



CHECKLIST

APPLICATION FOR INITIAL REGISTRATION: MUTUAL FUND

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 Mutual Fund:

2. Indicate the type of Mutual Fund Licence:

- Mutual Fund (General)
 Limited Investors Mutual Fund
 Exempt 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 for a Mutual Fund Licence ¹	<input type="checkbox"/>	<input type="checkbox"/>	
Please confirm that the associated information/documentation related to the below questions are appended to the Application (identify the questions to which your responses relate):			
• 5	<input type="checkbox"/>	<input type="checkbox"/>	
• 11	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(a)(ix)	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(a)(x)	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(d)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(d)(iv)	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(d)(v)	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(e)(a)	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(e)(b)	<input type="checkbox"/>	<input type="checkbox"/>	
• 19(e)(c)	<input type="checkbox"/>	<input type="checkbox"/>	
• 20	<input type="checkbox"/>	<input type="checkbox"/>	
Contents of Constitutive Documents Form (Please see Regulation 7 and the Fourth Schedule of the Mutual Fund Regulations Cap. 320B)	<input type="checkbox"/>	<input type="checkbox"/>	
Please confirm that the associated information/documentation related to the below questions are appended to the Contents of Constitutive Documents Form:			
• A9	<input type="checkbox"/>	<input type="checkbox"/>	
• B	<input type="checkbox"/>	<input type="checkbox"/>	
• C5	<input type="checkbox"/>	<input type="checkbox"/>	
• C6	<input type="checkbox"/>	<input type="checkbox"/>	
• D4	<input type="checkbox"/>	<input type="checkbox"/>	
• E	<input type="checkbox"/>	<input type="checkbox"/>	
• N	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Signed by a Director of the fund.



The Offering Document ²	<input type="checkbox"/>	<input type="checkbox"/>	
Confirmation of Independent Custodian	<input type="checkbox"/>	<input type="checkbox"/>	
Copies of all contracts between the agent, the fund and the administrator in accordance with Part IV of the Mutual Funds Regulations ³	<input type="checkbox"/>	<input type="checkbox"/>	
Name and Address of the person acting as Agent ⁴	<input type="checkbox"/>	<input type="checkbox"/>	
Written confirmation of an agent appointed to represent the fund in Barbados in accordance with Section 6(2) of the Mutual Funds Act ⁵	<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	<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 or Company	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 (for Compliance Officers only)	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"/>

² Note the requirements for the information to be disclosed in the Offering Document as outlined by Regulation 4 and the Third Schedule of the Mutual Funds Regulations. Also note the prospectus requirements of The Securities Act, Cap. 318A and the Companies Act Cap. 308.

³ Non-Barbados based Funds only

⁴ Funds not incorporated in Barbados only

⁵ Exempt Mutual Fund only



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 ⁶	Confirmation No.:	Is the wire confirmation attached?	

⁶ Provide confirmation of wire from the financial institution.