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| Date received      |  |
| For official use      |  |

 

**NOTIFICATION BY THE ALTERNATIVE INVESTMENT FUND MANAGER (“AIFM”) IN RESPECT OF A PROSPECTIVE LICENSEE AND FUND UNDER THE MANAGER LED PRODUCT REGIME.**

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| Name of AIFM: |       |
| Name of Proposed Fund: |       |
| Name of Prospective Licensee:(If different to AIFM) |       |

(*Please fill in as applicable.*)

Confirmations by the AIFM in respect of the proposed fund and licensee:

* I confirm that we, the AIFM, have performed sufficient due diligence to be satisfied that the information contained in the online Personal Questionnaires (“Form PQs”) and online Appointment Forms, submitted via the Online Portal, are accurate and complete as set out in the Guidance Notes available from the Commission’s website.
* I confirm that the information supplied is complete and correct to the best of our knowledge and belief at the time of submission and that there are no other facts material to the application of which the Commission should be aware.
* I am aware it is an offence, under The Protection of Investors (Bailiwick of Guernsey) Law, 1987, as amended in respect of which the Commission exercises its functions, to knowingly or recklessly provide the Commission with information, which is false or misleading in a material manner.

Documentation submitted

In support of this notification the following documentation is enclosed with this form:

* + Confirmation of incorporation or establishment (as appropriate);
* The application fee required under the relevant fees regulations.

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| Signed |       |  Date  |        |
|  |  |  |  |
| Name and position(See Note 1) |       |
|  |  |  |  |
| AIFM |       |
|  |  |
| Address |       |
| Telephone number |       |

**Notes**

Note 1: The form must be signed by a director of the AIFM.