkbox"/>
8. Internal Capital Adequacy Assessment Framework	<input type="checkbox"/>
9. Market Conduct Framework	<input type="checkbox"/>
10.	<input type="checkbox"/>
11.	<input type="checkbox"/>

4. Application Fees

D. ASSESSMENT OF APPLICATION FEES				
	Category	Fee (BBD)	No. of Persons	Subtotal
<input type="checkbox"/>	Mutual fund – general/exempt/limited investors	\$1,000		
<input type="checkbox"/>	Mutual fund administration - general	\$1,000		
<input type="checkbox"/>	Mutual fund administration - restricted	\$1,000		
<input type="checkbox"/>	Addition of sub-fund or cell	\$1,000		
GRAND TOTAL				

i) Have all assessed application fees been paid in full?



ii) If yes, provide proof of payment:

E. PAYMENT METHOD			
<input type="checkbox"/>	Cheque	Cheque No.:	
<input type="checkbox"/>	Bank Draft	Draft No.:	
<input type="checkbox"/>	Wire transfer ¹	Confirmation No.:	Is the wire confirmation attached?

¹ Provide confirmation of wire from the financial institution.